



U.S. Department of State
Bureau of Human Resources/Office of Retirement
APPLICATION FOR RETIREMENT
FOREIGN SERVICE RETIREMENT SYSTEMS

To avoid delay: 1. Read information carefully. 2. Complete application in full. 3. Use typewriter or print in ink.

A. PERSONAL INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|--|
| 1. Name (Last, First, MI.) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | 2. Date of Birth (mm-dd-yyyy) | | 3. Social Security Number | |
| 4. Current Address (Number, Street, City, State, and ZIP Code) | | | 5. List All Other Names Used | | |
| 6.(a) Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) If "Yes" give the following information: Spouse's Name | Spouse's Birthdate (mm-dd-yyyy) | Date of Marriage (mm-dd-yyyy) | Place of Marriage (City and State) | |
| (c) Have you been divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No | (d) If "YES," List each divorce and spouse; attach separate sheet if necessary Former Spouse's Name(s) | | Dates of Marriage (mm-dd-yyyy) | Dates of Divorce (mm-dd-yyyy) | |
| 1. _____ | | 1. _____ | | 1. _____ | |
| 2. _____ | | 2. _____ | | 2. _____ | |
| 3. _____ | | 3. _____ | | 3. _____ | |

Former Spouse's Current Address (Number, Street, City, State, and ZIP Code)

If divorced after 2/14/81, your former spouse may have pension and/or survivor benefit rights under Sections 814(a) or (b) of the Foreign Service Act of 1980 if you were married to the spouse for 10 years or more during your creditable service. Regardless of date of divorce or length of marriage, a previous spouse may, by court-approved or decreed settlement, have a share of your annuity under Section 820(b)(2) of the Act. If there is a court order or spousal agreement attach this document to this application. Copies of the section of the law are available in the Retirement Division, U.S. Department of State.

B. RETIREMENT INFORMATION

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| 1. Date of Final Separation (mm-dd-yyyy) | 2. Name of Agency Retired From and Grade Level | 3. Approximate Number of Years of Civilian Service |
| 4. Nature of Retirement (Check Only One) | | |
| <input type="checkbox"/> Voluntary. An immediate annuity is payable to an employee if he/she is 50 years of age or older and has 20 years or more of creditable service, 5 of which must be civilian. | | |
| <input type="checkbox"/> Mandatory (Age). At age 65 or older with at least 5 years of creditable civilian service. An immediate annuity is payable to the employee. | | |
| <input type="checkbox"/> Involuntary Separation. Selection out with an immediate annuity payable in accordance with Section 609 of the Foreign Service Act of 1980. Do not complete this block if eligible for a deferred annuity at age 60. See next item. | | |
| <input type="checkbox"/> Discontinued Service Retirement. Deferred annuity upon attainment of age 60. The annuity is payable on the former participant's 60th birthday. If the participant is over age 60 at time of separation, the annuity will commence the day following separation. The participant must have at least 5 years of creditable civilian service. NOTE: If separated prior to 10/16/60, annuity commences on the first day of the month after age 62. | | |
| <input type="checkbox"/> Disability. An immediate annuity is payable to a participant if (a) the participant completed at least 5 years of creditable civilian service and (b) the participant becomes totally disabled or incapacitated for useful and efficient service by reason of disease, illness, or injury not due to vicious habits, intemperance, or willful misconduct. Please describe briefly your disability; state when it occurred; and if you are an active employee, how the disability interferes with the performance of your duties. (Attach sheets if additional space is required.) | | |

C. MILITARY SERVICE

Complete the section below if you have performed active duty that terminated under honorable conditions in any of the following services: (a) Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States; or (b) regular corps or reserve corps of the Public Health Service after June 30, 1960; or (c) as a commissioned officer of the Coast and Geodetic Survey after June 31, 1961. All military service will be used to compute the annuity unless prohibited or waived by applicant.

SECTION I. MILITARY SERVICE INFORMATION

| Branch of Service | Serial Number | Dates of Active Duty From (mm-dd-yyyy) To (mm-dd-yyyy) | Last Grade or Rank | Organization at Discharge |
|-------------------|---------------|-----------------------------------------------------------|-----------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

SECTION II. MILITARY RETIRED PAY

(Complete this section if you are receiving or have applied for military retired pay)

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Are you receiving or have you ever applied for military retired or retainer pay? <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Have you waived all or part of your military retired or retainer pay in order to receive a pension or compensation from the Dept. of Veterans Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No | c. Was your military retired or retainer pay awarded for reserve service under Title 10 USC? <input type="checkbox"/> Yes <i>(Attach a copy of notice of award)</i> <input type="checkbox"/> No |
| d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? <input type="checkbox"/> Yes <i>(Attach copy of military award)</i> <input type="checkbox"/> No | e. Are you waiving your military retired or retainer pay in order to receive credit for Foreign Service retirement benefits? <input type="checkbox"/> Yes <i>(Attach a copy of your request for waiver and a copy of the military finance officer's acknowledgment or approval of your request for waiver)</i> <input type="checkbox"/> No | |

D. FEDERAL EMPLOYEES COMPENSATION INFORMATION

1. Are you receiving or have you ever received workers compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of job-related illness or injury? Yes *(Complete question 1a-c below)*
 No *(Go to question 2)*

| | |
|------------------------------|----------------------------------------------|
| a. Compensation Claim Number | b. Benefit Received |
| | (1) From (mm-dd-yyyy) (2) To (mm-dd-yyyy) |

c. Type of Benefit _____ Scheduled Award Total or Partial Disability Compensation

2. If you have applied for Workers Compensation *(other than as listed in item 1a above)* but are not receiving benefits, check reason below and give information requested.

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> a. Awaiting OCWP decision Compensation Claim Number | <input type="checkbox"/> b. Claim Denied Compensation Claim Number Date Claim Denied (mm-dd-yyyy) |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

3. Except for scheduled compensation awards, workers compensation and Foreign Service retirement benefits cannot be paid for the same period of time. *(Please complete the information below regarding your claim)*

a. Do you agree to notify us promptly if the status of workers' compensation claim changes? Yes No

b. Do you authorize the Department of State and/or the Office Of Workers' Compensation Programs to collect any overpayment if we later find you are ineligible for both compensation and annuity payments covering the same period of time? Yes No

E. CERTIFICATION OF APPLICANT

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
| Warning: Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) | I hereby certify that all statements made in this application are true to the best of my knowledge and belief. | Date (mm-dd-yyyy) | Signature of Applicant |
| | | | |

PRIVACY ACT STATEMENT

AUTHORITY

Subchapter 8 of Title 22, U.S.C. and Chapters 87 and 89 of Title 5, U.S.C. authorize the Foreign Service Retirement and Disability System, the Federal Employees Health Benefits Program, and the Federal Employees Group Life Insurance Program.

PURPOSES AND USES

The primary purposes of the information solicited are to support enrollment, document an election not to enroll, and/or support a present or future claim for benefits under the Foreign Service Retirement and Disability System, the Federal Employees Health Benefits Program, and/or the Federal Employees Group Life Insurance Program. The information may be shared with a) other Federal agencies, b) national, State, county, municipal, or other publicly charitable or social security administration agencies, and c) private insurance carriers providing elected benefits. It will be shared only to the extent necessary to adjudicate a benefit or determine enrollment under the programs administered by such agencies.

EFFECTS OF NONDISCLOSURE

Providing the information requested is voluntary; however, failure to supply all of the information may delay or prevent action on your or your survivor's enrollment or claim for benefits.

Information regarding disclosure of your social security number is covered under Public Law 93.57.