

Agency Checklist for Phased Retirement - FERS

Section A - Employing Office Checklist						
To be completed by office	ce maintaining Official Personn	el Folde	r			
Name of applicant (last, first, middle):	Date of birth:	Social security number:				
Are the following documents attached or actions taken? I	Indicate by a "check mark" for each item	Yes	No	Not Applicable		
1. SF 3107: Application for Immediate Retirement - th		105	110	Пррисион		
Section A: Identifying Information	e following sections are completed.					
Section B: Federal Service (Item 2, Date of final separati	ion, should not be completed.)					
Item 1 through 1f is optional						
Section C: Marital Information Item 2, if there is a Court Order for apportionment of federal annuity						
Section D: Annuity Election						
Section E: Insurance Information						
Section F: Other Claim Information						
Section G: Information about Children						
Section H: Direct Deposit and Tax Withholding Inform	ation					
Section I: Applicant's Certification						
Schedule A: Military Service Information						
Schedule B: Military Retired Pay						
Schedule C: Federal Employees' Compensation Informa	ation					
2. SF 3107-1: Certified Summary of Federal Service						
3. If applicant wants to waive military retired pay, copy of	f waiver request and response from					
Military Retired Pay Center, if available						
4. If applicant served in the military, or applied for military retired pay or DOVA benefits in						
lieu of military retired pay, or applied for OWCP benefits, Schedules A, B, C of SF 3107						
5. If applicant has military service document (DD214 or its equivalent)						
6. If applicant wants a refund of a military service deposit because he/she does not want						
to waive military retired pay, submitting SF 3106?						
7. If post 1956 military service involved and deposit not made, was applicant counseled about						
the effects of not paying the deposit? Attach OPM Form 1515, if available.						
8. Employee Election of Phased Annuity (SF 3116, Part 1A) included in package (mandatory)						
9. If applicant wants Federal Income tax withheld at the same rate as an employee,						
copy of W-4 form						
10. Agency estimate of annuity						
Agency Certification						
I certify that the above accurately reflects verified information	tion in official records and that the application	cant has su	ifficient s	ervice to be		
entitled to an annuity.						
11. Signature of Chief Human Resources Officer or Designee	14. Address					
12. Official Title						
12. Official flue						
12a. Person to contact for further information	15. Submitting Office Number (SON)				
13. Telephone number, FAX number, and E-mail address	16. Date (mm/dd/yyyy)					

Offenses Barring Annuity Payments: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management Retirement Services Program, in any case when this law possibly applies.

Payroll Provider Checklist for Phased Retirement - FERS

Section B - Payroll Office Checklist

To be completed by the office maintaining the Individual Retirement Record (SF 3100/3100A) The Individual Retirement Record (IRR) must have the Military Deposit Status posting. (Note: FEHB, FEGLI, Unused Sick Leave, and Last Day in Pay postings are NOT applicable in the phased retirement IRR).

<i>Important:</i> The SF 3100/3100A must be closed out and received by OPM within 30 days after the employee's effective date of phased retirement.		No	Not Applicable
1. Does the SF 3100/3100A for the applicant named in Section A contain all information necessary to comply with OPM instructions for maintaining the IRR?			
2. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS?			
3. Has applicant made a military service deposit with your office?			
4. If "yes", is the SF 3100/3100A for the deposit attached?			
5. Does the applicant have any part time service on or after April 7, 1986?			
6. If "yes", is the number of hours in each scheduled tour of duty of each change in tour of duty posted on the SF 3100/3100A?			
7. If applicant is a Postal Service employee, are postal earnings for non-deduction service shown on SF 3100/3100A?			
8. Disposition of SF 3100/3100A: SF 3100 or SF 3100A and <i>Register of Separations and Transfers</i> (SF 3103) are attached			

⁸a. If SF 3100/3100A was already forwarded, provide the following: Forwarded To, SF 3103 Number, and Date (mm/dd/yyyy) of SF 3103

Payroll Certification				
I certify that the above reflects official records maintained by this office.				
Signature of Chief Payroll Officer or Designee	Payroll Office Number			
Telephone number, FAX number, and E-mail address	Date (mm/dd/yyyy)			