



**The 2019 Foreign Service  
Annual Annuitant Newsletter**



United States Department of State

*Director General of the Foreign Service and  
Director of Human Resources*

*Washington, DC 20520*

November, 2018

Dear Foreign Service Annuitant,

I extend to you my warmest wishes, and I especially wish to congratulate the Foreign Service members who retired in Fiscal Year 2018. Thank you for your service to our nation.

The Department of State Annual Annuitant Newsletter is available electronically. This format allows us to make updates in real-time so you can get the information you need in a more timely fashion. Those annuitants who are unable to access the packet electronically can request that a printed copy be mailed to them.

The 2019 Newsletter contains essential information. Topics covered include health and life insurance, taxes, and survivor benefits. It also includes time-sensitive information on the annual open seasons for the Federal Employees Health Benefits Program (FEHB) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) that begin on Monday, November 12, and end on Monday, December 10, 2018.

You can also find a wealth of information on the Office of Retirement's "RNet" internet site at <https://rnet.state.gov>. Resources available there include annuitant forms and a searchable database of Frequently Asked Questions (FAQs). Another online resource is the Annuitant Express website at [www.employeeexpress.gov](http://www.employeeexpress.gov). There you can print a copy of Form 1099R, update mailing addresses and change your federal or state tax withholding, among other self-service functions. This newsletter explains how to access that site.

If you have questions after consulting these resources, please contact our Human Resources Specialists in the Bureau of Human Resources' Service Center (HRSC) in Charleston, South Carolina. HRSC can provide assistance with a range of actions from changing your health benefits provider to getting advice on what to do in the event of a change in marital circumstances (death of a spouse, marriage, divorce, etc.). If the issue is especially complex, the HR Service Center will refer your inquiry to the Office of Retirement for resolution. You can contact the HR Service Center by telephone, e-mail, fax, or mail as explained in the newsletter.

Many retirees in the "new" FSPS retirement system receive an annuity supplement that is payable until age 62 and is subject to an annual earnings test. Retirees who have reached their minimum retirement age and are under age 62, must submit a certification to the HR Service Center by Monday, January 7, 2019, otherwise their annuity supplement payment will be suspended. Form DS-5026 "FSPS Annuity Supplement Report" is included in this newsletter.

As part of an effort to recognize the critical role State Department employees play in developing and implementing U.S. foreign policy, we are moving the retirement ceremony previously planned for November 2, 2018, to Foreign Affairs Week scheduled for May 2019. This will enable us to host a broader celebration of the Department's workforce – past, present, and future – and allow a more fulsome discussion of the challenges and opportunities our nation faces across the globe. We will contact you in the New Year with more details and look forward to seeing you in 2019.

The Department will hold its 54<sup>th</sup> annual Foreign Affairs Day in May 2019. It's a great opportunity to catch up with old friends and colleagues and get current on the Department's efforts to advance the nation's foreign policy priorities. As always, you are invited to attend the program of speakers, which is followed by a luncheon in the Benjamin Franklin Room for 250 attendees, on a first-come, first-served basis upon receipt of payment. If you would like to attend Foreign Affairs Day, please e-mail [foreignaffairsday@state.gov](mailto:foreignaffairsday@state.gov) to receive an invitation in March 2019.

Finally, as Department veterans, you are our best recruiters and ambassadors; we need your help to ensure the Department remains a strong, effective institution with a diverse, capable workforce that can advance U.S. interests and values now and in the future. To stay up to speed on what we are doing in HR, follow me on twitter at @StateDG.

Sincerely,

A handwritten signature in black ink that reads "William E. Todd". The signature is written in a cursive style with a large, prominent "W" and "T".

William E. Todd

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Dear State Department Retiree:

As part of an effort to recognize the critical role State Department employees play in developing and implementing U.S. foreign policy, we are moving the retirement ceremony previously planned for November 2, 2018 to Foreign Affairs Week scheduled for May 2019. This will enable us to host a broader celebration of the Department's workforce – past, present, and future – and allow a more fulsome discussion of the challenges and opportunities our nation faces across the globe.

We will contact you in the New Year with more details and look forward to seeing you in 2019.

Should you have any questions or concerns, please email [RetirementCeremony@state.gov](mailto:RetirementCeremony@state.gov).”

## **COST-OF-LIVING ADJUSTMENT (COLA) INFORMATION FOR 2018**

This year's Cost-Of-Living Adjustment (COLA) will be effective December 1, 2018 and payable in the annuity payment dated January 2, 2019.

Annuitants receiving benefits under the Foreign Service Retirement and Disability System (FSRDS) will receive a 2.8% COLA.

Annuitants receiving benefits under the Foreign Service Pension System (FSPS) will receive a 2.0% COLA.

Annuitants who retired on or after January 1, 2018, will not receive the full COLA as described above. Instead, they will receive a prorated COLA based on the number of months the annuity benefits were paid before December 1, 2018.

Note: FSPS Annuitants, who are receiving an annuity supplement, will receive the COLA described above on the regular annuity, but will not receive a COLA on the annuity supplement.

**HEALTH BENEFITS OPEN SEASON IS  
MONDAY, NOVEMBER 12 TO MONDAY, DECEMBER 10, 2018**

*The following information concerns annuitants with current Federal health benefits coverage. If you do not have Federal health benefits coverage, please disregard this information.*

The FEHB Open Season will be held from November 12, 2018 to December 10, 2018. The annual Open Season gives federal retirees the opportunity to review their health plan choices and make changes. **If you want to change your enrollment, you must submit your completed Health Benefits Election Form SF-2809 by December 10, 2018, to the HR Service Center as indicated below.** Forms received by email and fax must be received by December 10. Forms received by mail must be postmarked by December 10. We can accept and process a late election only if we determine that you were unable to submit a timely application for reasons beyond your control. **There is no online enrollment option for Foreign Service annuitants – DO NOT attempt to make changes through the OPM website.**

Annuitants who live in a service area that is being reduced by a FEHB plan and who do not change health plans during Open Season will only have emergency medical service where they live. They will have to travel to their plan's remaining service area in order to receive full benefits from the plan in 2019.

Annuitants in plans leaving the FEHB program must make a positive election into another FEHB plan during open season or they will be enrolled in the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus (the lowest-cost nationwide plan option for 2019 as determined by OPM).

Annuitants will be notified if their plan is reducing their service areas or leaving the Federal Employees Health Benefit (FEHB) program at the end of 2018 from two sources. First, the Office of Retirement will notify participating Foreign Service annuitants of plan terminations. Second, all terminating plans are required to mail a notice to their members advising them of their decision to reduce their service area or withdraw from the program.

**Human Resources Service Center (HRSC)**

**Phone/Fax/E-Mail:**

1-866-300-7419 (Toll free)  
1-843-308-5539 (Outside the U.S.)  
1-843-202-3807 (Fax)  
**HRSC@State.gov** (E-mail)

**Mailing Address:**

U.S. Department of State  
HR Service Center – Annuitant Services  
1999 Dyess Avenue, Building E  
Charleston, SC 29405

Plan information on the Federal Employees Health Benefits (FEHB) Program can be found on OPM's website at: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/>.

The SF-2809 can be accessed online at [https://www.opm.gov/forms/pdf\\_fill/sf2809.pdf](https://www.opm.gov/forms/pdf_fill/sf2809.pdf).

## INSTRUCTIONS FOR COMPLETING THE SF 2809

### Part A — Enrollee and Family Member Information.

- Item 5. If you are separated but not divorced, you are still married.
- Item 7. If you have Medicare, show which Parts you have. Also indicate whether you have prescription drug coverage under the Medicare Part D program.
- Item 9. If you have other group insurance (private, state, Medicaid, CHAMPVA), check the box.
- Item 10. Check the appropriate block. If other, write the name of any other insurance you have. TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors. This includes TRICARE for Life for members 65 and over.
- Items 13, 25, 37. Complete information for family members **only if your enrollment is for Self Plus One or Self and Family**. (If you need extra space for additional family members, list them on a separate sheet and attach.) If a family member has Medicare, show which parts he/she has on the line with his/her name.
- Item 17, 29, 41. Provide the code which indicates the relationship of each eligible family member to you.

CODE	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child under age 26
17	Stepchild under age 26
10	Foster Child under age 26
99	Disabled child age 26 or older incapable of self-support because of a physical or mental disability that began before age 26.

### Part F — Cancellation of FEHB.

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. The HR Service Center can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment. If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

### Part G — Suspension.

Place an "X" in the box only if you are an annuitant or former spouse and wish to suspend your FEHB enrollment. Also enter your present enrollment code in Part B. You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- ◆ A Medicare HMO or Medicare Advantage plan,
- ◆ Medicaid or similar State-sponsored program of medical assistance for the needy,
- ◆ TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), or
- ◆ CHAMPVA or
- ◆ Peace Corps

You can re-enroll in the FEHB Program if your other coverage ends. If your coverage ends *involuntarily*, you can reenroll 31 days before through 60 days after loss of coverage. If your coverage ends *voluntarily* because you dis-enroll, you can reenroll during the next open season. You must submit documentation of eligibility for coverage under the non-FEHB Program to the HR Service Center with your SF-2809.

## Health Benefits Election Form

### Part A - Enrollee and Family Member Information *(for additional family members use a separate sheet and attach)*

1. Enrollee name <i>(last, first, middle initial)</i>	2. Social Security Number	3. Date of birth <i>(mm/dd/yyyy)</i>	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address <i>(including ZIP Code)</i>		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Claim Number
-----				
9. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No				
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance:</i> _____ <i>Policy Number:</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
11. Email address			12. Preferred telephone number	
13. Name of family member <i>(last, first, middle initial)</i>	14. Social Security Number	15. Date of birth <i>(mm/dd/yyyy)</i>	16. Sex <input type="checkbox"/> M <input type="checkbox"/> F	17. Relationship code
18. Address <i>(if different from enrollee)</i>		19. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		20. Medicare Claim Number
-----				
21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input type="checkbox"/> No				
22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance:</i> _____ <i>Policy Number:</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
23. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			24. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	
25. Name of family member <i>(last, first, middle initial)</i>	26. Social Security Number	27. Date of birth <i>(mm/dd/yyyy)</i>	28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Relationship code
30. Address <i>(if different from enrollee)</i>		31. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		32. Medicare Claim Number
-----				
33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input type="checkbox"/> No				
34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance:</i> _____ <i>Policy Number:</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
35. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			36. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	
37. Name of family member <i>(last, first, middle initial)</i>	38. Social Security Number	39. Date of birth <i>(mm/dd/yyyy)</i>	40. Sex <input type="checkbox"/> M <input type="checkbox"/> F	41. Relationship code
42. Address <i>(if different from enrollee)</i>		43. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		44. Medicare Claim Number
-----				
45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input type="checkbox"/> No				
46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance:</i> _____ <i>Policy Number:</i> _____ <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				
47. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>			48. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>	

(Continued on the reverse)



Enrollee name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code	2. Date of event	<input type="checkbox"/>	I do NOT want to enroll in the FEHB Program. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i>

Part F - Cancellation of FEHB		Part G - Suspension of FEHB (Annuitants/Former Spouses Only)	
<input type="checkbox"/>	I CANCEL my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i>	<input type="checkbox"/>	I SUSPEND my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i>

**Part H - Signature**  
**WARNING: Any intentionally 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.)**

1. Your signature (do not print)	2. Date (mm/dd/yyyy)
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**Part I - To be completed by agency or retirement system**  
**REMARKS**

1. Date received (mm/dd/yyyy)	2. Effective date of action (mm/dd/yyyy)	3. Personnel telephone number (      )
4. Name and address of agency or retirement system		5. Authorizing official (please print)
-----		6. Signature of authorized agency official
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number (      )

## FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP)

The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers supplemental dental and vision benefits. It is available to annuitants who are eligible to enroll in the FEHB Program. It does not matter if the annuitant is actually enrolled in FEHB – eligibility is the key. Unlike FEHB, there is no five-year requirement to continue coverage into retirement. Premiums vary by plan and by enrollment type (Self, Self + One, and Self + Family). More information is available at: <https://www.opm.gov/healthcare-insurance/dental-vision>.

Eligible individuals may enroll during the upcoming **Open Season, November 12 through December 10, 2018**, during subsequent annual Open Seasons or after a qualifying life event that permits enrollment outside of open season. Enrollment continues automatically from year to year, including when enrollees retire. If taking advantage of the upcoming Open Season, you must enroll, change or cancel your FEDVIP enrollment using the website (<https://www.benefeds.com/>) or by calling 1-877-888-3337 no later than **December 10, 2018**. Phone hours are 9:00 a.m. to 7:00 p.m. EST Monday through Friday. You cannot enroll in, make changes, or cancel your FEDVIP enrollment using a SF-2809. You must contact BENEFEDS directly. The HR Service Center and the Annuity Pay Processing Branch cannot make changes to your account (ex: adding coverage or changing coverage options).

## INSURANCE BENEFITS

### TEMPORARY CONTINUATION OF HEALTH COVERAGE (TCC)

Certain individuals who lose eligibility to participate in the FEHB program become eligible to continue their FEHB coverage on a temporary basis. This law applies to children of FEHB enrollees who lose their coverage when reaching age 26, and certain former spouses who would not otherwise be eligible to continue FEHB enrollment. Be advised that a surviving spouse who is not entitled to a survivor annuity is also not eligible to participate in TCC.

To acquire TCC, one must elect coverage within 60 days of the event (or 60 days from the notification from the employing office, whichever is later) which causes the loss of coverage (e.g., the date of divorce or a child's 26th birthday). The premium for those who acquire temporary FEHB coverage will be higher than the regular premium for FEHB enrollments, because it will include both the employee's and government's share of the cost of the enrollment, plus a 2% administrative fee. For more information, please consult OPM's website, <https://www.opm.gov/healthcare-insurance/healthcare/temporary-continuation-of-coverage>. The form (SF-2809) is also included in this Newsletter.

### LONG-TERM CARE INSURANCE

Long-term care (LTC) insurance pays benefits for services that individuals may need if they are unable to care for themselves because of an extended illness or injury or due to an age-related disease such as Alzheimer's. LTC insurance can provide broad, flexible benefits for nursing home care, care in an assisted living facility, in-home care, adult day care, hospice care, and more.

Further information, including current premiums, can be obtained by accessing the website: <http://www.ltcfeds.com/>. To speak to a certified long-term care insurance specialist, call: 1-800-LTC-FEDS/1-800-582-3337, TDY: 1-800-843-3557, 8 am to 6 pm EST. You must contact LTC directly. The HR Service Center and the Annuity Pay Processing Branch cannot make changes to your account (ex: adding coverage or changing coverage options).

## FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

*The following information concerns annuitants with existing FEGLI coverage. If you do not have FEGLI coverage, please disregard this information. Please note that you may not elect any new coverage after retirement. You may only decrease coverage.*

If you were eligible to continue your FEGLI enrollment when you retired, you selected basic coverage or basic coverage plus additional coverage under options A, B or C. [The Basic Insurance Amount (BIA) is the amount of your salary on the date you retired, rounded up to the nearest \$1,000, plus \$2,000.] The amount of Basic insurance in force as an annuitant may start to reduce when you reach age 65 depending on the election you made at the time you retired or following a reduction option selected after retirement. Once you retire you cannot increase your coverage, but you can reduce it. This assumes that you have not assigned, i.e., transferred ownership of your life insurance, to another party. In that case, you cannot make any changes in your coverage.

If you cancel your basic insurance coverage, you will cancel all of your coverage. You must continue basic coverage to continue optional insurance coverage. When you retired, you had three options:

- Option A added \$10,000 to the amount of Basic insurance in force.
- Option B added up to five multiples of your salary on the date you retired rounded up to the higher thousand dollars. This option may also start to reduce at age 65 depending on your election.
- Option C added coverage only for family members. You could have purchased up to five multiples of \$5,000 each for a maximum benefit of \$25,000 for your spouse, and up to five multiples of \$2,500 each for a maximum benefit of \$12,500 for each eligible dependent child. This option may also start to reduce at age 65 depending on your election.

If you do not know what type of coverage you have selected, you can send your query to the HR Service Center at [HRSC@state.gov](mailto:HRSC@state.gov) and they will look up your life insurance coverage. Additionally, you can obtain your FEGLI code from Annuitant Express on [www.employeeexpress.gov](http://www.employeeexpress.gov). The following chart lists the FEGLI codes and the definition of each code's coverage.

<b>FEGLI Coverage Code</b>	<b>Definition</b>
A0	Ineligible
B0	Waived
C0	Basic only
D0	Basic + Option A
E1	Basic + Option C (1x)
E2	Basic + Option C (2x)
E3	Basic + Option C (3x)
E4	Basic + Option C (4x)
E5	Basic + Option C (5x)
F1	Basic + Option A + Option C (1x)
F2	Basic + Option A + Option C (2x)
F3	Basic + Option A + Option C (3x)
F4	Basic + Option A + Option C (4x)

<b>FEGLI Coverage Code</b>	<b>Definition</b>
F5	Basic + Option A + Option C (5x)
GO	Basic + Option B (1x)
HO	Basic + Option B (1x) + Option A
I1	Basic + Option B (1x) + Option C (1x)
I2	Basic + Option B (1x) + Option C (2x)
I3	Basic + Option B (1x) + Option C (3x)
I4	Basic + Option B (1x) + Option C (4x)
I5	Basic + Option B (1x) + Option C (5x)
J1	Basic + Option B (1x) + Option A + Option C (1x)
J2	Basic + Option B (1x) + Option A + Option C (2x)
J3	Basic + Option B (1x) + Option A + Option C (3x)
J4	Basic + Option B (1x) + Option A + Option C (4x)
J5	Basic + Option B (1x) + Option A + Option C (5x)
KO	Basic + Option B (2x)
LO	Basic + Option B (2x) + Option A
M1	Basic + Option B (2x) + Option C (1x)
M2	Basic + Option B (2x) + Option C (2x)
M3	Basic + Option B (2x) + Option C (3x)
M4	Basic + Option B (2x) + Option C (4x)
M5	Basic + Option B (2x) + Option C (5x)
N1	Basic + Option B (2x) + Option A + Option C (1x)
N2	Basic + Option B (2x) + Option A + Option C (2x)
N3	Basic + Option B (2x) + Option A + Option C (3x)
N4	Basic + Option B (2x) + Option A + Option C (4x)
N5	Basic + Option B (2x) + Option A + Option C (5x)
9O	Basic + Option B (3x)
PO	Basic + Option B (3x) + Option A
Q1	Basic + Option B (3x) + Option C (1x)
Q2	Basic + Option B (3x) + Option C (2x)
Q3	Basic + Option B (3x) + Option C (3x)
Q4	Basic + Option B (3x) + Option C (4x)
Q5	Basic + Option B (3x) + Option C (5x)
R1	Basic + Option B (3x) + Option A + Option C (1x)
R2	Basic + Option B (3x) + Option A + Option C (2x)
R3	Basic + Option B (3x) + Option A + Option C (3x)

<b>FEGLI Coverage Code</b>	<b>Definition</b>
R4	Basic + Option B (3x) + Option A + Option C (4x)
R5	Basic + Option B (3x) + Option A + Option C (5x)
SO	Basic + Option B (4x)
TO	Basic + Option B (4x) + Option A
U1	Basic + Option B (4x) + Option C (1x)
U2	Basic + Option B (4x) + Option C (2x)
U3	Basic + Option B (4x) + Option C (3x)
U4	Basic + Option B (4x) + Option C (4x)
U5	Basic + Option B (4x) + Option C (5x)
V1	Basic + Option B (4x) + Option A + Option C (1x)
V2	Basic + Option B (4x) + Option A + Option C (2x)
V3	Basic + Option B (4x) + Option A + Option C (3x)
V4	Basic + Option B (4x) + Option A + Option C (4x)
V5	Basic + Option B (4x) + Option A + Option C (5x)
WO	Basic + Option B (5x)
XO	Basic + Option B (5x) + Option A
Y1	Basic + Option B (5x) + Option C (1x)
Y2	Basic + Option B (5x) + Option C (2x)
Y3	Basic + Option B (5x) + Option C (3x)
Y4	Basic + Option B (5x) + Option C (4x)
Y5	Basic + Option B (5x) + Option C (5x)
Z1	Basic + Option B (5x) + Option A + Option C (1x)
Z2	Basic + Option B (5x) + Option A + Option C (2x)
Z3	Basic + Option B (5x) + Option A + Option C (3x)
Z4	Basic + Option B (5x) + Option A + Option C (4x)
Z5	Basic + Option B (5x) + Option A + Option C (5x)

To obtain the value of your FEGLI coverage, please contact OPM. There are two ways to access your FEGLI coverage information:

1. Email [retire@opm.gov](mailto:retire@opm.gov) to request that your VOLI be mailed to you. Be sure to include your retirement claim number (CSI/CSA/CSF) in your email. You can find your CSI number on your SF-2820 FEGLI Certification of Insured Employee's Retirement Status. Please contact the HR Service Center at [HRSC@state.gov](mailto:HRSC@state.gov) if you need help finding your CSI number.
2. Call 1-888-767-6738 to request that your VOLI be mailed to you. The phone lines are open Monday through Friday 7:40 am to 5:00 pm eastern time. The phone lines can get extremely busy so we recommend calling early in the morning or late in the evening when the lines are less busy. Have your retirement claim number (CSI) or social security number handy.

## Your FEGLI Coverage after Age 65

The amount you pay for life insurance depends on your age, any additional options you selected, and the rate at which your coverage is reduced once you reach age 65.

*Basic Insurance:* At retirement, you selected the Basic Insurance Amount (BIA) you wanted to continue after age 65 based on the premium you elected to pay. The choices were 75 percent reduction, 50 percent reduction or no reduction. If you elected 75 percent reduction, the amount of insurance in effect equals your BIA reduced by 2 percent each month until 25 percent of the pre-retirement amount remains. If you elected 50 percent reduction, your BIA reduces by 1 percent of the pre-retirement amount each month until 50 percent of the pre-retirement amount remains. If you elected no reduction, your BIA will not reduce and 100 percent of the pre-retirement amount is payable as a death benefit.

*Option A:* Provides \$10,000 in coverage. At age 65, it will automatically reduce by 2 percent per month until it reaches 25% of the pre-retirement amount (\$2,500.00). There is no election for you to make for Option A.

*Option B and Option C:* The choices were full reduction or no reduction of some or all multiples.

- Under full reduction, the face value of each multiple of Option B and/or Option C reduces by 2 percent per month of the pre-retirement amount for 50 months, at which time this coverage will end. There is no cost after age 65 for full reduction.
- Under no reduction, the face value of those multiples of Option B and/or Option C coverage will never reduce. However, premiums under the no reduction election normally increase upon reaching certain age bands.

**You may cancel or change from a no reduction election to a full reduction at any time. However, a full reduction election cannot be changed any time to a no reduction election.** If you wish to cancel or reduce your FEGLI coverage, please submit a completed SF-2818 to the HR Service Center. You can obtain an SF-2818 from the Office of Personnel Management's website at [http://www.opm.gov/forms/pdf\\_fill/sf2818.pdf](http://www.opm.gov/forms/pdf_fill/sf2818.pdf).

For detailed information please visit the FEGLI Handbook at <https://www.opm.gov/healthcare-insurance/life-insurance/reference-materials/handbook.pdf>.

## FSPS ANNUITY SUPPLEMENT EARNINGS REPORT (DS-5026)

1. The annuity supplement part of your FSPS is subject to an earnings test that begins after a retiree reaches the Minimum Retirement Age (MRA-see the chart below). The earnings test is similar to the one applied to Social Security benefits and uses the same annual exempt amount, as required by law in 5 U.S.C. Section 8421a. The exempt amount changes from year to year and can be found at [www.ssa.gov](http://www.ssa.gov). Your annuity supplement will be reduced \$1.00 for every \$2.00 by which your calendar year earnings exceed the exempt amount. The reduction, termination, or reinstatement of benefits will become effective January 1<sup>st</sup> of the year following the year of income reported. Refer to the following chart to find your MRA based on your year of birth.

### Minimum Retirement Age (MRA) Chart

<i>If you were born...</i>	<i>Your MRA is...</i>
Before 1948	55 years
1948	55 years and 2 month
1949	55 years and 4 months
1950	55 years and 6 months
1951	55 years and 8 months
1952	55 years and 10 months
1953-1964	56 years
1965	56 years and 2 months
1966	56 years and 4 months
1967	56 years and 6 months
1968	56 years and 8 months
1969	56 years and 10 months
1970 or later	57 years

2. Refer to the chart on the next page to see which types of income are reportable for the purpose of the earnings test. **Please do not include pre-retirement salary or post-retirement annuity payments.** If you have questions, please email [HRSC@state.gov](mailto:HRSC@state.gov) or call the HR Service Center at 866-300-7419, Monday through Friday between 8:00 am and 5:00 pm, Eastern Time.
3. **VERY IMPORTANT.** In order for the Department of State to apply the earnings test to your annuity supplement, **you must submit the DS-5026 form by Monday, January 7, 2019**, if you attained your MRA in 2018.
4. You must submit the form even if you had no earnings for 2018. **Your annuity supplement will be terminated if the FSPS Annuity Supplement Report is NOT received on time to establish your eligibility and it will remain in terminated status until the form is received by HRSC, processed by HR/RET and submitted for payment to the Annuity Pay Processing Branch (ANP) in Charleston, SC.**
5. Please provide clear and legible information. Sign and send the form by one of the following methods:
 

<b>Mailing Address</b> Department of State HR Service Center Annuitant Services 1999 Dyess Avenue, Building E Charleston, SC 29405	<b>Fax</b> 843-202-3807	<b>Scan/Email</b> <a href="mailto:HRSC@state.gov"><u>HRSC@state.gov</u></a>
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6. Retain copies of evidence supporting your claimed earnings in the event you are required to furnish documentation of earnings.

## How To Determine Which Income to Report

### ***Include as earnings:***

- All wages from employment covered by Social Security.
- Net Income from self-employment
- All cash pay for agricultural work, domestic work in a private home, service not in the course of your employer's trade or business.
- All pay, cash or non-cash, for work as a home worker for a non-profit organization, no matter the amount. (The Social Security \$100.00 tax does not apply.)
- All pay for work not covered by Social Security, if the work is done in the United States, including pay for:
  - Family employment
  - Work as a student, student nurse, intern, newspaper and magazine vendor,
  - Work for States or foreign governments or instrumentalities, and
  - Work covered by the Railroad Retirement Act.

Regardless of what income is called, if it is actually wages for services you performed or net earnings from self-employment you secured, it must be included in applying the earnings test.

### ***Do not include as earnings:***

- Pensions or annuities paid as retirement income, including your FSPS benefit or any benefits received as a survivor.
- Salary earned before retirement and/or lump-sum payment for annual leave upon retirement. This includes any separation incentives.
- Distributions from your Thrift Savings Plan or Individual Retirement Accounts.
- Unemployment compensation.
- Gifts, insurance proceeds, inheritances, scholarships, alimony, capital gains, net business losses, prize winnings.
- Payments-in-kind for domestic service in the employer's private home, for agricultural labor, for work not in the course of the employer's trade or business, or the value of meals and lodging.
- Rentals from real estate that cannot be counted in earnings from self-employment because, for instance, you were not a real estate dealer.
- Interest and dividends not resulting from trade or business.
- Pay for military training or for jury duty.
- Payments by an employer which are reimbursement specifically for your travel expenses and which are so identified by the employer at the time of payment and/or reimbursement or allowance for moving expenses, if they are not counted as wages for Social Security purposes.



# FSPS Annuity Supplement Report

Print Name Clearly	Employee ID or last four digits of SSN
Year of Income  <b>2018</b>	Date Received by HRSC (completed by HRSC)

1. Is your annuity supplement currently reduced or terminated because you reported excess earnings last year? (Darken only one oval.)
  - Yes (Please skip directly to question 3.)
  - No (Please continue to question 2.)
2. Did you have any earnings after retirement and in the year entered above? (Darken only one oval.)
  - Yes (Please continue to question 3.)
  - No (Please sign and return document.)
3. What were your earnings *for the year entered above*?
 

*Dollars*
*Cents*

**Warning:** Your earnings are subject to verification with the Social Security Administration's earnings file. Any intentional false statement or willful misrepresentation is punishable by fine, imprisonment, or both (18 U.S.C. 1001).

- **Complete and return this form even if you had no earnings for the year indicated in the box above.**
- **Failure to return this form may result in the termination of your annuity supplement.**
- **Please do not include your salary before your date of retirement or any annuity payments.**

Signature	Daytime Phone Number
E-mail address	Date: (mm/dd/yyyy)

Privacy Act Statement	
AUTHORITY	The information is sought pursuant to the Foreign Service Act (22 U.S.C. § 3901 <i>et seq.</i> and 22 U.S.C. § 4071) and E.O. 9397, as amended. 31 U.S.C. § 7701 requires any person doing business with the Federal government furnish a Social Security Number or tax identification number.
PURPOSE	The information solicited on this form will be used to determine your eligibility to continue receiving the annuity supplement and the amount of the supplement.
USES	The information may be shared with national, state or local government, or the Social Security Administration in order to determine benefits and issue benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program 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 civil or criminal law. More information on the Routine Uses for the system can found in the System of Records Notice, State-31, Human Resources Records.
DISCLOSURE	The collection of this information is voluntary; however, failure to provide may result in benefits being denied.

## RE-EMPLOYED ANNUITANT (REA/WAE) PROGRAM

The centralized Reemployed Annuitant/When Actually Employed (REA/WAE) Global Registry is managed by the Bureau of Human Resources, Office of Shared Services (HR/SS). Annuitants interested in having their name added to the Global Registry should contact the HR Service Center at (866) 300-7419 or by sending an email to [HRSC@state.gov](mailto:HRSC@state.gov).

The central registry may be used within the Department to find potential candidates to fill REA/WAE positions. **However, having your contact information added to the registry does not guarantee or imply that you will receive employment.** There are not enough REA/WAE positions available to accommodate every annuitant seeking reemployment. Instead, the central registry acts as a database to increase a hiring manager's pool of candidates.

The below resources can be found on the Retirement Network (RNet) website (<https://rnet.state.gov>) under the section "Reemployed Annuitant (WAE) Program." Annuitants should check this section of RNet on a monthly basis to receive the most current program information.

Document Name	Description
Fact Sheet	Provides overview and basic information about the program.
Hours Tracker	Spreadsheet created to help annuitants track the hours worked in a calendar year. You should download the spreadsheet to your computer and enter the appropriate hours each day. Formulas in the spreadsheet automatically add the total hours for each month and display the total hours for the calendar year in red at the top of the spreadsheet.
Required Skills for Bureaus	Specific skills requested by Bureaus. The document only has skills for the bureaus and offices that provided information.

### LIMITS ON REEMPLOYMENT OF ANNUITANTS

If a Foreign Service annuitant is reemployed under a full-time Civil Service, Legislative or Judicial Branch or a Presidential appointment (other than a part-time or intermittent as defined below), payment of the employee's annuity is suspended. At the conclusion of the appointment, payment of the annuity resumes, together with intervening cost of living adjustments (COLAs) applicable during the period of reemployment. Employment in a private company or on a personal services contract (PSC) does not trigger suspension of one's FSPS or FSRDS annuity.

Any Federal agency or branch of government (including the Legislative and Judicial branches) that reemploys an FSRDS or FSPS annuitant must notify the State Department at: [HRSC@state.gov](mailto:HRSC@state.gov) or U.S. Department of State, HR Service Center, Annuitant Services, 1999 Dyess Avenue, Building E, Charleston, SC, 29405. The employing agency must send the HR Service Center a copy of the Notification of Personnel Action (SF-50) and take other appropriate actions, as directed by the State Department's Office of Retirement, including salary reduction.

**CAP ON PART-TIME, TEMPORARY AND INTERMITTENT APPOINTMENTS**

In any calendar year, the *sum* of the employee’s annuity and salary cannot exceed his/her salary at the time of retirement (not adjusted for inflation), or the full-time salary of the position of reemployment, whichever is higher. Payment of your Foreign Service annuity may be continued, subject to the cap on total compensation in any calendar year when reemployed in Federal service on a part-time, temporary or intermittent basis.

- An intermittent, “When Actually Employed (WAE),” appointment is an appointment without a regularly scheduled tour of duty. Reemployed annuitants working on a WAE schedule cannot exceed 1040 hours of work in an appointment year. There are also calendar year salary caps that apply.
- An appointment is considered part-time when the regular tour of duty is less than a full-time appointment of 40 hours per week.
- A temporary appointment is an appointment that is less than permanent, or career, in nature, for a period not in excess of one year.

**WHAT’S IN THE CAP**

Any annuity payment received, including FSPS annuity supplements, within a particular calendar year is considered income for purposes of calculating how much you can earn when employed on a WAE basis before you exceed your salary/annuity cap.

Compensation for this purpose includes annuity payments to a former spouse entitled to benefits under the Foreign Service Act. Annuity payments to the retiree and former spouse are included unless they were scheduled for receipt in a prior or subsequent year. Salary paid before retirement is not included in the cap.

<b>Annuity Cap</b>	
<p><b>What’s included in the cap?</b></p> <ul style="list-style-type: none"> <li>• Monthly annuity benefit</li> <li>• FSPS Annuity Supplement</li> <li>• Locality pay</li> <li>• Annuity payments to a former spouse entitled to benefits under the FS Act*</li> </ul>	<p><b>What’s excluded from the cap?</b></p> <ul style="list-style-type: none"> <li>• Danger pay for foreign assignments and awards</li> <li>• Salary paid before retirement</li> <li>• Lump sum payments of annual leave and salary differentials</li> </ul>

\* Generally, if the retiree’s annuity is suspended and there is a former spouse who is entitled to a pension, the former spouse’s pension will be withheld from the retiree’s active salary to reimburse the FSRDS or the FSPS fund.

If you are reemployed on a WAE basis and you do not abide by the limits on total compensation, your annuity may be suspended. Thus, you should monitor your earnings to ensure they do not exceed the limitations. Toward that end, you may contact the Payroll Customer Support to request a “salary/annuity limitation audit” by the Annuity Pay Processing Branch (ANP) via e-mail to [PayHelp@state.gov](mailto:PayHelp@state.gov). ANP will send you an audit report (preferably on a quarterly basis) that lists your salary at retirement, your reemployment salary, and the amount you can earn each calendar year. If you exceed the cap, the excess payment may be deducted from your annuity payments. In addition to the salary/annuity limitation, the hours you work as a WAE are part of a separate limitation and are based on your appointment year, not the calendar year.

You can access your WAE earnings and leave statements through Employee Express at <https://www.employeeexpress.gov> on the Internet. You must enter your login ID and a password to access your privacy-protected information. Please note that when you are asked to select your agency you should select “Department of State.”

# IMPORTANT INFORMATION FOR FOREIGN SERVICE ANNUITANTS

## REVIEW YOUR DESIGNATION OF BENEFICIARY FORMS

Retirees may complete up to three designations of beneficiary forms for: lump-sum retirement payments, life insurance benefits and the Thrift Savings Plan (TSP). These forms are the only recognized methods to change beneficiaries – personal wills and last testaments are limited to describing what has been designated on the official forms. Since the most recent designation governs, you are reminded to check your records to make sure that your beneficiary forms reflect your current wishes. For TSP, check the beneficiary listed on your annual TSP account statement. The following chart provides additional information for updating beneficiaries.

Form	Purpose	Obtain Form From	Submit Original Form To
<b>DS-5002 Foreign Service Retirement System</b>	This is the lump sum amount of the annuity payable in the month of death from the first of the month to the date of death	<p style="text-align: center;"><a href="https://rnet.state.gov">https://rnet.state.gov</a> Click on “Forms” and then click on “Retiree/Annuitant Information and Forms”</p>	Human Resources Service Center (HRSC) 1999 Dyess Avenue Building E Charleston, SC 29405  For questions call, 1-866-300-7419.
<b>SF-2823 Federal Employees Group Life Insurance (FEGLI) Program</b>	Payment of the annuitant's FEGLI benefits is based on the coverage in effect at death. Assignment of your life insurance to another person, or a valid court order that governs payments of your benefits will have priority over any FEGLI designation of beneficiary form you complete, as explained on the form.	<p style="text-align: center;"><a href="https://rnet.state.gov">https://rnet.state.gov</a> Click on “Forms” and then click on “Retiree/Annuitant Information and Forms”</p>	Office of Personnel Management (OPM) Retirement Operations Center P.O. Box 45 Boyers, PA 16017-0045  For questions call, 1-888-767-6738. You may also write to OPM or send an email to <a href="mailto:retire@opm.gov">retire@opm.gov</a> . You must indicate that you are a Foreign Service retiree and include your CSI number.
<b>TSP-3 Thrift Savings Plan</b>	Payment of an annuitant’s TSP account balance as of the date of death.	<p style="text-align: center;"><a href="http://www.TSP.gov/forms/formsPubs.shtml">www.TSP.gov/forms/formsPubs.shtml</a></p>	Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238  For questions call, 1-877-968-3778

If there is no designation of beneficiary form on file, the law provides for automatic payment of benefits by order of precedence: (1) the surviving spouse, (2) the child or children, (3) the parents in equal shares or the entire amount to the surviving parent, (4) the duly appointed executor or administrator of the estate, and (5) the next of kin as determined by the Secretary. Designation of beneficiary forms should be updated as personal situations change.

## **APPLY FOR A RETIREE ID CARD**

If you have frequent business at the Harry S Truman Building (HST) or State Annex 1 (SA-1 Columbia Plaza), you may apply to Diplomatic Security (DS) for a Retiree identification card which is valid for five years. When holders of Retiree ID cards enter HST or SA-1 they are issued a Retiree Visitor Pass which allows them unescorted access during normal business hours to HST's customer service areas (1st floor and the Foggy Bottom) and the 3rd floor Ralph Bunche Library as well as SA-1's Office of Retirement (HR/RET) and the Office of Medical Services (MED) suites and service areas. Retiree ID card holders may also sign in and escort their eligible family members. Retiree ID holders who wish to visit offices in other parts of HST or SA-1 must obtain a visitor badge from a building access receptionist and may then proceed unescorted during normal business hours.

Retirees must complete Form DS-1838 at HR/RET, Room H-620, SA-1, 2401 E Street NW, Washington, D.C. HR/RET welcomes walk-ins Monday through Friday between 8:30 am and 3 pm (go to the SA-1 ground floor DS guard desk and ask them to call an HR/RET employee to come down to escort you). A retirement counselor will sign the form to certify the retiree's status after which the retiree may proceed to the HST ID Unit to apply for the Retiree ID card.

When applying at the ID Unit in HST, two valid forms of identification are required. Preferred forms of identification are a U.S. passport and a state driver's license. Other acceptable forms of identification are listed on DHS Form I-9 – Employment Eligibility Verification (found on <http://www.uscis.gov>). The badge must be applied for within ten days after the HR/RET retirement counselor certifies the DS-1838.

Retiree badges are processed at both HST, Room B-266 and SA-15 Suite 1047 ID Unit locations and is open 9 am to 4 pm, Monday through Friday, except holidays. Questions related to expired, lost, or damaged IDs and questions about other approved forms of identification should be referred to the DS ID Customer Service Center at 202-647-1775 or 1-888-671-3747 or via email: [idservicescsc@state.gov](mailto:idservicescsc@state.gov).

## **REPORT CHANGES IN MARITAL STATUS**

All annuitants (retirees, their survivors, and former spouses) must keep the Department informed of changes in marital status (death of spouse, divorce, or marriage/remarriage) by notifying the HR Service Center and providing appropriate documentation. Delays in reporting changes in marital status to the HR Service Center will delay, or in some cases permanently prevent, the benefits adjustment. For example:

- Spouses who divorce may be entitled to continuation of health coverage through the Federal Employees Health Benefits (FEHB) Program.
- An annuitant who had elected a survivor annuity for a spouse and whose marriage terminates by death or divorce, may be entitled to an increase in annuity, effective the first of the month after the one in which the marriage terminated. If the marriage was terminated by divorce, the former spouse may qualify for part of the annuity and/or survivor benefits.

- An annuitant under FSRDS, the “old” retirement system, who marries after retirement, may elect a survivor annuity for his/her spouse, **provided the election is made** using DS Form 5071 or DS 5072 within one year of marriage. The election of a survivor annuity can be made effective after nine months of marriage, but the reduction in the retiree’s annuity becomes effective after one year of marriage.
- An annuitant under FSFS, the “new” retirement system, who marries after retirement may elect a survivor annuity for his/her spouse, **provided the election is made** using DS Form 5071 or DS 5072 within two years of marriage. The election of a survivor annuity can be made effective after nine months of marriage, but the reduction in the retiree’s annuity becomes retroactive to the commencing date of the annuity *or* the last date a reduction was in effect for a prior spouse.
- Interest on any retroactive reductions is also charged. The retroactive amount is paid by a monthly deduction from the employee’s annuity.
- Surviving children who are receiving annuity benefits lose their eligibility for annuity benefits upon marriage, as well as upon reaching age 18 or 22 (if an unmarried full-time student).
- Loss of annuity entitlement due to remarriage may also affect eligibility for continuation of FEHB.

## **DISABLED CHILDREN**

An annuitant’s unmarried child who is incapable of self-support because of a permanent disability that began before age 18 is eligible to receive a life-time survivor annuity and to retain coverage under the Federal Employees Health Benefits program. Eligibility must be documented by a Certificate of Incapacity issued by the Department of State’s Office of Medical Services (MED). That certificate is typically issued between ages 18 and 22 to enable the child to continue coverage under a Federal Employees Health Benefits plan.

If you have an unmarried, permanently disabled adult child, please e-mail [HRSC@state.gov](mailto:HRSC@state.gov) or call 1-866-300-7419 and ask for HR/RET to review your OPF to verify that it contains a Certificate of Incapacity. If it does not, you can send HR/RET your copy of that document (if you have one) or HR/RET will direct you to MED’s Domestic Programs Division to have a new Certificate of Incapacity issued.

## **REPORT DEATHS OF ANNUITANTS, SURVIVORS, AND FORMER SPOUSES IMMEDIATELY**

You can help your loved ones by giving them a copy of this information and retaining this document with your insurance policies, retirement records, and other important papers. By doing this, you will provide an invaluable service to your survivors or the executor/personal representative who will handle your estate.

**In the event of the death of an annuitant, survivor or former spouse, please immediately notify:**

### **Human Resources Service Center (HRSC)**

**Phone/Fax/E-Mail:**

1-866-300-7419 (Toll free)  
 1-843-308-5539 (Outside the U.S.)  
 1-843-202-3807 (Fax)  
[HRSC@State.gov](mailto:HRSC@State.gov) (E-mail)

**Mailing Address:**

U.S. Department of State  
 HR Service Center – Annuitant Services  
 1999 Dyess Avenue, Building E  
 Charleston, SC 29405

The person reporting the death by telephone, e-mail or letter should include the full name of the deceased annuitant, date of birth, date of death, address, Social Security number and relationship of the person who may be entitled to survivor benefits. The HR Service Center will then inform the caller of the documents required in order to confirm eligibility for entitlements and the Office of Retirement will calculate any applicable survivor benefit. The sooner the persons entitled to benefits forward those required documents; the sooner benefits can be paid. The Department's goal is to issue the first survivor annuity payment within 45 days of receiving the required documentation in the HR Service Center. However, just as the process of retiring is complicated and takes time, the process of establishing a survivor annuity is complex. Please prepare for a 2 – 3 month gap in annuity payments while the survivor annuity is established.

- **Obtain certified copies of the annuitant's death certificate and transmit one with the application for death benefits.** Certified copies will also be required for FEGLI, each private insurance policy and any other claims submitted by the survivor, executor or personal representative. If other documentation is needed, it will be specifically requested. This may include copies of marriage certificates, birth certificates, divorce decrees, death certificates of deceased children or spouses, court orders for name changes, or other documents to establish identity and/or relationship.
- **Complete and return the application for death benefits form** that the HR Service Center provided to the survivor, beneficiary, executor or personal representative. Once the HR Service Center has received the completed forms and a certified copy of the death certificate, the documentation will be forwarded to the Office of Retirement which will confirm eligibility and calculate any applicable survivor benefits. Finally, the Annuity Pay Processing Branch (ANP) will initiate the payments. Please note, a W4-P or W9 form must be submitted with the application for death benefits package before any payments can be issued.
- **File a Claim with Federal Employees Group Life Insurance (FEGLI).** If the deceased annuitant had FEGLI coverage, the HR Service Center will certify the date of death and notify the Office of Personnel Management (OPM), the FEGLI administrator. OPM will send the appropriate claim forms and instructions to the designated beneficiary (or beneficiaries) listed in the annuitant's official insurance file. If the survivor has not received the letter of instruction and the claim forms from OPM within five weeks of the date of death of the annuitant, he/she should write directly to the Office of Personnel Management, Attention: Retirement Services, P.O. Box 45, Boyers, PA 16017. Please include the annuitant's full name, the date of birth, the retirement system name (Foreign Service Retirement & Disability System or Foreign Service Pension System), and the annuitant's identification number which is prefaced by the letters "CSI-." This number can be found on the insurance certification document received from OPM after retirement or by contacting the HR Service Center.
- **Continue Federal Employees Health Benefits (FEHB) Coverage.** Eligible survivors may continue the deceased annuitant's FEHB health insurance coverage provided that:
  - ◆ The annuitant was enrolled under self plus one or self and family coverage at the time of death; and
  - ◆ At least one family member is entitled to an annuity.

- **Return any un-cashed annuity checks to:**

U.S. Department of State  
Global Compensation – Funds Control  
P.O. Box 150008  
Charleston, SC 29415-5008

Payments issued via EFT (electronic funds transfer) past the date of death will be recalled electronically and returned to the Department.

## **KEEP YOUR RECORDS UPDATED VIA ANNUITANT EXPRESS**

If you move to a new address or want to change where your annuity is electronically deposited, you will need to provide the new information to the Department of State. The best way to do so is via Annuitant Express on [www.employeeexpress.gov](http://www.employeeexpress.gov), which is available 24/7 from any internet accessible computer. You can update your annuity account to change your mailing address, direct deposit account and/or routing numbers, Federal and state tax withholdings, and financial allotments. Additionally, you can view and print your monthly annuity statements and annual Form-1099R. **Note:** When moving to another state, you should change your state of residence and your state tax withholdings. This cannot be completed using Annuitant Express and must be submitted via e-mail ([PayHelp@state.gov](mailto:PayHelp@state.gov)), or mailed to the Annuity Pay Processing Branch (ANP). ANP's address is listed on page 28.

Following your retirement, the Office of Personnel Management (OPM) should have mailed you a password to access Annuitant Express. This is not the same account or log-in information that you used as an active employee. To log into Annuitant Express, go to [www.employeeexpress.gov](http://www.employeeexpress.gov). Enter your Social Security number as your log-in ID and the password you received from OPM. (You can change your password the first time you log-in.) When asked to identify your agency, select "Foreign Service Annuitants" not "Department of State" or any other Foreign Affairs agency.

If you did not receive your password or if you forget your password or login ID, go to the log-in screen of [www.employeeexpress.gov](http://www.employeeexpress.gov) and click on "Forgot login ID or password?" Follow the prompts to request a new password or log-in ID from OPM. Your mailing address must match the address on record with the Annuity Pay Processing Branch (ANP). For annuitants with an email address on file with ANP, OPM can email a temporary password and log-in. Your email address must match the one on record with ANP for your temporary password to be emailed.

Reemployed annuitants (WAE) should select "Department of State" to access Earnings & Leave Statements and make changes to their account. Reemployed annuitants may request a password be sent via e-mail if they have an e-mail address ending in "gov." This password allows access to your Earnings & Leave Statements, but not your monthly Annuity Statements. Reemployed annuitants need two separate accounts to access annuity information and active (reemployed annuitant) salary information at the same time.

Annuitants needing assistance using Annuitant Express should contact the Employee Express Help Desk by sending a detailed e-mail message to [EEXHelp@opm.gov](mailto:EEXHelp@opm.gov) with the following information: Your name (last, first, middle); your affiliation ("Foreign Service Annuitant"); your daytime phone number; and a detailed description of your problem.



## UNDERSTAND THE TAX TREATMENT OF YOUR ANNUITY

If you have tax questions that go beyond the following basic information, please contact the Internal Revenue Service (IRS) or a tax advisor since State Department offices may not give tax advice.

- **Income Tax Liability:** Foreign Service annuitants and their survivors must pay federal income tax on annuity benefits except for the portion attributable to the mandatory contributions that you made to your retirement system, known as the tax-free portion. Employees who were members of the Foreign Service prior to September 25, 1975, and who retired on disability are not subject to federal income tax. State and local taxation of federal annuities varies by jurisdiction.
- **Tax-Free Portion:** Because you have already paid taxes on that portion of your annuity attributable to your mandatory contributions, that amount is not subject to further taxation. For those employees who retired in 2012 and going forward, the amount of retirement contributions as well as the taxable amount of the annuity will be provided on the 1099R. If your retirement date was prior to 2012, you should have received a letter detailing the total amount that you contributed to your retirement system. You can calculate the taxable amount of your annuity each year by plugging the total amount of your retirement contributions into the worksheet included in the instructions to IRS Form 1040 or Form 1040A, or in IRS publication #721, "Tax Guide to U.S. Civil Service Retirement Benefits." Those documents are available at [www.irs.gov](http://www.irs.gov). Alternatively, you can use the Office of Personnel Management's online calculator at [https://apps.opm.gov/tax\\_calc/index.cfm](https://apps.opm.gov/tax_calc/index.cfm). Once you have calculated the tax-free portion of your monthly annuity, you can annualize that number to determine the tax-free portion of your annuity during the tax year. The amount you can deduct the first year you are retired will be prorated according to the number of months you are in retirement status. You continue deducting the annualized amount each tax year until you have deducted the full amount that you have contributed to the retirement system. The amount you deduct only changes if a life event, such as death or divorce, changes your provision for a survivor annuity.
- **Withholding Taxes:** Annuities are subject to mandatory Federal tax withholding. State tax withholding is optional. For more information, contact PayHelp@state.gov or call 1-877-865-0760. You may alter your Federal or state withholding rates at any time via the Annuitant Express website at [www.employeeexpress.gov](http://www.employeeexpress.gov). Changing your state of residence cannot be completed using Annuitant Express and must be submitted via e-mail (PayHelp@state.gov), or mail to the Annuity Pay Processing Branch (ANP). ANP's address is listed on page 28.
- **Form 1099-R:** Annuitants are sent a 1099-R tax document by mail every year, by January 31. This document contains information on the total amount of annuity payments that you received during the preceding tax year and the amount that was withheld for taxes. Most 1099R tax documents are also available on the Annuitant Express Web site at [www.employeeexpress.gov](http://www.employeeexpress.gov) after January 31. If you do not have access to a computer or if your 1099R is not available on Annuitant Express, you may contact Payroll Customer Support at 1-877-865-0760.
- **Lump-sum payments:** A lump sum payment for unused annual leave is treated as a salary payment. It is taxable as wages in the tax year during which you receive it. Federal and any state withholding tax will be deducted from your lump-sum payment. Any questions regarding the calculations should be directed to PayHelp@state.gov or 1-877-865-0760. Please note the Annuity Pay Processing Branch (ANP) does NOT issue these payments.

- Excess contributions: For FSRDS members with over 35 years of service, a refund of “excess” contributions made after completing the maximum length of service is not taxable; however, any interest earned on these contributions is taxable in the tax year it is distributed unless you roll it over to a traditional IRA or another qualified retirement plan.
- Thrift Savings Plan (TSP): All withdrawals from your TSP account (except for any Roth TSP amounts) are taxed as ordinary income when you withdraw them, since neither those contributions nor their earnings were included previously in your taxable income. How much and how often you choose to withdraw from your TSP account determines when you must pay income taxes on your withdrawals. Roth TSP contributions and associated earnings are not subject to taxes as long as five years have passed since January 1 of the year you made your first Roth TSP contribution and you are age 59 1/2 or older, permanently disabled, or deceased. For more information, go to [www.tsp.gov](http://www.tsp.gov).

## **STATE MAGAZINE**

State Magazine has transitioned to a digital-only multimedia publication available online and via mobile app on web-enabled mobile devices. Distribution of a print version of the magazine has been discontinued. The digital publication can be accessed at <https://state.gov/statemag> and through the Apple App Store and Google Play. Readers may direct questions about the publication to [statemagazine@state.gov](mailto:statemagazine@state.gov).

## **FOREIGN SERVICE NATIONAL (FSN) EMERGENCY RELIEF FUND**

The Foreign Service National Emergency Relief Fund was established to respond to crises following natural disasters, civil unrest, and targeted attacks or “in the line of duty” incidents. It is one of almost 90 Gift Fund programs managed by the Office of Emergencies in the Diplomatic and Consular Service (M/EDCS) and is one of the two Gift Fund programs that exist solely to assist employees. Funding for this program is not appropriated and is sustained solely by private contributions. The donations are tax deductible and since there are no administrative costs, 100% of all contributions are allocated for disbursement directly to Locally Employed (LE) Staff. Contributions to the Fund can be made by Civil Service, Foreign Service, LE Staff and private sector individuals. Donations can be made via the following:

- Secure on-line electronic donations can be made directly from your bank account or by credit/debit card to [www.pay.gov](http://www.pay.gov).
- Checks made payable to the U.S. Department of State, designation for the FSN Emergency Relief Fund may be sent to the Department’s Gift Fund Coordinator’s Office M/EDCS, Rm. 7427-B, 2201 C Street NW, Washington DC 20520. Please make checks payable to the U.S. Department of State, designation for the “FSN Emergency Relief Fund”.
- DOS, LE Staff, and overseas American employees of other federal agencies currently being paid by State can make contributions by payroll deduction.

## **AMERICAN FOREIGN SERVICE ASSOCIATION (AFSA) DUES**

To have AFSA dues automatically deducted from your annuity, you must complete Standard Form 1187A Request for Payroll Deductions for Labor Organization Dues which is available by request at: [member@afsa.org](mailto:member@afsa.org).

## COMBINED FEDERAL CAMPAIGN

The 2018 Combined Federal Campaign (CFC) is underway. CFC has gone green and will not automatically mail CFC materials. Instead, you may request a paper pledge form and catalog by emailing [CFC@state.gov](mailto:CFC@state.gov) and providing your name and mailing address. A copy of the Annuitant CFC Pledge Form follows this page.

There are three options for Annuitants sending donations this campaign year.

1. You can donate by check or money order payable to “Combined Federal Campaign” mailed and received by January 11, 2019 with total contribution outlined in section 4 of CFC Pledge Form to the following address:

CFC Processing Center  
P.O. Box 7820  
Madison, WI 53707-7820

2. You may also donate via monthly annuity payroll deductions for 12 months beginning February 1, 2019 through January 1, 2020. If you choose to contribute via payroll deductions please fill out and return the completed CFC Pledge Form included in the newsletter. Send the completed form by email to [payhelp@state.gov](mailto:payhelp@state.gov) or mail a copy of the CFC Pledge Form to be received by January 11, 2019 to:

U.S. Department of State  
Attn: Payroll Customer Support  
P.O. Box 150008  
Charleston, SC 29415

Completed forms must be received for processing no later than January 11, 2019. If you have additional questions regarding CFC contributions please contact [cfc@state.gov](mailto:cfc@state.gov). For questions regarding payroll deductions please contact [payhelp@state.gov](mailto:payhelp@state.gov).

3. Annuitants may also anonymously give via credit card donation via <https://cfcgiving.opm.gov/welcome>.

Thank you for your continued support for the Combined Federal Campaign.



# 2018 Combined Federal Campaign

Annuitant Pledge Form

Department of State



## Thank you for participating in the 2018 CFC!

The Combined Federal Campaign (**CFC**) makes it easy to support your favorite causes. The CFC has a charity for any cause you want to support.

You will find enclosed the Department of State CFC Annuitant Pledge Form. Please fill out this form and return back to Payroll. There are several options for returning the form to Payroll. Please select the method that works best for you from the list below. **All forms *Must be returned No Later Than January 11, 2019.***

**WHO:** Annuitants, Family Member of Deceased, Former Spouse, Ex-Spouse

**WHAT:** Annual opportunity to give in support of your favorite causes

**WHY:** Local, national and international charities depend on your generosity

**HOW:** Complete the pledge form and return to one of the locations listed under Return Form below

**WHEN:** Now through January 11, 2019

## Instructions For Filling Out DoS CFC Annuitant Pledge Form

- 1) Fill out form by entering requested data
- 2) Select charity, charity code and monthly contribution amount. Please visit <https://cfcgiving.opm.gov/offerings> for a full list of eligible charities.
- 3) Complete sections 1-4 (if applicable)
- 4) Sign under Authorization (signature required for annuity deduction only)
- 5) Return Form To:

**Monthly Annuity Deduction**

U.S. Department of State  
P.O. Box 150008  
Charleston, SC 29415  
Attn: Payroll Customer Support

**1X Check or Money Order**

CFC Processing Center  
P.O. BOX 7820  
Madison, WI  
53707-7820

**OR** Return Via Email to: [payhelp@state.gov](mailto:payhelp@state.gov)

For questions regarding CFC Charities and Contribution Utilization contact [cfc@state.gov](mailto:cfc@state.gov). For questions regarding payroll deductions please contact [payhelp@state.gov](mailto:payhelp@state.gov)

**"Giving is not just about making a donation. It's about making a difference."**



# 2018 Combined Federal Campaign

## Annuitant Pledge Form

Department of State



All paper pledge forms should be submitted to Payroll no later than January 11, 2019 to allow time for processing. Keep a copy of this form before submitting to Payroll. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge. Please fill in with black ink. Sections marked with \* are mandatory. For questions regarding CFC charities and contributions, please contact [cfc@state.gov](mailto:cfc@state.gov). For questions regarding payroll deductions please contact [payhelp@state.gov](mailto:payhelp@state.gov).

### Donor Information

Primary Email Address *		Secondary Email Address	
First Name *		Last Name *	
Home Address *	City *	State *	Zip Code *
Social Security Number *	Contribution Type *		Primary Contact Number *
___ - ___ - ____	<input type="checkbox"/> Annuity Deduction <input type="checkbox"/> Check <input type="checkbox"/> Cancel Donations		___ - ____ - ____

1. Monthly Deduction	2. Total Gift	3. Additional Contributions	4. Charity Designation														
\$ _____	\$ _____ <i>(multiply amount per deduction by 12 to determine your total annual gift)</i>	<input type="checkbox"/> <i>(to select more than five charities check this box and use an additional form with new charity code/s and amount/s)</i>	Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. Please visit <a href="https://cfcgiving.opm.gov/offerings">https://cfcgiving.opm.gov/offerings</a> for a detailed list of eligible charities. The monthly deduction in Section 1 must match the total monthly contribution below. <b>If you wish to select more than five charities, please replicate the original form and include additional charity contributions.</b>														
<b>Authorization (Annuity Deduction Only)</b> I choose annuity deduction as my payment source. I hereby authorize Department of State Payroll during 2019 to deduct the amount(s) shown in Section 1 above from my annuity pay on a monthly basis. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize Payroll Intake to pay CFC the total monthly contribution outlined in Section 1 and Section 4 of this form. I understand that this authorization may be revoked by me in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I choose to cancel my monthly contributions, I will update the contribution type by checking the cancel donations box and submit an updated copy of this form to payroll customer support at <a href="mailto:payhelp@state.gov">payhelp@state.gov</a> .  <b>SIGNATURE</b> _____ <b>DATE</b> _____			<table border="0"> <tr> <td style="text-align: center;">CFC Charity Code</td> <td style="text-align: center;">1X Check OR Monthly Amount</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> </td> </tr> <tr> <td style="text-align: center;"><b>TOTAL 1X CHECK OR MONTHLY CONTRIBUTION:</b></td> <td style="text-align: center;"> <input type="text"/> </td> </tr> </table>	CFC Charity Code	1X Check OR Monthly Amount	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<b>TOTAL 1X CHECK OR MONTHLY CONTRIBUTION:</b>	<input type="text"/>
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### Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S. C. 522a(e)(3), this Privacy Act Statement informs you why DoS, under regulatory guidance of OPM, is requesting information on this form.

#### AUTHORITY:

DoS is authorized to collect the information on this form based upon OPM governance and the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2016), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

#### PURPOSE:

The information you provide is primarily collected and used by DoS to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate. All donations to the CFC are anonymous.

#### ROUTINE USES:

The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction.

#### CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:

Providing this information, including your SSN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction.

# SENIOR LIVING FOUNDATION

By Paula S. Jakub, RHU

Executive Vice President, American Foreign Service Protective Association &  
Executive Director, Senior Living Foundation of the American Foreign Service

As people live longer, they encounter a myriad of challenges, from coping with chronic health issues to meeting the demands of everyday life. Members of the Foreign Service community are no exception. The Senior Living Foundation of the American Foreign Service exists to assist retired Foreign Service personnel and spouses – including surviving or divorced spouses – in their later years by providing financial and non-financial assistance.

For more than two decades, the Foundation has built a tradition of taking care of our own. Last year, we provided over \$230,000 in grants – a level of intervention and financial assistance that was only a dream in our early days. This support makes a real difference in the quality of life for this special group of people.

When a member of our community approaches the Foundation, our process is professional, compassionate and confidential. A social worker with extensive Foreign Service experience reviews each case to determine the best resources available for the individual. We intervene in many ways: covering the cost of prescription copayments for a retiree, helping the widow of an FSO pay for daily living expenses while waiting for her survivor benefit, and arranging for a companion for a Foreign Service widow who suffers from Alzheimer's Disease, to name only a few.

Monthly grants include:

- Deductibles and copayments on health coverage;
- Home Health Care expenses;
- Prescription medication costs;
- Transportation to medical appointments;
- Health insurance premiums; and
- Utility expenses.

One-time grants include:

- Providing Geriatric Case Manager assessments;
- Purchasing durable medical equipment, such as grab bars, walkers, chairlifts; and
- Paying for medically necessary dental work.

Even if a person doesn't need financial assistance, the Foundation still is making a difference. Non-financial assistance through our Resource Center includes:

- Identifying appropriate home health care services;
- Providing information about assisted living facilities in a retiree's area; and
- Helping a family make long-term planning decisions, often with the assistance of a Geriatric Case Manager familiar with local resources.

The Foundation has become a vital part of the Foreign Service family. Every member of the Foreign Service should want to be a part of the Foundation. We are extremely grateful for the support of so many of you – the grassroots of the Foreign Service. The need for our services will continue to grow as more people experience the hard realities of growing older. We may be able to help you – or someone you know – with information, resources or financial assistance. For more information, please contact:

Senior Living Foundation of the American Foreign Service

1620 L Street NW, Ste. 800 Washington, DC 20036

Phone: (202) 887-8170 Fax: (202) 872-9320

E-Mail: [info@SLFoundation.org](mailto:info@SLFoundation.org)

Website: [www.SLFoundation.org](http://www.SLFoundation.org)

## **POINTS OF CONTACT**

### **THE RETIREMENT NETWORK (RNET)**

RNet is the Office of Retirement's internet site providing a wealth of retirement related information, including comprehensive Foreign Service retirement system information, annuitant forms, and a searchable database of frequently asked questions. RNet is available at: <https://rnet.state.gov>.

### **HUMAN RESOURCES SERVICE CENTER (HRSC)**

If questions remain after consulting this newsletter and RNet internet site, you can contact a Department of State human resources specialist. As part of the Department's shared services initiative to improve management operations, your initial point-of-contact is the Bureau of Human Resources' HR Service Center in Charleston, South Carolina. The HR Service Center can quickly answer most retirement-related inquiries. If a question is complex, it will be forwarded to a HR/RET retirement counselor for response.

#### **Human Resources Service Center (HRSC)**

**Phone/Fax/E-Mail:**

1-866-300-7419 (Toll free)

1-843-308-5539 (Outside the U.S.)

1-843-202-3807 (Fax)

[HRSC@State.gov](mailto:HRSC@State.gov)

**Mailing Address:**

U.S. Department of State

HR Service Center – Annuitant Services

1999 Dyess Avenue, Building E

Charleston, SC 29405

### **ANNUITY PAY PROCESSING BRANCH (ANP)**

The Annuity Pay Processing Branch (ANP) is responsible for establishing the payment of your Foreign Service annuity and assisting you with keeping your annuity pay record accurate. Additionally, Annuitant Express can be used to update your pay record, access your 1099R, adjust your Federal and/or state tax withholdings, and view your monthly annuity statements. Inquiries can be e-mailed to [PayHelp@state.gov](mailto:PayHelp@state.gov), faxed to 843-308-5471 or you may call us at: 1-877-865-0760.

### **STATE MAGAZINE AND USAID PUBLICATIONS**

The State Magazine and U.S. AID Front Lines are digital publications. If you have questions, please contact the publication office directly:

**State Magazine**

HR/ER/SMG, SA-44

Department of State

2401 E Street, NW

SA-1, Room H-236

Washington, DC 20522

Phone: 202-663-2230

[statemagazine@state.gov](mailto:statemagazine@state.gov)

**U.S. AID Front Lines & Other Publications**

RRB, Room 6.10

U.S. Agency for International Development

1300 Pennsylvania Avenue, NW

Washington, DC 20523-6100

Fax: 202-216-3035

[frontlines@usaid.gov](mailto:frontlines@usaid.gov)

## CONTACT INFORMATION FOR OFFICES AND OTHER AGENCIES

### BENEFEDS

- *Enrollment in Dental and Vision Insurance*
- Phone: (877) 888-3337  
Website: [www.benefeds.com](http://www.benefeds.com)  
Mail: P.O. Box 797  
Greenland, NH 03840-0797

### Office of Personnel Management (OPM)

Phone: (888) 767-6738  
TTY: (202) 606-2532  
E-mail: [retire@opm.gov](mailto:retire@opm.gov)  
Website: [www.opm.gov](http://www.opm.gov)  
Mail: 1900 E Street, NW  
Washington, DC 20415

### Office of Retirement (HR/RET)

- *Foreign Service Retirements*
- *Survivor and Former Spouse Benefits*
- *Annuitant Adjustments*
- *Advisory/Counseling*
- *Retirement Policy Interpretation/Guidance*

Phone: (202) 261-8960  
Fax: (202) 261-8988  
E-mail: [HRSC@state.gov](mailto:HRSC@state.gov)  
Website: <https://rnet.state.gov>  
Mail: 2401 E Street NW  
Room H-620, SA-1  
Washington, DC 20522

### Payroll Office (CGFS/C/APPO)

- *Issuance of final salary*
- *Lump-sum payment/annual leave*
- *Notification of retirement to TSP*
- *W-2, Annual Tax Report/Salary*

Consolidated American Payroll Division  
Phone: (877) 865-0760  
Fax: (843) 308-5471  
E-mail: [PayHelp@state.gov](mailto:PayHelp@state.gov)

### Social Security Administration (SSA)

Phone: (800) 772-1213  
Website: [www.ssa.gov](http://www.ssa.gov)

### ANNUITY PAY PROCESSING BRANCH (CGFS/C/PPR/ANP)

- *Delay or non-receipt of annuity check*
- *Address, bank, tax withholding changes*
- *1099R – Tax report FS Annuity*
- *Annuity verification Letter*
- *Monitoring WAE salary/annuity cap*
- *Amount of retirement contributions*
- *Refund of excess-35 year contributions*

Hours: 8 a.m.–5 p.m. EST, Monday – Friday  
Toll free: (877) 865-0760  
Fax: (843) 308-5471  
E-mail: [PayHelp@state.gov](mailto:PayHelp@state.gov)  
Mail: U.S. Department of State  
Global Financial Services/ANP  
1969 Dyess Avenue, Building B  
P.O. Box 150008  
Charleston, SC 29415-5008

### Travel and Transportation

- *Shipment of household effects*

Phone: (202) 472-8480/8481  
Fax: (202) 472-8451  
Toll free: 1-800-424-2947  
E-mail: [TransportationQuery@state.gov](mailto:TransportationQuery@state.gov)

### Thrift Savings Plan (TSP)

Toll free: (877) 968-3778  
International: (404) 233-4400  
Fax: (866) 817-5023  
Website: [www.tsp.gov](http://www.tsp.gov)  
Mail: Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238

### Internal Revenue Service (IRS)

Website: [www.irs.gov](http://www.irs.gov)

*For all new annuitants, we must have your personal contact information, to include an email address, or it may delay processing/receipt of your annuity. Also, to enhance our customer service outreach efforts, we would like all annuitants to provide an email address to the Department to include the HR Service Center ([HRSC@state.gov](mailto:HRSC@state.gov)) and Payroll Customer Support ([PayHelp@state.gov](mailto:PayHelp@state.gov)).*