National Finance Center Retirement Section

RETIREMENT PROCESSING TRANSMITTAL

REGULAR MAIL: OVERNIGHT/EXPRESS: USDA, National Finance Center USDA, National Finance Center Attn: Retirement Section Attn: Retirement Section Fringe Benefit Processing Unit Fringe Benefit Processing Unit P.O. Box 29310 13800 Old Gentilly Road New Orleans, LA 70189 New Orleans, LA 70129 Mark Envelope: "Deliver Immediately - Do Not Open In Mailroom" Retirement Section Toll Free Number: 1-877-207-8137 DATE MAILED AGENCY PERSONNEL OFFICE IDENTIFIER Check case type below from block 4 and 5 located on OPM's SF-2801/SF-3107 Schedule D form. CHECK TYPE OF RETIREMENT APPLICABLE NATURE OF ACTION CODE 300 Age (Mandatory) 302 Optional Early Optional 303 Discontinued 304, 312, 356 301 Disability Preliminary Disability 976 MRA Plus 10 302 (FERS only) 350 Death Please complete and attach the CSRS/FERS Document Transmittal Sheet for each specific case type.

CSRS/FERS Retirement Processing Instructions

Timely submission of retirement documents, along with timely processing of both the Nature of Action (NOA) and Time and Attendance (T&A) data is critical to meeting OPM's 30-day timeframe for submission of retirement data.

Recommendations for Expediting Retirement Cases

- Submit retirement documents (application and associated forms) by the Friday before payroll processes for the pay period in which the employee separates.
- Ensure that the retirement application contains an original signature.
- Enter the separation NOA prior to payroll processing for the pay period in which the employee separates.
- Flag the T&A as "FINAL" prior to payroll processing for the pay period in which the employee separates, except for Preliminary Disability cases which do not require a Final T&A.

Note: The separation NOA must be processed **prior** to submission of the Final T&A in order to generate the Individual Retirement Record.

- Certify the salary on SF-2821 (including locality pay, premium pay, etc.).
 - -- Include certification by **2 different** certifying officials on Sf--2821 in Blocks 15A and 16A (Block 16A can be left blank for certification at NFC).
 - -- Include correct Alpha Code on SF-2821.
- Encourage employee to make Post 56 Military Deposit prior to the effective retirement date.
- Arrange forms in order specified on the CSRS/FERS Document Transmittal Sheet.
- Attach completed CSRS/FERS Document Transmittal Sheet.

RETIREMENT PROCESSING TRANSMITTAL

CSRS/FERS DOCUMENT TRANSMITTAL SHEET FOR AGE (MANDATORY), OPTIONAL, EARLY OPTION, AND DISCONTINUED SERVICE

heck appropriate blocks for each form submitted.					
SF-2801 (CSRS) SF3107 (FERS), Application f	or Immediate Retirement				
SF-2801/SF3107, Schedule A, B, and C					
SF-2801-1/SF-3107-1, Certified Summary of Fed	eral Service				
SF-2801-2/SF-3107-2, Spouse's Notification of S	urvivor Election				
SF-2801-3/SF-3107-3, Election of Former Spouse	e Annuity or Combination Current/Former Spouse Annuity				
SF-2809, Health Benefits Registration Form(s)					
SF-2810, Notice(s) of Change in Health Benefits	hange in Health Benefits Enrollment *SF-2810 transferring enrollment to OPM is no longer required.				
SF-2817, Life Insurance Election Form(s)					
SF-176T, Life Insurance Election Form(s)					
SF-176, Life Insurance Election Form(s)					
SF-2818, Continuation of Life Insurance Coverag	e				
SF-2819, Notice of Conversion Privilege (Life Inst	urance)				
SF-2821, Agency Certification of Life Insurance C	Coverage				
SF-2822, Request for Life Insurance					
SF-2823, Designation of Beneficiary (Life Insurance)					
SF-54, Designation of Beneficiary (Life Insurance	e)				
SF-1199A, Direct Deposit SignUp Form OR EF	T Election Letter				
DD-214, Military Discharge or Equivalent (If Applicable)					
Military Pay Waiver Letter (If Applicable)	Military Pay Waiver Letter (If Applicable)				
SF-2803 (CSRS)/SF-3108 (FERS), Application to	Make Deposit or Redeposit (If Applicable)				
OPM Form 1515, Military Service Deposit Election	on (If Applicable)				
Annuity Estimate					
W-4					
W-4P					
SF-2801 Schedule D, Agency Checklist of Immed	diate Retirement Procedures				
Please include the OPM Authority N	umber if the case is an Early Optional, NOA 303.				
TAILS					
DYEE NAME	SOCIAL SECURITY NUMBER				
TIVE DATE	EFFECTIVE PAY PERIOD				
NNEL CONTACT	PHONE NUMBER				
MAILED	AGENCY NUMBER POI				
RKS					

National Finance Center Retirement Section

RETIREMENT PROCESSING TRANSMITTAL

CSRS/FERS DOCUMENT TRANSMITTAL SHEET FOR FINAL DISABILITY RETIREMENT

ORDER OF DOCUMENT SUBMISSION TO NFC			
Check appropriate blocks for each form submitted.			
OPM Approval Letter			
SF-2809, Health Benefits Registration Form(s)			
SF-2810, Notice(s) of Change in Health Benefits Enrollment *SF-2810 transferring enrollment to OPM is no longer required.			
SF-2817, Life Insurance Election Form(s)			
SF-176T, Life Insurance Election Form(s)			
SF-176, Life Insurance Election Form(s)			
SF-2818, Continuation of Life Insurance Coverage			
SF-2819, Notice of Conversion Priviledge (Life Insuarnce)			
SF-2821, Agency Certification of Life Insurance Coverage			
SF-2822, Request for Life Insurance			
SF-2823, Designation of Beneficiary (Life Insurance)			
SF-54, Designation of Beneficiary (Life Insurance)			
SF-1199A, Direct Deposit Sign-Up Form OR EFT Election Letter			
DD-214, Military Discharge or Equivalent (If Applicable)			
Military Pay Waiver Letter (If Applicable)			
SF-2803 (CSRS)/SF-3108 (FERS), Application to Make Deposit or Redeposit (If Applicable)			
OPM Form 1515, Military Service Deposit Election (If Applicable)			
Annuity Estimate			
W-4			
W-4P			
SF-2801, Schedule D, Agency Checklist of Immediate Retirement Procedures			

In order to expedite the processing of Final Disability cases, please input NOA 301 effective the last day of the pay period in which the OPM Approval Letter is received in your office.

Forward documents to NFC.

Do not submit final disability documents directly to OPM.

SOCIAL SECURITY NUMBER	
EFFECTIVE PAY PERIOD	
PHONE NUMBER	
AGENCY NUMBER	POI
	EFFECTIVE PAY PERIOD PHONE NUMBER

CSRS/FERS DOCUMENT TRANSMITTAL SHEET FOR PRELIMINARY DISABILITY RETIREMENT

OF DOCUMENT SUBMISSION TO NFC k appropriate blocks for each form submitted.
SF-2801 (CSRS) SF-3107 (FERS), Application for Immediate Retirement
SF-2801/SF-3107, Schedule A, B, and
SF-2801-1/SF-3107-1, Certified Summary of Federal Service
SF-2801-3/SF-3107-3, Election of Former Spouse Annuity or Combination Current/Former Spouse Annuity
SF-2801-2/SF-3107-2, Spouse's Notification of Survivor Election
SF-3112A, Applicant's Statement of Disability
SF-3112B, Supervisor's Statement of Disability
SF-3112C, Physician's Statement of Disability
Medical Documents
SF-3112D, Agency Certification of Reassignment and Accommodation Efforts
SF-3112E, Disability Retirement Application Checklist
Position Description
OWCP Award Letter (If Applicable)
SF-1199A, Direct Deposit Sign-Up Form OR EFT Election Letter
SF-2801 Schedule D, Agency Checklist of Immediate Retirement Procedures

In order to expedite the processing of Preliminary Disability Cases, please input NOA 976 effective the last day of the pay period in which the application and supporting documents are received in your office.

Forward document to NFC only after the NOA 976 applies to the database.

DETAILS		
EMPLOYEE NAME	SOCIAL SECURITY NUMBER	
EFFECTIVE DATE	EFFECTIVE PAY PERIOD	
PERSONNEL CONTACT	PHONE NUMBER	
DATE MAILED	AGENCY NUMBER	POI
REMARKS		

CSRS/FERS DOCUMENT TRANSMITTAL SHEET DEATH IN SERVICE

ORDER OF DOCUMENT SUBMISSION TO NFC						
Check appropriate blocks for each form submitted.						
SF-2800 (CSRS) SF-3104 (FERS), Application for Death Benefits	SF-2800 (CSRS) SF-3104 (FERS), Application for Death Benefits					
SF-2800A (CSRS) SF-3104B (FERS), Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death						
SF-2809, Health Benefits Registration Form(s)						
SF-2810, Notice(s) of Change in Health Benefits Enrollment *SF-2810 transferring enrollment to OPM is no longer required.						
Do not send FEGLI forms to NFC for a death case. Send FEGLI forms to:						
OFEGLI P.O. Box 2627 Jersey City, NJ 07303-26						
Original, Certified Death Certificate						
SF-1199A, Direct Deposit Sign-Up Form OR EFT Election Letter						
DD-214, Military Discharge or Equivalent (If Applicable)						
Military Pay Waiver Letter (If Applicable						
SF-2803 (CSRS)/SF3108 (FERS), Application to Make Deposit or	Redeposit (If Applicable	e)				
OPM Form 1515, Military Service Deposit Election (If Applicable)						
Annuity Estimate						
W-4						
W-4P						
SF-2801 Schedule D, Agency Checklist of Immediate Retirement P	rocedures					
DETAILS EMPLOYEE NAME	SOCIAL SECURITY NUMBER					
EFFECTIVE DATE	EFFECTIVE PAY PERIOD					
PERSONNEL CONTACT	PHONE NUMBER					
DATE MAILED	AGENCY NUMBER	POI				
REMARKS						