

Schedules A, B and C

1. Name (<i>last, first, middle</i>)	2. Date of birth (<i>mm/dd/yyyy</i>)	3. Social security number
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Schedule A - Military Service Information

1. If you have performed active honorable service in the United States Armed Forces or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service. Include active duty for the National Guard.

a. Branch of service	b. Serial number	c. Dates of active duty		d. Last grade or rank
		From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)	

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. See Schedule A on page 4 of the instructions for the effect on your annuity if the deposit is not paid.*)

Yes No

Schedule B - Military Retired Pay

If you are receiving or have applied for military retired or retainer pay (*including disability retired pay*), complete items 1 - 4 below.

1. Are you receiving or have you ever applied for military retired or retainer pay? (<i>Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code, Sections 12731 through 12739 (<i>formerly Chapter 67, title 10</i>)? <input type="checkbox"/> Yes (<i>Attach a copy of notice of award.</i>) <input type="checkbox"/> No
3. Was your military retired pay or retainer pay awarded for a disability incurred in combat? <input type="checkbox"/> Yes (<i>Attach a copy of notice of award.</i>) <input type="checkbox"/> No	4. Are you waiving your military retired or retainer pay in order to receive credit for military service for CSRS retirement benefits? <input type="checkbox"/> Yes (<i>Attach a copy of your request for waiver and a copy of military finance office's acknowledgment or approval of your request for waiver.</i>) <input type="checkbox"/> No

Schedule C - Federal Employees' Compensation Information

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?

Yes (*complete items 1a - c below*) No (*go to question 2*)

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

<input type="checkbox"/> a. Awaiting OWCP decision <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <th style="width: 50%;">Compensation claim number</th> <th style="width: 50%;">Date claim denied (<i>mm/dd/yyyy</i>)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Compensation claim number	Date claim denied (<i>mm/dd/yyyy</i>)			<input type="checkbox"/> b. Claim denied <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <th style="width: 50%;">Compensation claim number</th> <th style="width: 50%;">Date claim denied (<i>mm/dd/yyyy</i>)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Compensation claim number	Date claim denied (<i>mm/dd/yyyy</i>)		
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3. Except for scheduled compensation awards, workers' compensation and CSRS 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 these schedules are true to the best of my knowledge and belief.	Signature (<i>do not print</i>)	Date (<i>mm/dd/yyyy</i>)
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