



TEXAS
Health and Human
Services

To:

**United States Office of Personnel Management
 Employee Service and Records Center
 Boyers, PA 16017**

From:

 The individual listed below is being considered for assistance. A signed authorization to furnish information is enclosed. Please provide the following information on the retirement benefit received by:

Name	Payee (if different)
Address	Civil Service Retirement Claim No.

Tax Sensitive Information

- Yes**
 No

Comments:

Thank You for taking the time to complete all of the information on page 2. Your help is greatly appreciated.

Telephone No. (inc. A/C)

 Signature – Worker

 Date

OPM Representative-Please Complete and Return Page 2

Verification Of Civil Service Annuity

Please complete and return this page only.

To Be Completed By U.S. Office Of Personnel Management:

Name				Payee (if different)		
Address					Civil Service Retirement Claim No.	
Effective Date	Gross Monthly Amount	Monthly Medicare Amount	Other Health Insurance Amount	Income Tax Amount	Other Deductions or Additions Amt.*	Net Monthly Amount

*** Explanation of Deductions or Additions:**

Comments:

_____ Signature – Worker	_____ Date	Telephone No. (inc. A/C)
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Return Form To:

Eligibility Specialist	Address	Telephone No.	Fax No.
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