



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
 PACIFIC DIRECTOR'S OFFICE
 UNIT 35007
 APO AP 96376-5007

**PACIFIC
 FERS RETIREMENT PAPERWORK PACKET**

Below is a list of forms that makes up the Application for Immediate Retirement for employee:

Name: _____	SSN: _____
<u>FEDERAL SERVICE RETIREMENT SYSTEM (FERS)</u>	The forms may be found at:
___ SF-3107 FERS Retirement Application	http://www.opm.gov/forms/standard-forms/
___ SF-3107 – A, B, C (REQUIRED for each retiree)	
___ SF-3107 – D AGENCY USE <u>ONLY</u>	
___ SF-3107 – 1 AGENCY USE <u>ONLY</u>	
___ SF-3107 – 2 Applicable if a change in % of Survivors Annuity (50% Max)	
___ SF-3102 FERS Designation of Beneficiary	
___ SF-52 Personnel Action – Retirement	
___ SF-1199A Direct Deposit Form	http://www.dfas.mil/dfas/retiredmilitary/forms.html
___ IRS W4P	
___ Address Change Form	Blank Form Attached
___ Statement Of Understanding	Blank Sample Attached
___ Summer LQA/RAT/Transportation Waiver Request	Blank Sample Attached
___ DD-214 Military Service Documentation	
___ Marriage Certificate (Copy only)	
<u>FEGLI Forms – Used with both CSRS and FERS Retirement</u>	
ELIGIBILITY – Employee MUST have 5 years coverage prior to retirement	
___ SF-2817 FEGLI Election Form (if applicable)	http://www.opm.gov/forms/standard-forms/
___ SF-2818 FEGLI Election of Post Retirement Basic Coverage	
___ SF-2821 FEGLI Certification of Coverage (Agency Use Only)	
___ SF-2823 FEGLI Designation Beneficiary	
<u>FEHB Form – Used with both CSRS and FERS Retirement</u>	
___ SF-2809 FEHB Health Benefits Election (Only if changing coverage)	http://www.opm.gov/forms/standard-forms/

DoDEA-Pacific Human Resources Division

HR Specialist Signature: _____ Date: _____ Email: _____

TRACKING INFORMATION

RETIREMENT DATE: _____ DATE SENT TO DLA: _____ MAILING CERTIFICATE NUMBER: _____