



Agency Certification of Status of Reemployed Annuitants

Federal Employees' Group
Life Insurance (FEGLI) Program

Complete this form for all reemployed annuitants who are entitled to elect or continue life insurance coverage as employees.

- If the reemployed annuitant continues any life insurance as an employee, the Office of Personnel Management (OPM) will suspend the annuity withholdings for that coverage.
- If the reemployed annuitant waives any life insurance as an employee, he or she has also waived that coverage as an annuitant. (Option B is an exception. See Item 10.)
- If the reemployed annuitant waives Basic, all life insurance coverage stops, both as an employee and as an annuitant.

1. Reemployed annuitant's name (<i>Last, first, middle</i>)		2. Date of birth (<i>mm/dd/yyyy</i>)	
3. Social Security Number	4. Reemployment date (<i>mm/dd/yyyy</i>)	5. CSA or CSI number (<i>if known</i>)	
6. Reemployment of annuitants under conditions which do not terminate annuity requires appropriate offset against salary. You must reduce the salary. <input type="checkbox"/> Salary reduced by \$ _____ per pay period. <input type="checkbox"/> Salary not reduced → Explain in Remarks Section.		7. Check, if applicable:	
		<input type="checkbox"/> Reemployment allows Life Insurance coverage. <input type="checkbox"/> Reemployment within 3 calendar days without a break in service.	
		8. Type of appointment → <input style="width: 150px;" type="text"/>	

9. Basic, Option A and Option C

OPM suspends applicable annuity withholdings for Basic, Option A and Option C for all annuitants who are reemployed in positions eligible for FEGLI coverage. You must withhold premiums for Basic, Option A and Option C if the reemployed annuitant has that coverage as an annuitant, is eligible for the coverage in the reemployed position, and does not waive the coverage. If the reemployed annuitant waives Basic as an employee, all life insurance terminates, both as an employee and as an annuitant. If the reemployed annuitant waives Option A or Option C as an employee, that coverage as an annuitant also terminates.

10. Option B

The reemployed annuitant has a choice: If he/she has Option B as an annuitant and does nothing, he/she will continue to have Option B as an annuitant. OPM will continue to withhold Option B premiums from his/her annuity. If he/she has Option B as an annuitant but wants to carry it as an employee, he/she must elect Option B on Standard Form (SF) 2817, *Life Insurance Election* within 31 days of reemployment. Then you must withhold Option B premiums from his or her pay. He/she must be sure to sign the SF 2817 for ALL coverage he/she has (including coverage held as an annuitant), and not just for Option B.

Check the appropriate box:

<input type="checkbox"/> Continuing as an annuitant with withholdings made from annuity.	<input style="width: 100%;" type="text" value="Date deductions from pay began (mm/dd/yyyy)"/>
<input type="checkbox"/> Elected coverage as an employee. Please suspend coverage as an annuitant. →	
<input type="checkbox"/> Not eligible. Uncancelled waiver of Option B is on file.	

- Notes:** (1) If the reemployed annuitant elects Option B as an employee and later decides to continue it as an annuitant, he/she must complete an SF 2817 waiving Option B. Unlike with Basic, Option A and Option C, that action **does not cancel** the annuitant Option B. Instead, it restores the Option B suspended as an annuitant. You **must** notify OPM about this action so that we can resume Option B premium withholdings from the annuity.
- (2) If the reemployed annuitant wants to cancel Option B held as an annuitant, he/she must send a signed letter to OPM, giving his/her name, date of birth, annuitant claim number, and an explanation of exactly what he/she wishes to do.

11. **I certify** that the above information correctly reflects official records and that the employee named either elected or waived FEGLI coverage(s) as shown above.

Signature of authorized agency official	Name and address of agency, including ZIP code		
Name and title of authorized agency official			
Telephone no. (<i>include area code</i>) Fax number (<i>include area code</i>)			
Email address	Date (<i>mm/dd/yyyy</i>)		
Return completed form and send other notifications to: <div style="text-align: center;"> U.S. Office of Personnel Management Retirement Operations Center P.O. Box 45 Boyers, PA 16017-0045 </div>	12. Remarks		