

Job Aid #5 Notification of Reemployment of Annuitant**NOTIFICATION OF REEMPLOYMENT OF AN ANNUITANT**

OPM needs this information to determine continued eligibility for annuity.

The agency must complete this form and mail it, along with a copy of the Standard Form 50, Notification of Personnel Action, or agency equivalent to.

**Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017**

Retirement Claim Number: _____

1. Name of Annuitant: _____
(Last, First, Middle)
2. Date of Birth: _____
3. Social Security Number: _____
4. Type of Appointment: _____
5. Date of Appointment: _____
(Month, Day, Year)
6. What deductions for life insurance, if any, are being withheld from the annuity: ___ None
_____ Basic _____ Option A _____ Option B _____ Option C
7. Was this appointment granted to provide interim relief pending further judicial or administrative review of an agency adverse action, under the provisions of 5 CFR § 772.102?

[] YES [] NO

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Job Aid #5 (Cont.) Notification of Reemployment of An Annuitant (Cont.)

Complete items 8 through 10 below only if subject is a disability annuitant.

8. Position Description:

9. Pay System/Grade: _____

10. List Attached Medical Documentation:

11. Agency Certification:

I certify that the information provided above is correct.

(Printed Name)

(Signature)

(Position Title/Grade)

(Date)

(Agency Address)

(Telephone Number)

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