



## Benefits Administration Letter

Number: 21-305

Date: April 2021

**SUBJECT: Instructions for Agencies' Payments to the Civil Service Retirement and Disability Fund for Voluntary Early Retirement Authority and Voluntary Separation Incentive Payments**

### Introduction & Purpose

The purpose of this announcement is to advise you that processing cost payments to the (Civil Service Retirement and Disability Fund (CSRDF) for Voluntary Early Retirement Authority (VERA) retirements and retirements with a Voluntary Separation Incentive Payment (VSIP) are to continue under the [Consolidated Appropriations Act, 2020](#). For Fiscal Year (FY) 2021, the average unit cost of processing VERA retirements and retirements with a VSIP is **\$676.70** per claim. This unit cost is used to determine the amount the employing agency must pay into the CSRDF.

This Benefits Administration Letter (BAL) provides the FY 2021 remittance amount and instructions on the methods available for your agency to remit payment in FY 2021 to the Office of Personnel Management (OPM) for deposit into the CSRDF for VSIPs and VERAs processing costs (Enclosed). For reconciliation purposes, the monies for prior years must NOT be commingled with FY 2021. Each year MUST be reported separately (i.e., FY 2020, FY 2021, etc.).

If you have questions about the new rates, please email your inquiries to [FinancialBALs@opm.gov](mailto:FinancialBALs@opm.gov).

Sincerely, SHERRI JORDAN

Digitally signed by SHERRI  
JORDAN  
Date: 2021.04.22 09:57:09 -04'00'

Sherri Jordan  
Associate Chief Financial Officer

Enclosed

## Enclosed

**Instructions:** Methods available for agencies to remit payment in FY 2021 to the OPM for deposit into the CSRDF for VSIPs and VERAs processing costs

### Remittance Amount for FY 2021

The remittance amount for FY 2021 is **\$676.70**.

Note: To facilitate the reconciliation of payments, individual agencies must submit the remittances, rather than payroll providers. If it is not practical for individual agencies to submit the remittances, and payroll providers submit payments, they must indicate the Agency Location Codes and Payroll Office of the agency or agencies for which they are submitting the remittance.

### Payment Methods

1. Intra-governmental Payment and Collection (IPAC)
2. FEDWIRE (non-IPAC users)
3. Automated Clearing House (ACH) Credit (non-IPAC users)

### Remittances via IPAC

Agencies having access to Treasury's IPAC Systems must remit **\$676.70** per VERA and VSIP case to OPM using the following IPAC parameters:

**Agency Location Code (ALC):** 24000002

**Receiver's Treasury Account Symbol (TAS):** AID: 024 Main: 8135 A: X Sub: 000

**Receiver's Business Event Type Code (BETC):** COLL

**Receiver's Standard General Ledger:** Debit 1010 and Credit 5400

**Description:** VERA/VSIP and total amounts applicable to CSRS and FERS respectively.

**Point of Contact:** Include the name and email address of the person who is familiar with paying the VERA/VSIP costs.

In addition, a scanned copy of the remittance, along with the appropriate Remittance Report, (See **Appendix 1A, 1B, and 1C** for examples) must be sent to the email addresses identified in the "Remittance Report" section below.

### Remittances via FEDWIRE

Agencies that do not have access to IPAC should remit via FEDWIRE the amount due. A scanned copy of the remittance, along with the appropriate Remittance Report, must be sent to the email addresses identified in the "Remittance Report" section below. FEDWIRE instructions are included as **Appendix 2** of this instruction.

### Remittances via ACH Credit

Agencies that do not have access to IPAC or FEDWIRE should remit via ACH Credit. To validate proof of payment, please submit a scanned copy of the remittance, along with the appropriate Remittance Report; to the email addresses identified in the "Remittance Report" section below. ACH Credit instructions are included as **Appendix 3**.

## **Payment Timing**

Payments, regardless of the method, should be sent no later than 45 calendar days after the end of the month in which the employee retires. Payments should be submitted monthly. For example, payments for retirements between December 1 and December 31, 2020, should be sent by February 15, 2021.

## **Individual Retirement Records**

Agencies must annotate the Individual Retirement Records (SF 2806 and SF 3100) in the remark's column under the "Service History" section with the legal authority for each VERA or VSIP when submitting retirement paperwork.

## **Remittance Report**

All agencies must submit certified Remittance Reports using the Attachments, which show the payroll office number(s) and Agency Location Code (ALC) for which the remittance is being sent. Please note – the 3-page Enclosure has separate Remittance Report forms for FY 2021 VERAs, FY 2021 VSIPs, and FY 2021 VERAs with VSIPs. The totals on each Remittance Report must agree with the amount of the IPAC, Electronic Fund Transfer (EFT), FEDWIRE, or ACH Credit. OPM will use these reports for validation purposes to ensure payments have been remitted correctly.

All reports, along with a copy of the remittance, must be emailed to OPM within five (5) business days from the date of the IPAC, EFT, FEDWIRE, or ACH Credit remittance using the following email addresses: [Kamini.Mathur@opm.gov](mailto:Kamini.Mathur@opm.gov) and [Rosetta.Goode@opm.gov](mailto:Rosetta.Goode@opm.gov), with a copy: to [FinancialBALs@opm.gov](mailto:FinancialBALs@opm.gov).

## **Inquiries**

If you have any questions about this requirement, please call us on (202) 606-0606 or send an email to [FinancialBals@opm.gov](mailto:FinancialBals@opm.gov).

**Appendix 1A: FY 2021 VERAs, VSIPs Processing Costs Under Consolidated Appropriations Act, 2020**

REMITTANCE REPORT FOR FY 2021 VERAs									
								Remittance Date:	
Reporting Entity:					POC Name:				
POC Email address:					POC Phone Number:			FY 2021 Retirement Month:	
		IPAC	FY 2021 VERAs						
Funds submitted by:		EFT						(MM/YYYY)	
(Indicate IPAC, EFT or CHECK)		CHECK							
Payroll Office Number:			Agency Location Code:			Number of Covered Employees		Amount Submitted	
(Column 1)			(Column 2)			(Column 3)		Column 3 x \$676.70	
FERS									
TOTALS (A)								\$	
CSRS									
TOTALS (B)								\$	
AMOUNT SUBMITTED								\$	
								(Must Equal A + B)	
I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.								(To Be Reproduced Locally)	
								(Use additional forms if needed)	
Signature					Name - Printed				

**Appendix 1B: FY 2021 VERAs, VSIPs Processing Costs Under Consolidated Appropriations Act, 2020**

<b>FY 2020 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-93</b>									
<b>REMITTANCE REPORT FOR FY 2021 VSIP</b>									
							Remittance Date:		
Reporting Entity:				POC Name:					
POC Email address:				POC Phone Number:			FY 2021 Retirement Month:		
		IPAC	<b>FY 2021 VSIPs</b>						
Funds submitted by:		EFT					(MM/YYYY)		
(Indicate IPAC, EFT or CHECK)		CHECK							
Payroll Office Number:		Agency Location Code:			Number of Covered Employees		Amount Submitted		
(Column 1)		(Column 2)			(Column 3)		Column 3 x \$676.70		
<b>FERS</b>									
<b>TOTALS (A)</b>							<b>\$</b>		
<b>CSRS</b>									
<b>TOTALS (B)</b>							<b>\$</b>		
<b>AMOUNT SUBMITTED</b>							<b>\$</b>		
							(Must Equal A + B)		
I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.							(To Be Reproduced Locally)		
							(Use additional forms if needed)		
Signature				Name - Printed					

**Appendix 1C: FY 2021 VERAs, VSIPs Processing Costs Under Consolidated Appropriations Act, 2020**

REMITTANCE REPORT FOR FY 2021 VERAs with VSIPs										
								Remittance Date:		
Reporting Entity:					POC Name:					
POC Email address:					POC Phone Number:					
		IPAC		FY 2020 VERAs with VSIPs				FY 2021 Retirement Month:		
		EFT						(MM/YYYY)		
(Indicate IPAC, EFT or CHECK)		CHECK								
Payroll Office Number:			Agency Location Code:			Number of Covered Employees		Amount Submitted		
(Column 1)			(Column 2)			(Column 3)		Column 3 x \$676.70		
FERS										
TOTALS (A)								\$		
CSRS										
TOTALS (B)								\$		
AMOUNT SUBMITTED								\$		
(Must Equal A + B)										
I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.								(To Be Reproduced Locally)		
(Use additional forms if needed)										
Signature					Name - Printed					

## Appendix 2: FEDWIRE INSTRUCTIONS

### UNITED STATES Office of Personnel Management

Fedwire Field Tag	Fedwire Field Name	Required Information
{1510}	Type/Subtype	<b>1000</b>
{2000}	Amount	<i>(Enter payment amount.)</i>
{3400}	Receiver ABA routing number *	<b>021030004</b>
{3400}	Receiver ABA short name	<b>TREAS NYC</b>
{3600}	Business Function Code	<b>CTR</b> <i>(or CTP)</i>
{4200}	Beneficiary Identifier (account number)	(Enter 8 digit ALC or 12 digit Credit Gateway account #. OPM2's 8 digit <b>ALC</b> is: <b>24000002</b> . OPM2's Credit Gateway 12 digit account # is: <b>824000002001</b> .)
{4200}	Beneficiary Name	<b>OPM2</b> (Make sure to enter "OPM2" and not just "OPM", as there are several ALCs associated with OPM.)
{5000}	Originator	<i>(Enter the name of the payor/remitter. If you are a federal agency with a Payroll Office Number, also enter your PON number.)</i>
{6000}	Originator to Beneficiary Information – Line 1	<i>(Enter information to identify the purpose of the payment.)</i>
{6000}	Originator to Beneficiary Information – Line 2	<i>(Enter information to identify the purpose of the payment.)</i>
{6000}	Originator to Beneficiary Information – Line 3	<i>(Enter information to identify the purpose of the payment.)</i>
{6000}	Originator to Beneficiary Information – Line 4	<i>(Enter information to identify the purpose of the payment.)</i>

\* The financial institution address for Treasury's routing number is 33 Liberty Street, New York, NY 10045

### Appendix 3: ACH CREDIT INSTRUCTIONS

#### UNITED STATES Office of Personnel Management

NACHA Record Type Code	NACHA Field	NACHA Data Element Name	Required Information
5	3	Company/Agency Name	<i>(Enter the name of the payor/remitter. If you are a federal agency with a Payroll Office Number, also enter your PON number.)</i>
5	6	Standard Entry Class Code	<b>CCD</b> (or CTX)
5	9	Effective Entry Date	<i>(Enter intended settlement date.)</i>
6	2	Transaction Code*	<b>22</b>
6	3 & 4	Receiving DFI Identification (ABA routing #)	<b>051036706</b>
6	5	DFI Account Number	<i>(Enter 12 digit agency account number. OPM 2 Credit Gateway/DFI Account Number is: <b>824000002001</b>.)</i>
6	6	Amount	<i>(Enter payment amount.)</i>
6	8	Receiving Company/Agency Name	<i>(Enter identification information – up to 22 characters. Please enter “<b>OPM2</b>” (please make sure to enter “OPM2” and not just “OPM”, as there are several ALCs associated with OPM), AND a brief description of the transaction, e.g.; “Oct.FY12-2812”, “Premium Ref.”, “RITS Sept.10-30”.)</i>

\*ACH **debits** are not permitted to this ABA routing number. All debits received will be automatically returned.