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

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.

Comments:

Telephone No. (inc. A/C)

Signature–Worker Date

TO BE COMPLETED BY U.S. OFFICE OF PERSONNEL MANAGEMENT:

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:

Telephone No. (inc. A/C)

Signature–OPM Official Date