



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

Dear Selectee:

Congratulations on being selected for appointment with the Federal Aviation Administration as a \_\_\_\_\_. As part of your reemployment the following information is requested:

(1) Do you now receive an annuity from the U.S. Office of Personnel Management (OPM)?  
☐ Yes ☐ No

(2) What is your claim number? \_\_\_\_\_

(3) What is the gross monthly amount of annuity (the amount before deductions for taxes, insurance, etc.) you are now receiving? \$\_\_\_\_\_

(Please attach a copy of the latest document you have received from OPM showing the gross amount of annuity.)

(4) Are you a disability annuitant? ☐ Yes ☐ No

(5) If the answer to question 4 is yes, has OPM found you recovered from your disability, or restored to earning capacity? ☐ Yes ☐ No

(Please attach a copy of the OPM decision that you are either recovered or restored to earning capacity.)

(6) If you are a CSRS annuitant, was your retirement based on an involuntary separation, not for charges of misconduct or delinquency. ☐ Yes ☐ No

(7) If you are an annuitant with Federal Employee Health Benefits (FEHB) coverage through OPM, and are selected for a position that conveys FEHB eligibility, please select from the following:

☐ Upon re-employment, I elect to transfer my FEHB coverage to the FAA in order to participate in premium conversion.

☐ Upon re-employment, I do not elect to transfer my FEHB coverage to the FAA. My FEHB coverage will remain with OPM. I understand that I must complete a waiver of participation in premium conversion and submit to the FAA. (FEHB Waiver)

Please answer the questions above, and attach copies of the requested documents, if applicable. Return this request and the requested documents to me as soon as possible.

Sincerely,