



TEXAS
Health and Human
Services

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

From: Texas Health and Human Services Commission

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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.

FEDERAL TAX INFORMATION

☐ Yes

☐ No

Comments:

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THANK YOU for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

Telephone No. (incl. area code)

Signature—HHSC Staff

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:**

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Comments:

Telephone No. (incl. A/C)

Signature—OPM Official

Date

Return Form To:

Eligibility Specialist	Telephone No.	Fax No.
Address		