



APPLICATION TO MAKE VOLUNTARY CONTRIBUTIONS

Civil Service Retirement System

(1) Type or print in ink.
 (2) Answer all the questions.

1. Name <i>(Last, first, middle)</i>		2. Date of birth <i>(mm/dd/yyyy)</i>		3. Social Security Number	
4. Address <i>(Number, street, city, state, and ZIP code)</i>		5. List all other names you have used <i>(Include maiden name, if applicable.)</i>			
6a. Do you have any civilian government service during which no Civil Service Retirement deductions were taken from your salary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	6b. Have you made a deposit to the Civil Service Retirement and Disability Fund to cover this non-deduction service?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7a. Do you have any service during which Civil Service Retirement deductions were taken from your salary and later refunded to you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	7b. Have you made a redeposit to the Civil Service Retirement and Disability Fund of the amount refunded to you?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8a. Have you ever made voluntary contributions and later received a refund of them?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	8b. Have you since been separated from the government service for a period of more than 3 calendar days?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

If your answer to question 6b, 7b, or 8b is "No", do not file this application. See the attached information.	Agency Certification I certify that the applicant is an employee of the agency shown below, is in a position subject to the Civil Service Retirement System , and has answered question 6a correctly.
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I hereby apply to make voluntary contributions to the Civil Service Retirement and Disability Fund. I am employed in a position subject to the Civil Service Retirement System or I am an applicant for retirement under the Civil Service Retirement System. I have read the information on the attached page.		Agency address	
		Signature	
		Official title	
Applicant's signature <i>(Do not print)</i>	Date	Telephone number ()	Date

Privacy Act Statement
 Title 5, U.S. Code, Chapter 83, Civil Service Retirement authorizes the solicitation of this information. The data you furnish will be used to identify records properly associated with this application, to obtain additional information if necessary, and to determine if you are eligible to make voluntary contributions to the Civil Service Retirement and Disability Fund. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701.

You need to read the attached information so that you understand the effect of making voluntary contributions. Ask your personnel office if you are employed and need more information. If a personnel office is not available, contact the Office of Personnel Management at the address given or call 1-888-767-6738. For local Washington, DC, calls, dial 202-606-0500.