# RETIREMENT CHECKLIST



DATE	ALL RETIREMENTS	DATE	DISABILITY
	Application (SF-2801) Signed	t no	SF-2801-D, Request for
	Memo to Dept. advising of		Medical Records (Hospital)
E DO	Employees application  ERS-9 to Payroll for	5	SF-2801-B, Private
	preliminary SF-2806/2807	0	Physician Statement
Z		5	The First Line of
	:2801, 1084, Preliminary 2806/2807 Comp. to OPM		Ltr to Employee advising of physical exam (if not working)
	Retirement Certificate (yrsmos)	100	Ltr to Fed Med O w/CSC
	SF-56 w/cy SF-54 (If any)	c	3178 after receipt of 2801-B
	•		65.71 4-1-1
	SF-2810 SF-56 (w/54), 2801,1084		SF-71, App for leave Talked w/emp Supt about
	28 10/2809 (5) to payroll		possible placement
		50	SF-2801-A, Superior
Approximate Annulty			Officer's Statement
Survivor Annuity Ded			SF-2801-C to MOB (Boyers, PA)
dealth Benefits Ded		_	w/encls (cy to DC) Approval of Disability rec'd
Optional FEGLI Ded		.5	ERS-7, Notice of Approval
, monar v = ser		50	
Net Annulty		Type of Retireme	ant Annulty
Surlear Annulty			survivor
FEGLI	no con't	disability	, IIfe
Regular Optional	enrolled since first opportunity or for 5 years before retirement	AGE GO 19  MII Sve 20  40-	10 11 comp Date 04-17-71 02 03 00-14 (Cur serv
TEALTH BENEFITS	Dves one	Date last worked	
		Sick leave began	
		Sick leave used	
5 years Servi	id .	past 2 years Sick and excess	
	first opportunity	Leave expires	
or for 5 years	before retirement	All leave expire	•
CC#	ECH 45	ERS 5 to Employ	yment
		NAL INFORMATION	
NAME She	etox Juninie	Ray NUMBER	53-14264 SSN 308 24 1368
ADDRESS // /	Jusy St, Jack	voxulle,	DC 28540 353-065
JOB TITLE	enther	DEPARTMENT	navit
SUPERVISOR	Itow Anith	PHONE	35 3235 DATE ENTERED DEF 1 4-15-73
LEAVE	A 18 18 18 18 18 18 18 18 18 18 18 18 18		DATE 2/28/9/
, ,			SEPARATION
PAY PERIOD ENDI	ANNUAL	CEILING	PREPARED

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## **APPLICATION FOR IMMEDIATE RETIREMENT**

CIVIL SERVICE RETIREMENT SYSTEM

See Privacy Act Information on back of this form.

Social Security Number

#### Section A - Identifying Information

1. Name (Last, first, middle) SHELTON, JIMMIE RAY			2. List all other names you have used none		
3. Address (Number, street, city, State, Zip Code) 110 Daisy Street Jacksonville, N.C. 28540		Telephone Number (Including area code) 919-353-0658	5. Date of birth (Month, day, year) 02-18-29	6. Social Security Number 308 24 1368	
7. Are you a citizen of the United States of America?		Yes No - If "No" give	7a. Of what country are yo		
8. Is this an application for disability retirement?	_	Yes (Ask your employing No	office about other documen	nts you must submit)	

Section E	B - Feder	al Service
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1. Department or agency from which you are retiring (Include Bureau or Division, address and Zip Code)	2. Date of final separation (Month, day, year) 02-28-91
D/Navy, Civilian Personnel Division Marine Corps Base, Camp Lejeune, N.C. 28542-5000	3. Title of last position Plumber, WG-09
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States (See instructions for definition)?	XXXYes (Complete Schedule A and attach to this form)
5. Are you receiving or have you applied for military retired pay and/or Veterans and Administration pension or compensation in lieu of military retired pay?	

## Section C - Marital Information

1. Are you married now (a marriage exists until annulment)?	l ended by death, divorce, or	Yes (Also complete iter	ns la-f below)
1a. Spouse's name (Last, first, middle)  Shelton, Shirley Ann		1b. Spouse's date of birth (Month, day, year) 08-08-36	1c. Spouse's Social Security Number 307 34 6285
1d. Place of marriage (City, State)  Indianapolis, Indiana	1e. Date of marriage (Month, day, year) 10-10-55	1f. Marriage performed by  Clergyman or Justice of Other (Explain):	

annuitants are not eligible to choose this type of annuity.)

Name of person with insurable interest

india	napolis, indiana	10-10-	22	Other (Expiant):	
ection D - A	nnuity Election (Initial only one of the fo	our boxes below			
ou want to re ne information elow and cons nitted after yo	ction by initialing the box beside the type receive and give any other information requ n on page 3 of the instructions and the ex sider your election carefully. No change v our annuity is granted except as explained	uested. Read oplanations will be per- d in the in-	maximum informed Form 28	s. If you are married at retirement and your survivor benefits, the law requires that of your election; therefore, you must a 01-2 to this form.	t your spouse be
1. I CHOOSE	A REDUCED ANNUITY WITH SURVI				
	You must be married at retirement to	choose this ty			
	a. Maximum survivor benefits	OR		vivor benefits (If you elect this, attach Standard Form 2801-2)	
	55% OF ALL MY ANNUI	ITV	INITIALS	55% OF \$	* A YEAR
	the second of the second of the second			*This amount must be less than your	yearly annuity.
2. I CHOOSE	AN ANNUITY PAYABLE ONLY DUR	ING MY LIFE	TIME. (If you	are married and elect this, attach Stand	dard Form 2801-2.)
INITIAL	, after your annuity is granted and no s	survivor annuity	y will be paid	* 52	
	A REDUCED ANNUITY WITH SURVI	VOR ANNUIT	Y FOR THE	PERSON NAMED BELOW WHO HAS	AN INSURABLE
INITIA		ing to undergo	a physical exa	amination if you choose this type of an	nuity. (Disability
		ing to undergo			

Relationship to you

Date of birth

#### Section E - Insurance Information Yes 1. Are you enrolled in the Federal Employees Health Benefits Program? No Yes 2. Are you covered by the Federal Employees' Group Life Insurance Program? No Section F - Other Claim Information Yes (Complete Schedule C and attach to this form) 1. Are you receiving, have you ever received, or have you applied for workers compensation from the Department of Labor because of a job-related illness or injury? Yes (Complete items 2a and 2b below) 2. Have you previously filed any application under the Civil Service Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)? 2b. Claim numbers 2a. Type of application Deposit or redeposit Retirement Voluntary contributions Refund Section G (Optional) - Information About Your Unmarried Dependent Children 2. Date of birth 3. Disabled Dependent child's name Date of birth 3. Disabled 1. Dependent child's name (First, middle, last) (Mo., dy., yr.) (1) (Mo., dy., yr.) (1) (First, middle, last) not applicable Section H - Applicant's Certification I hereby certify that all statements made in this application are true to the best of my WARNING knowledge and belief. Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the Signature /Do not print) law punishable by a fine of not more than \$10,000 or 1-29-91 imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) Applicant's Checklist This checklist is provided to help you be certain you have attached all necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management. 1. If you answered "yes" to Section B, item 4, did you attach Schedule A? . . 2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?. 4. If you completed Schedule B and answered "yes" to item 5, did you attach a copy of your request for waiver and a copy of 5. If you are married and you elected either less than full survivor benefits (Election 1b) or an annuity payable only to you you during your lifetime (Election 2), did you attach SF 2801-2, Spouse's Notification of Survivor Election? . . . . . .

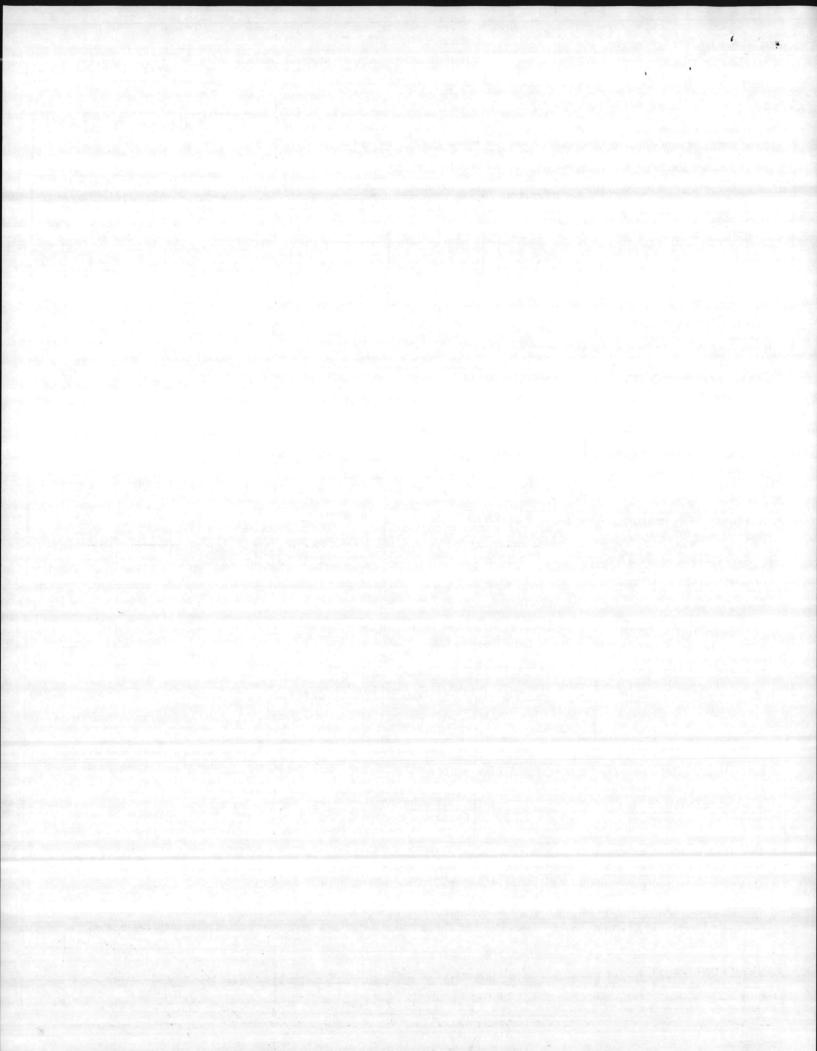
## **Privacy Act Statement**

6. If you answered "yes" to Section F, item 1, did you attach Schedule C? ......

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information

necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.

Revised January 1982  . Name (Last, first, middle)		2. Date of birth (M	(onth, day, year)	3. Social Security N	umber
SHELTON, JIMMIE RAY		02-18-		4 1368	
chedule A - Military Service In	nformation				
If you have performed active attach a copy of your discharge.	rge certificate or other ce	rtificate of active m	ilitary service (if a	services shown below wailable).	v, complete 1a-e below and
See instructions for definition	ons of Armed Services and				I. Organization at Dis
a. Branch or Service	b. Serial Number	c. Dates of Ac Fr.(Mo., dy., yr.)	tivo Duty	d. Last Grade or Rank	e. Organization at Discharge (Div., Co., etc.)
USMC	1093427/30824	368 09-13-4	8 08-15-52	Cpe	Meas, Jax, ne
		06-16-5	5 09–16–71	GySgt	MCB, Camp Lejeun NC
Schedule B — Military Retired F				8.	
1. If you are receiving or have					
a. Are you receiving or have y retainer pay?		ry retired or	d. Was your milit ability incurred war?	ary retired or retains I in combat or cause	er pay awarded for a dis- ed by an instrumentality of
XX Yes	∐ No				
b. Have you waived all or part order to receive pension or istration?	of your military retired of compensation from the V	eterans Admin-	of notice	ole, attach a copy of award)	XX No
Yes	XX No		to receive cred	ng your military reti it for military servic	red or retainer pay in order se for Civil Service retirement
c. Was your military retired of under Chapter 67, title 107  Yes (If available, attach a continuous of notice of award)		r reserve service	Yes your requ	ble, attach a copy o uest for waiver and a nilitary finance offic edgment or approval	er's No NO NO NO NO
			of your	request for waiver)	: .
Schedule C — Federal Employe			a the Office of	Vos /Complete	parts 1a-c below)
Are you receiving or have y     Workers' Compensation Pr     related illness or injury?	ograms (OWCP), Departm	ent of Labor, becau	se of a job-	No (Go to ques	
а		b. Benefit R	eceived	C	pe of Benefit
Compensation C	laim Number	Fr. (Mo., dy., yr.)	To (Mo., dy., yr.)	Scheduled awa	
					disability compensation
				Scheduled awa Total or partial	rd I disability compensation
If you have applied for wo below and give the informa-	rkers' compensation (Otheration requested.	er than as listed in i	tem 1a above) but	are NOT receiving	benefits, check reason
a. Awaiting OWCP decision		b. Claim deni			Data stains denied
Compensation claim number		Compensation c			Date claim denied
Except for scheduled comperiod of time. Please com	plete the information belo	ow regarding your c	laim.		A TALL HE STEP TO THE SECOND STATE OF THE TALL SECOND STATE OF THE
a. Do you agree to notify us				Section 1881 at 1884 and	XX Yes No
b. Do you authorize the Offi any overpayment if we late	ce of Personnel Manageme r find you are ineligible for	ent and/or the Offic both compensation	e of Workers' Con and annuity payn	npensation Programs nents covering the sa	s (OWCP) to collect Yes me period of time?
Applicant's Certification		$\sim$	2	0,0	/
		/ /-			Date 1 29 91

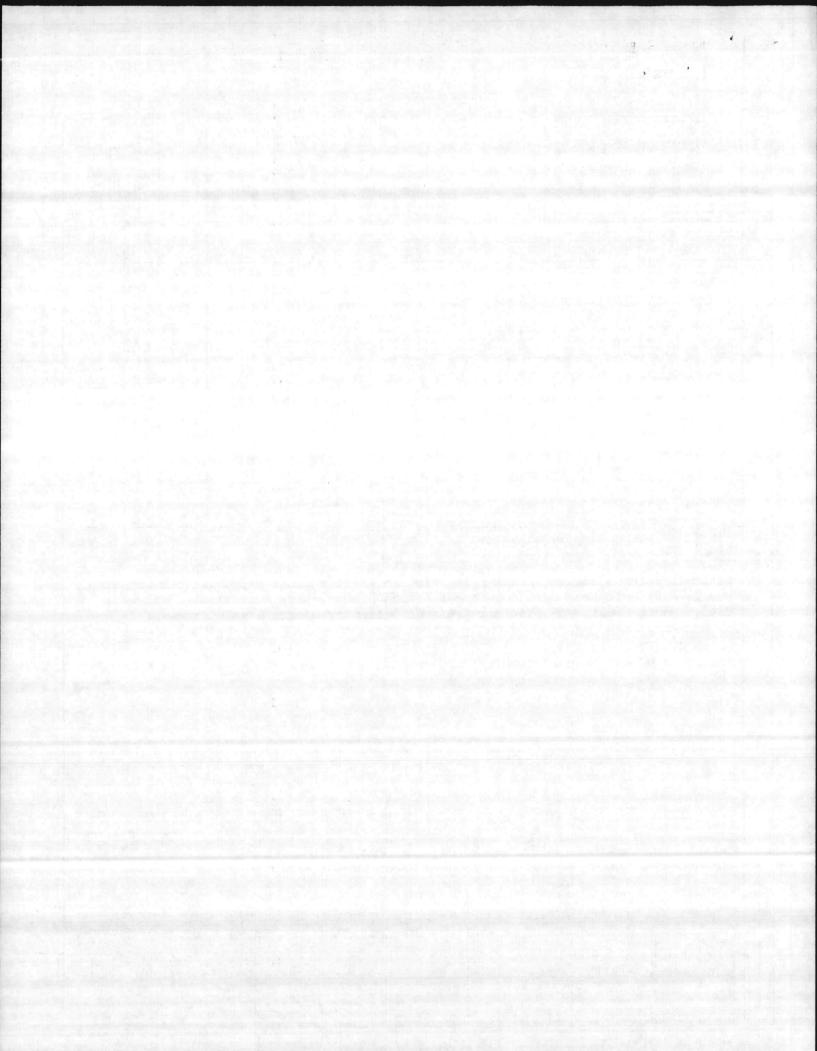


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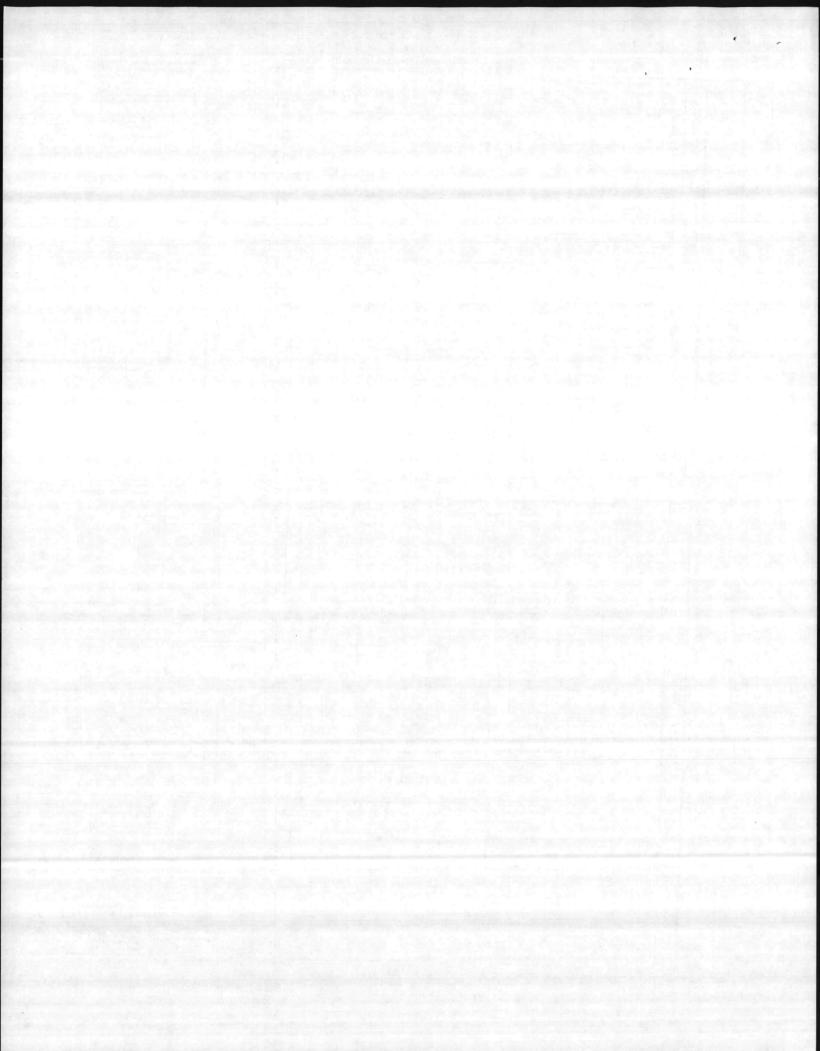
	1. LAST NAME-FIRST NAME-MIDDLE NAME		2	. SERVICE NUME	BER		3. SOCIAL SI	CURITY NUMB	ER
DATA	SHELTON, Jimmi	e Ray		109 34	27		308	24	1,368
1 F			ba GRADE, RAT	E OR RANK	GRADE	6. DATE	DAY	MONTH	YEAR
PERSONAL	U. S. Marine Co		GySg	t	E-7	PANK	01	Jun	68
5		B. PLACE OF BIRTH (City and State or Country)				DATE	DAY	MONTH	YEAR
	ZK YES NO	Gary, Wayne, Ind				BIRTH	18	Feb	29
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER	6. SELECTIVE SERVICE LOCAL BOARD NUMBER, CI	ITY, COUNTY, STATE	AND ZIP CODE				DATE INDUCTE	
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ğg	Fleett Marine Cor				WHICH EFFECTED	SU#2,	HQCO,	H&SBN	
OR DISCHARGE	Communication of the control of the	Transfer To The Flee	t Marine	CAMLEJ	Reserve	[d	DAY	MONTH	YEAR
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	16. TERMINAL DATE OF RESERVE UMT & SOBLIGATION DAY MONTH YEAR	17. CURRENT ACTIVE SERVICE OTHER THAN BY I	INDUCTION			h TERM OF SERVICE (Dears)	c.	DATE OF ENTR	
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	18. PRIOR REGULAR ENLISTMENTS	19. GRADI, KATE OR RANK AT TIME OF	In the second	Thy but o cupo	THE ACTUS OF DUSC	06	17	Jun	65
	Three	ENTRY INTO CURRENT ACTIVE SVC			ENT ACTIVE SERVIC				
	21. HOME OF RECORD AT TIME OF ENTRY I	NTO ACTIVE SERVICE	CamLe		OW, Nort	h Caro	YEARS	MONTHS	T
	2654 Putter Lane	Code)	a		RVICE THIS PERIOD		06	03	OO DAYS
		ion, Indiana 46201	CREDITABLE FOR BASIC PA				13	11	03
	23a SPECIALTY NUMBER & TITLE	A HELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 005.081	PURPOSES		(Line (1) plus Line (	2))	20	02	03
ATA	1121:	Purification-Plants	h. TOTAL ACTIVE	SERVICE			20	02	03
SERVICE DATA	Utilities	Operator IENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AND		OR SEA SERVICE					
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4.P	Two Years)	L5190	(NSLI or US			,			
VA AND EMP. SERVICE DATA		8 ·	YES	NO NO	, N	/A	100	N/	A ·
RVIC	None	28. VA CLAIM NUMBER	29. SERVICEMEN	'S GROUP LIFE II	NSURANCE COVERA	GE			- 1
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	C. F. COLLETON JR	. CAPT, USMCR, CO		CA.	oll	lox	1	^	
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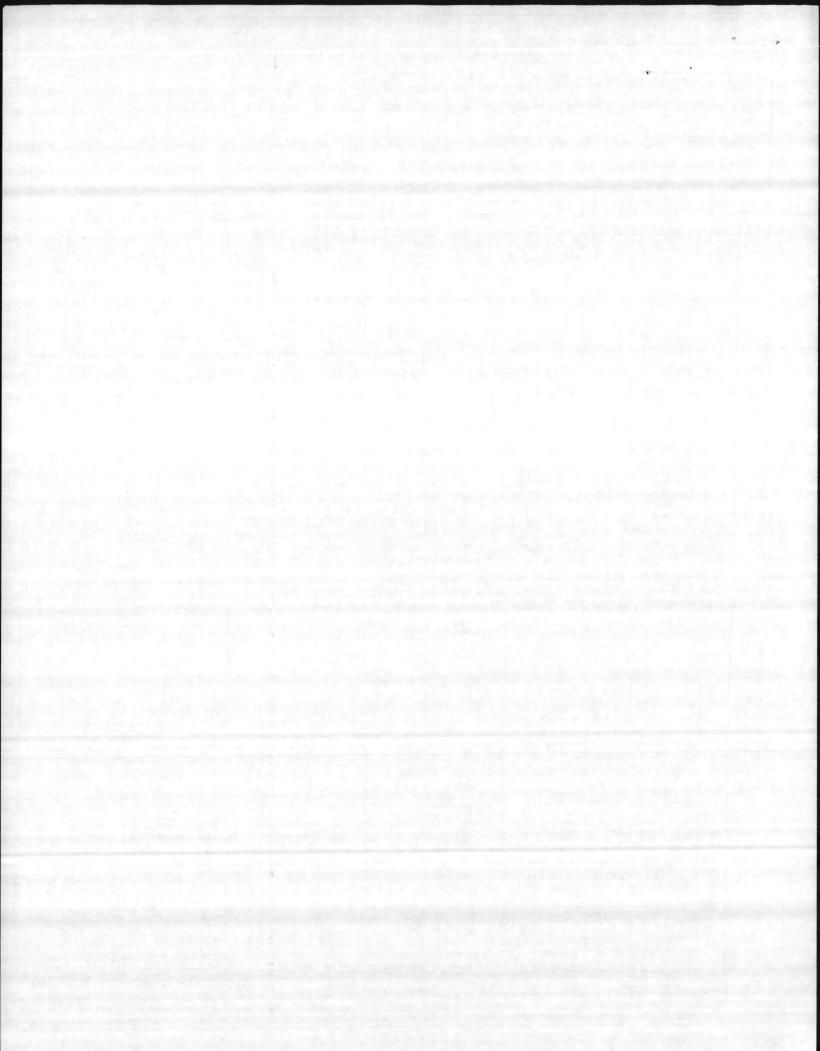


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30 a. GOVERNMENT LIFE INSURANCE IN FORCE  Not Applicable  Not Applicable  Not Applicable  None  None  32. REMARKS  Reconlisted in U. S. Marine Corps  Time lost current active duty: None  Cool Conduct Model period commences: 17 June 1964 (5th Award)	
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Time lost current active duty: None	
Good Conduct Model period commences: 17 Jule 1904 (Jul Award)	
Recommended for Reenlistment  Lump sum leave settlement paid for forty - nine (49) days unused leave  Social Security No: 308 - 24 - 1368	
Lump sum leave settlement paid for forty - nine (49) days unused reave	
#   Social Security No: 308 - 24 - 1308	
SOUTH DEGITED ON DISCHARGED	
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 2172 Rondova Place	
33. PERMANENT ADDRESS FOR MAILING PORPOSES AFTER INCOME. PLACE (Street, RFD, City, County and State) 2172 Ronglova Place Taraya Terraco, One low North Carolina 35 a. Typed Name, Grade and Title of Authorizing Officer  W SIGNATURE OF OFFICER AUTHORIZED TO SIGN	
J. D. BOLINE, Major, USHCR Commanding Officer Care The United States	Em

