



Application for Immediate Retirement

Federal Employees Retirement System

Section A - Identifying Information

1. Name (last, first, middle) FAUCI, ANTHONY, S		2. List all other names you have used	
3. Address (number, street, city, state, ZIP code)		4a. Daytime telephone # after retirement (including area code)	4b. Best time to reach you 8:00am - 10:00pm
		4c. Home email address	4d. FAX Number
		5. Date of birth (mm/dd/yyyy)	6. Social Security Number
7. Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Is this an application for disability retirement? <input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input checked="" type="checkbox"/> No	

Section B - Federal Service

1. Department or agency from which you are retiring (include bureau or division, address and ZIP code) DHHS/NIH 31 Center Drive Bethesda, MD 20892		2. Date of final separation (mm/dd/yyyy) 01/06/2023
		3. Title of position from which you are retiring Director, NIAID
		3a. Your pay plan and occupational series RF-602
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? <input checked="" type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No		
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify OPM.) <input checked="" type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No		

Section C - Marital Information (All applicants must complete questions 1 and 2 below.)

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.) <input checked="" type="checkbox"/> Yes (Complete items 1a - 1f and attach a copy of your marriage certificate) <input type="checkbox"/> No (Go to item 2)		
1a. Spouse's name (last, first, middle) Grady, Christine	1b. Spouse's date of birth (mm/dd/yyyy)	1c. Spouse's Social Security Number
1d. Place of marriage (city, state) (b) (6)	1e. Date of marriage (mm/dd/yyyy) (b) (6)	1f. Marriage performed by: <input checked="" type="checkbox"/> Clergyman or Justice of Peace Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment? <input type="checkbox"/> Yes (Attach a certified copy of the court order[s] and any amendments.) <input checked="" type="checkbox"/> No		

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet SF 3113, *Applying for Immediate Retirement under FERS* and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.

Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (reelect) within 2 years of the terminating event if you wish to reelect a survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. Continuing a survivor reduction by itself, is not effective to reelect a survivor annuity for a spouse married after retirement or for a former spouse.

If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.

1. <input checked="" type="checkbox"/> (b) (6)	I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced earned annuity.
2. <input type="checkbox"/>	I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C. If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced earned annuity. You must have your spouse's consent to choose this option. Complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.
3. <input type="checkbox"/>	I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this, complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.

Initials

I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. I am healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and elect this option for your spouse, complete SF 3107-2, Spouse's Consent to Survivor Election and attach it to your application.

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social Security Number
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5. **Initials** I choose a reduced annuity with survivor annuity for my former spouse(s) as follows: You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, Spouse's Consent to Survivor Election. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.

Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____ % of my annuity
	Date of birth (mm/dd/yyyy)	Social Security Number	
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____ % of my annuity
	Date of birth (mm/dd/yyyy)	Social Security Number	

Total (either 25% or 50% of your unreduced annuity) ☐ 25% ☒ 50%

Section E - Insurance Information

See the pamphlet SF 3113, Applying for Immediate Retirement Under the Federal Employees Retirement System, for information.

- 1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree? (b) (6) Yes ☐ No ☐
- 1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)? (b) (6) Yes (Attach a copy of the court/administrative order) ☐ No ☐
2. Are you eligible to continue Federal Employee's Group Life Insurance coverage as a retiree? (b) (6) Yes ☐ No ☐
3. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)? (b) (6) Yes ☒ Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337. No ☐ If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.
4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)? (b) (6) Yes ☒ You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements. No ☐

Section F - Other Claim Information

1. Have you applied for, are you receiving, or have you ever received workers' compensation from the Department of Labor because of a job-related illness or injury? (b) (6) Yes (Complete Schedule C and attach it to this form) ☐ No ☐
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, deposit or redeposit or voluntary contributions)? ☐ Yes (Complete items 2a and 2b below.) ☒ No
- 2a. Type of application ☐ Retirement ☐ Refund ☐ Return of excess deductions ☐ Deposit or redeposit ☐ Voluntary contributions
- 2b. Claim number(s)

Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)

Section H - Payment Instructions

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

- (b) (6) Please send my annuity payments directly to my checking or savings account. (Go to item 2)
- (b) (6) Please send my annuity payments to my Direct Express debit card. (Go to item 3a)
- (b) (6) My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. Financial Institution Routing Number	You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.		
2b. Checking or Savings Account Number	2c. What kind of account is this? (b) (6) Checking (b) (6) Savings	2d. Telephone number of your Financial Institution (including area code) (b) (6)	
2e. Name and address of Financial Institution Bethesda, MD 20814		Special Note: If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.	
3a. Do you want Federal income tax withheld from your annuity payments? <input type="checkbox"/> Yes (Go to item 3b) <input checked="" type="checkbox"/> No (Go to Section I)		3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary? N/A <input type="checkbox"/> Yes (Attach copy of W-4 form on file with your employing agency.) <input type="checkbox"/> No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)	

Section I - Applicant's Certification

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)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature (b) (6)

Date (mm/dd/yyyy)

10/13/2022

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

- | | Yes | No | Not Applicable |
|--|-----|---------|----------------|
| 1. Military Service - If you answered "yes" to Section B, Item 4, did you attach Schedule A? | | (b) (6) | (b) (6) |
| 2. Military Service - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service? | | | |
| 3. Military Retired Pay - If you answered "yes" to Section B, Item 5, did you attach Schedule B? | | | |
| 4. Military Retired Pay - If you completed Schedule B and answered "yes" to Item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving? | | | |
| 5. Military Retired Pay - If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if applicable)? | | | |
| 6. Survivor Election - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, Spouse's Consent to Survivor Election? | | | |
| 7. Life Insurance - If you answered "yes" to Section E, item 2, did you attach SF 2818, Continuation of Life Insurance Coverage As an Annuitant or Compensation? | | | |
| 8. OWCP - If you answered "yes" to Section F, item 1, did you attach Schedule C? | | | |
| 9. Tax - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form? | | | |
| 10. Court or Administrative Order(s) - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, Item 1b, did you attach a copy of the order(s)? | | | |

Schedules A, B and C

1. Name (last, first, middle) FAUCI, ANTHONY, S

2. Date of birth (mm/dd/yyyy)

3. Social Security Number

Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed Services.

a. Branch of service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (mm/dd/yyyy)	To (mm/dd/yyyy)	
PHS		07/01/1968	07/31/1996	Reese Adam O-8

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.)

☐ Yes ☒ No

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability or retired pay), complete Parts 1a - 1d below.

a. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.)	b. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Attach a copy of notice of award) <input checked="" type="checkbox"/> No
c. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war?	d. Are you waiving your military retired or retainer pay in order to receive credit for military service for FERS retirement benefits?
<input type="checkbox"/> Yes (Attach a copy of notice of award) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver) <input checked="" type="checkbox"/> No

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?

☐ Yes (complete parts 1a - c below) ☒ No (go to question 2)

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
			Scheduled award <input type="checkbox"/> Other
			Total or partial disability compensation
			Scheduled award <input type="checkbox"/> Other
			Total or partial disability compensation

2. If you have applied for workers' compensation (other than as listed in item 1a above) but are *not* receiving benefits, check reason below and give the information requested.

☐ a. Awaiting OWCP decision

☐ b. Claim denied

Compensation claim number

Compensation claim number

Date claim denied (mm/dd/yyyy)

3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits *cannot* be paid for the same period of time. Please complete the information below regarding your claim. *You must complete this section.*

a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?

☒ Yes ☐ No

b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?

☒ Yes ☐ No

Applicant's Certification

I certify that all statements made on the schedules are true to the best of my knowledge and belief.

Signature (do not print)

(b) (6)

Date (mm/dd/yyyy)

10/13/2022