

NOTIFICATION TO OPM OF SEPARATION OF A REEMPLOYED ANNUITANT- NO BENEFITS PAYABLE

NAME:

DOB:

SSN:

Claim Number:

DATE OF SEPARATION _____

Does this annuitant have a disability retirement? _____ Yes _____ No

REEMPLOYED ANNUITANT WAS UNDER A DUAL COMPENSATION WAIVER. PLEASE RESTORE

FEHB _____ FEGLI _____

REEMPLOYED ANNUITANT SEPARATED PRIOR TO ATTAINING ONE FULL YEAR OF SERVICE.
PLEASE RESTORE

FEHB _____ FEGLI _____

APPLICATION FOR REFUND OF EMPLOYEE DEDUCTIONS WILL BE SUBMITTED

SEPARATION SF 50 IS ATTACHED

AGENCY EMAIL ADDRESS _____ AGENCY PHONE # _____

AGENCY OFFICIAL SIGNATURE _____ DATE _____