

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

**REGULAR MAIL:**

USDA, National Finance Center  
Attn: Retirement Section  
Fringe Benefit Processing Unit  
P.O. Box 29310  
New Orleans, LA 70189

**OVERNIGHT/EXPRESS:**

USDA, National Finance Center  
Attn: Retirement Section  
Fringe Benefit Processing Unit  
13800 Old Gentilly Road  
New Orleans, LA 70129

Mark Envelope: ***"Deliver Immediately - Do Not Open In Mailroom"***

**Retirement Section Toll Free Number: 1-877-207-8137**

DATE MAILED

AGENCY

PERSONNEL OFFICE IDENTIFIER

Check case type below from block 4 and 5 located on OPM's SF-2801/SF-3107 Schedule D form.

CHECK TYPE OF RETIREMENT

APPLICABLE NATURE OF ACTION CODE

Age (Mandatory)

300

Optional

302

Early Optional

303

Discontinued

304, 312, 356

Disability

301

Preliminary Disability

976

**MRA Plus 10**  
(FERS only)

302

Death

350

Please complete and attach the CSRS/FERS Document Transmittal Sheet for each specific case type.

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

**CSRS/FERS Retirement Processing Instructions**

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

**Recommendations for Expediting Retirement Cases**

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

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

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

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

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

**ORDER OF DOCUMENT SUBMISSION TO NFC**

Check appropriate blocks for each form submitted.

	SF-2801 (CSRS) SF--3107 (FERS), Application for Immediate Retirement
	SF-2801/SF--3107, Schedule A, B, and C
	SF-2801-1/SF-3107-1, Certified Summary of Federal Service
	SF-2801-2/SF-3107-2, Spouse's Notification of Survivor Election
	SF-2801-3/SF-3107-3, Election of Former Spouse Annuity or Combination Current/Former Spouse Annuity
	SF-2809, Health Benefits Registration Form(s)
	SF-2810, Notice(s) of Change in Health Benefits Enrollment *SF-2810 transferring enrollment to OPM is no longer required.
	SF-2817, Life Insurance Election Form(s)
	SF-176T, Life Insurance Election Form(s)
	SF-176, Life Insurance Election Form(s)
	SF-2818, Continuation of Life Insurance Coverage
	SF-2819, Notice of Conversion Privilege (Life Insurance)
	SF-2821, Agency Certification of Life Insurance Coverage
	SF-2822, Request for Life Insurance
	SF-2823, Designation of Beneficiary (Life Insurance)
	SF-54, Designation of Beneficiary (Life Insurance)
	SF-1199A, Direct Deposit Sign--Up Form <b>OR</b> EFT Election Letter
	DD-214, Military Discharge or Equivalent (If Applicable)
	Military Pay Waiver Letter (If Applicable)
	SF-2803 ( <b>CSRS</b> )/SF-3108 ( <b>FERS</b> ), Application to Make Deposit or Redeposit (If Applicable)
	OPM Form 1515, Military Service Deposit Election (If Applicable)
	Annuity Estimate
	W-4
	W-4P
	SF-2801 Schedule D, Agency Checklist of Immediate Retirement Procedures

Please include the OPM Authority Number if the case is an Early Optional, NOA 303.

**DETAILS**

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

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

**CSRS/FERS DOCUMENT TRANSMITTAL SHEET  
FOR FINAL DISABILITY RETIREMENT**

**ORDER OF DOCUMENT SUBMISSION TO NFC**

Check appropriate blocks for each form submitted.

<input type="checkbox"/>	OPM Approval Letter
<input type="checkbox"/>	SF-2809, Health Benefits Registration Form(s)
<input type="checkbox"/>	SF-2810, Notice(s) of Change in Health Benefits Enrollment <b>*SF-2810 transferring enrollment to OPM is no longer required.</b>
<input type="checkbox"/>	SF-2817, Life Insurance Election Form(s)
<input type="checkbox"/>	SF-176T, Life Insurance Election Form(s)
<input type="checkbox"/>	SF-176, Life Insurance Election Form(s)
<input type="checkbox"/>	SF-2818, Continuation of Life Insurance Coverage
<input type="checkbox"/>	SF-2819, Notice of Conversion Privilege (Life Insurance)
<input type="checkbox"/>	SF-2821, Agency Certification of Life Insurance Coverage
<input type="checkbox"/>	SF-2822, Request for Life Insurance
<input type="checkbox"/>	SF-2823, Designation of Beneficiary (Life Insurance)
<input type="checkbox"/>	SF-54, Designation of Beneficiary (Life Insurance)
<input type="checkbox"/>	SF-1199A, Direct Deposit Sign-Up Form OR EFT Election Letter
<input type="checkbox"/>	DD-214, Military Discharge or Equivalent (If Applicable)
<input type="checkbox"/>	Military Pay Waiver Letter (If Applicable)
<input type="checkbox"/>	SF-2803 (CSRS)/SF-3108 (FERS), Application to Make Deposit or Redeposit (If Applicable)
<input type="checkbox"/>	OPM Form 1515, Military Service Deposit Election (If Applicable)
<input type="checkbox"/>	Annuity Estimate
<input type="checkbox"/>	W-4
<input type="checkbox"/>	W-4P
<input type="checkbox"/>	SF-2801, Schedule D, Agency Checklist of Immediate Retirement Procedures

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

Forward documents to NFC.

Do not submit final disability documents directly to OPM.

**DETAILS**

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

REMARKS

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

**CSRS/FERS DOCUMENT TRANSMITTAL SHEET  
FOR PRELIMINARY DISABILITY RETIREMENT**

**ORDER OF DOCUMENT SUBMISSION TO NFC**

Check appropriate blocks for each form submitted.

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

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

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

**DETAILS**

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

REMARKS

National Finance Center  
Retirement Section  
**RETIREMENT PROCESSING TRANSMITTAL**

**CSRS/FERS DOCUMENT TRANSMITTAL SHEET  
DEATH IN SERVICE**

**ORDER OF DOCUMENT SUBMISSION TO NFC**

Check appropriate blocks for each form submitted.

	SF-2800 ( <b>CSRS</b> ) SF-3104 ( <b>FERS</b> ), Application for Death Benefits
	SF-2800A ( <b>CSRS</b> ) SF-3104B ( <b>FERS</b> ), Documentation and Elections in Support of Application for Death Benefits when Deceased was an Employee at the Time of Death
	SF-2809, Health Benefits Registration Form(s)
	SF-2810, Notice(s) of Change in Health Benefits Enrollment *SF-2810 transferring enrollment to OPM is no longer required.

Do not send FEGLI forms to NFC for a death case. Send FEGLI forms to:

**OFEGLI  
P.O. Box 2627  
Jersey City, NJ 07303-26**

	Original, Certified Death Certificate
	SF-1199A, Direct Deposit Sign-Up Form <b>OR</b> EFT Election Letter
	DD-214, Military Discharge or Equivalent (If Applicable)
	Military Pay Waiver Letter (If Applicable)
	SF-2803 ( <b>CSRS</b> )/SF--3108 ( <b>FERS</b> ), Application to Make Deposit or Redeposit (If Applicable)
	OPM Form 1515, Military Service Deposit Election (If Applicable)
	Annuity Estimate
	W-4
	W-4P
	SF-2801 Schedule D, Agency Checklist of Immediate Retirement Procedures

**DETAILS**

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

REMARKS