

## Appendix A - Acceptable Forms with Electronic Signatures from Agencies and Payroll Offices<sup>i</sup>

### Forms Certified by Agency Representatives Only

Form Number/Name	Number of Required Signatures	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
<a href="#">SF 2806-1, Notice of Correction of Individual Retirement Record</a>	1	x		Sent to OPM from Payroll Provider
<a href="#">SF 2810, FEHB Notice of Change in Health Benefits Enrollment</a>	1	x		
<a href="#">SF 2821, Agency Certification of Insurance Status (FGLI)</a>	2	x		There is no requirement that a certifying official cannot provide a facsimile signature
<a href="#">SF 3100, FERS Individual Retirement Record</a>		x		No signature slot, normally stamped and sent electronically
<a href="#">Notification to OPM of Reemployment of Annuitant</a>	1	x		Form must be completed and submitted to OPM according to the guidance on <a href="#">BAL 19-107</a>
<a href="#">Notification to OPM of Separation of a Reemployed Annuitant - No Benefits Payable</a>	1	x		Form must be completed and submitted to OPM according to the guidance on <a href="#">BAL 19-107</a>
<a href="#">RI 20-81, Request for Additional Information</a>	1	x		For OPM use only
<a href="#">RI 20-89, Verification of Military Retired Pay Status</a>	1	x		For OPM use only; form must be signed by Military Service retirement payroll providers

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<a href="#">RI 20-124, Certification of Service Performed as a Law Enforcement Officer, Firefighter, Nuclear Materials Courier, customs and Border Protection Officer (535 Service), or Air Traffic Controller</a>	1	x		Agencies must complete this form whenever an employee, who has performed service in one of these special provision categories, separates from the agency for any reason, including resignation, transfer, retirement (including disability retirement), and death
<a href="#">RI 38-133, Certification for Title 38 Physicians and Dentists of the Department of Veterans Affairs</a>	1	x		Only used for information on individuals receiving Special Pay under Chapter 74 of Title 38, U.S. Code
<a href="#">RI 79-08, Health Benefits Information Request</a>	1	x		For OPM use only

Forms Certified by both Applicants and Agency Representatives

<b>Form Number/Name</b>	<b>Number of Required Signatures</b>	<b>Applicant Signature</b>	<b>Agency and/or Payroll Office Signature</b>	<b>Other Signature (i.e., Notary, Financial Institution)</b>	<b>Special Requirements</b>
<a href="#">SF 2800A, CSRS Documentation and Elections in Support of Application for Death Benefits</a>	2	x	x		

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<a href="#">SF 2801, CSRS Application for Immediate Retirement</a>	3 - 6	x	x	x	The <i>Spouse's Consent to Survivor Election</i> section of this form must be notarized and signed by the applicant's spouse when applicable; applicants may use remote/electronic notaries <sup>ii</sup>
<a href="#">SF 2802, CSRS Application for Refund of Retirement Deductions</a>	2 - 4	x	x	x	Certification from financial institution is required if rollover is elected; spouse/former spouse and witness signatures are required
<a href="#">SF 2804, CSRS Application to Make Voluntary Contributions</a>	2	x	x		
<a href="#">SF 2805, Request for Recovery of Debt Due to the United States</a>	2		x	x	
<a href="#">SF 2809, FEHB Health Benefits Election Form</a>	2	x	x		For Active Federal Employees only
<a href="#">SF 2817, Life Insurance Election (FEGLI)</a>	2	x	x		

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<a href="#">SF 2823, Designation of Beneficiary (FEGLI)</a>	4	x	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the SF 2823 as long as they are not named as beneficiaries
<a href="#">SF 3102, CSRS and FERS Designation of Beneficiary</a>	4	x	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the SF 3102 as long as they are not named as beneficiaries
<a href="#">SF 3104B, FERS Documentation and Elections in Support of Application for Death Benefits</a>	2 - 3	x	x	x	Certification from financial institution is required if rollover is elected
<a href="#">SF 3106, FERS Application for Refund of Retirement Deductions</a>	2 - 4	x	x	x	Certification from financial institution is required if rollover is elected; spouse/former spouse and witness signatures are required

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<a href="#">SF 3107, FERS Application for Immediate Retirement</a>	3 - 6	x	x		The <i>Spouse's Consent to Survivor Election</i> section of this form must be notarized and signed by the applicant's spouse when applicable- applicants may use remote/electronic notaries <sup>ii</sup>
<a href="#">SF 3108, FERS Application to Make Service Credit Payment</a>	3	x	x		
<a href="#">SF 3112, Documentation in Support of Disability Retirement Application</a>	3	x	x	x	
<a href="#">SF 3116, Phased Employment, Phased Retirement Status</a>	2	x	x		
<a href="#">FE-6 DEP, Statement of Claim, Option C (FEGLI)</a>	2	x	x		Please see BAL 22-203 for special submission requirements

## List of Forms Certified by Applicants Only

<b>Form Number/Name</b>	<b>Number of Required Signatures</b>	<b>Applicant Signature</b>	<b>Other Signature (i.e., Notary, Financial Institution)</b>	<b>Special Requirements</b>
<a href="#">SF 2800, CSRS Application for Death Benefits</a>	1	x		
<a href="#">SF 2818, Continuation of Life Insurance Coverage as an Annuitant or Compensationer (FEGLI)</a>	1	x		
<a href="#">SF 2819, Notification of Conversion Privilege (FEGLI)</a>	2	x	x	Please see BAL 22-203 for special submission requirements
<a href="#">SF 3104, FERS Application for Death Benefits</a>	1	x		
<a href="#">RI 10-125, Federal Employee Retirement Coverage Corrections Act (FERCCA) Election Form</a>	1	x		
<a href="#">RI 16-28, Authorization for Direct Payments</a>	1	x		
<a href="#">RI 20-07, Representative Payee Application</a>	2	x	x	Additional documentation may be necessary as required by <a href="#">RI 30-3, Information Necessary for a Competency Determination</a>
<a href="#">RI 20-63, Survivor Annuity Election for a Spouse</a>	1	x		
<a href="#">RI 20-64, Survivor Annuity Election for a Former Spouse</a>	2	x	x	Instructions for this form can be found on <a href="#">RI 20-64B, Information on Electing a Survivor Annuity for Your Former Spouse (CSRS)</a>

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<a href="#">RI 20-64A, Former Spouse Survivor Annuity Election</a>	2	x	x	This form must be notarized and signed by the applicant's current spouse if retiree is married
<a href="#">RI 20-84, Civilian Deposit Election Letter</a>	1	x		For OPM use only
<a href="#">RI 20-97, Estimated Earnings During Military Service</a>	1	x		
<a href="#">RI 25-14, Self-Certification of Full-Time School Attendance</a>	1	x		
<a href="#">RI 25-41, Initial Certification of Full-Time School Attendance</a>	1	x		
<a href="#">RI 25-51, CSRS Survivor Annuitant Express Pay Application for Death Benefits</a>	1	x		
<a href="#">RI 76-10, Assignment of Life Insurance (FEGLI)</a>	3	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the RI 76-10 as long as they are not named as assignees
<a href="#">RI 76-15, Election to Convert Option C - Family Life Insurance</a>	1	x		For OPM use only
<a href="#">RI 79-9, Health Benefits Cancellation or Suspension Confirmation</a>	2	x		
<a href="#">RI 92-19, Application for Deferred or Postponed Retirement</a>	1 - 4	x	x	Schedule A of this application must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries <sup>ii</sup>

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<a href="#">RI 92-25, Final Action for FERS Deposit and/or Redeposit Payment Election</a>	4	x		For OPM use only
<a href="#">RI 94-07, Death Benefit Payment Rollover Election</a>	3	x	x	For OPM use only; certification from financial institution is required if rollover is elected
<a href="#">RI 98-07, Social Security Disability Benefits Information Request</a>	1	x		For OPM use only
<a href="#">FE-6, Claim for Death Benefits (FEGLI)</a>	1	x		Please see BAL 22-203 for special submission requirements
<a href="#">OPM 1496, CSRS Application for Deferred Retirement</a>	1 - 5	x	x	For separations before October 1, 1956, only; schedule B of this form must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries <sup>ii</sup>
<a href="#">OPM 1496A, CSRS Application for Deferred Retirement</a>	1 - 4	x	x	For separations on or after October 1, 1956, only; schedule B of this form must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries <sup>ii</sup>
<a href="#">OPM 2809, Health Benefits Election Form</a>	2	x	x	For annuitants, survivor annuitants, former spouses, or children and former spouses who are eligible for temporary continuation of coverage (TCC) use only; certified by OPM



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<sup>i</sup> For more information on the Office of Management and Budget's Regulatory Review of forms, please visit [The Office of Information and Regulatory Affairs' website](#).

<sup>ii</sup> Applicants may use remote/electronic notaries. Visit [The National Notary Association's website](#) for more information and guidance on remote online notarization.