

BILLING DATE:
CLAIM NUMBER:

Dear _____ :

This letter pertains to an overpayment of Civil Service Retirement and Disability Fund (CSRDF) monies. According to our records \$_____ was paid to _____ after his/her death on _____. The regulations governing the CSRDF require that we collect all monies paid after death of the intended payee. To date, \$_____ has been collected, leaving a balance due to the CSRDF of \$_____. We have been notified by _____ that you may have withdrawn these funds from the applicable account.

At this time we are asking that \$_____ be returned for deposit to the CSRDF. Please see below for payment options.

Pay online via a bank

1. Sign in to your banking institution's online portal, and select the Bill Pay option.
2. Add "Reclamations - OPM" as a Payee using the following information from this notice:

Payee / Biller Name: Reclamations - OPM
Account Number: [Insert the claim number from this transmittal]
Payee / Biller Zip Code: 20044

3. Schedule a one-time payment from your bank account.

If you are unable to make a one-time (full) payment, you may request a repayment agreement by contacting the Receivables Management office at 202-606-0552. For more information about how to make a payment, please visit www.opm.gov > click on the 'Retirement' tab > click 'How to Make a Payment' under 'In This Section' > click on the 'Reclamations' tab.

Pay by check or money order

1. Make your check or money order payable to the **Office of Personnel Management**.
2. Write the claim number reported on the enclosed Payment Transmittal and the check or money order.
3. Detach the Payment Transmittal, and return it along with your check or money order in the enclosed envelope to the following address:

U.S. Office of Personnel Management
Funds Management / 1184
PO Box 7125
Washington DC, 20044-7125

If you believe we are in error, please provide documentation (e.g., the front and back of cancelled checks, bank debit memos, etc.), supporting your belief that the amount is not owed, the amount is wrong, or the amount has already been repaid. Please forward copies of the supporting records, along with a copy of this letter, in the envelope provided.

If you have any questions, please contact us by phone at 202-606-0552 or by email at reclamations@opm.gov.

Receivables Management
SF 1184 Unit –Room 5455
1900 E Street, NW
Washington, DC 20415

U.S. OFFICE OF PERSONNEL MANAGEMENT

Payment Transmittal

Claim Number

Billing Date -

Amount Due \$ _____

Amount Enclosed \$ _____

Make check or money order payable to:

U.S. Office of Personnel Management
Funds Management / 1184
P.O. Box 7125
Washington, DC 20044-7125

(Please enclose this Payment Transmittal with your payment.)