



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:**

**Comments:**

_____ Signature—OPM Official	_____ Date	Telephone No. (incl. A/C)
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**Return Form To:**

Eligibility Specialist	Telephone No.	Fax No.
Address		