

Appendix A - Acceptable Forms with Electronic Signatures from Agencies and Payroll Officesⁱ

Forms Certified by Agency Representatives Only

Form Number/Name	Number of Required Signatures	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 2806-1, Notice of Correction of Individual Retirement Record	1	x		Sent to OPM from Payroll Provider
SF 2810, FEHB Notice of Change in Health Benefits Enrollment	1	x		
SF 2821, Agency Certification of Insurance Status (FGLI)	2	x		There is no requirement that a certifying official cannot provide a facsimile signature
SF 3100, FERS Individual Retirement Record		x		No signature slot, normally stamped and sent electronically
Notification to OPM of Reemployment of Annuitant	1	x		Form must be completed and submitted to OPM according to the guidance on BAL 19-107
Notification to OPM of Separation of a Reemployed Annuitant - No Benefits Payable	1	x		Form must be completed and submitted to OPM according to the guidance on BAL 19-107
RI 20-81, Request for Additional Information	1	x		For OPM use only
RI 20-89, Verification of Military Retired Pay Status	1	x		For OPM use only; form must be signed by Military Service retirement payroll providers

Form Number/Name	Number of Required Signatures	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
RI 20-124, Certification of Service Performed as a Law Enforcement Officer, Firefighter, Nuclear Materials Courier, customs and Border Protection Officer (535 Service), or Air Traffic Controller	1	x		Agencies must complete this form whenever an employee, who has performed service in one of these special provision categories, separates from the agency for any reason, including resignation, transfer, retirement (including disability retirement), and death
RI 38-133, Certification for Title 38 Physicians and Dentists of the Department of Veterans Affairs	1	x		Only used for information on individuals receiving Special Pay under Chapter 74 of Title 38, U.S. Code
RI 79-08, Health Benefits Information Request	1	x		For OPM use only

Forms Certified by both Applicants and Agency Representatives

Form Number/Name	Number of Required Signatures	Applicant Signature	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 2800A, CSRS Documentation and Elections in Support of Application for Death Benefits	2	x	x		

Form Number/Name	Number of Required Signatures	Applicant Signature	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 2801, CSRS Application for Immediate Retirement	3 - 6	x	x	x	The <i>Spouse's Consent to Survivor Election</i> section of this form must be notarized and signed by the applicant's spouse when applicable; applicants may use remote/electronic notaries ⁱⁱ
SF 2802, CSRS Application for Refund of Retirement Deductions	2 - 4	x	x	x	Certification from financial institution is required if rollover is elected; spouse/former spouse and witness signatures are required
SF 2804, CSRS Application to Make Voluntary Contributions	2	x	x		
SF 2805, Request for Recovery of Debt Due to the United States	2		x	x	
SF 2809, FEHB Health Benefits Election Form	2	x	x		For Active Federal Employees only
SF 2817, Life Insurance Election (FEGLI)	2	x	x		

Form Number/Name	Number of Required Signatures	Applicant Signature	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 2823, Designation of Beneficiary (FEGLI)	4	x	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the SF 2823 as long as they are not named as beneficiaries
SF 3102, CSRS and FERS Designation of Beneficiary	4	x	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the SF 3102 as long as they are not named as beneficiaries
SF 3104B, FERS Documentation and Elections in Support of Application for Death Benefits	2 - 3	x	x	x	Certification from financial institution is required if rollover is elected
SF 3106, FERS Application for Refund of Retirement Deductions	2 - 4	x	x	x	Certification from financial institution is required if rollover is elected; spouse/former spouse and witness signatures are required

Form Number/Name	Number of Required Signatures	Applicant Signature	Agency and/or Payroll Office Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 3107, FERS Application for Immediate Retirement	3 - 6	x	x		The <i>Spouse's Consent to Survivor Election</i> section of this form must be notarized and signed by the applicant's spouse when applicable- applicants may use remote/electronic notaries ⁱⁱ
SF 3108, FERS Application to Make Service Credit Payment	3	x	x		
SF 3112, Documentation in Support of Disability Retirement Application	3	x	x	x	
SF 3116, Phased Employment, Phased Retirement Status	2	x	x		
FE-6 DEP, Statement of Claim, Option C (FEGLI)	2	x	x		Please see BAL 22-203 for special submission requirements

List of Forms Certified by Applicants Only

Form Number/Name	Number of Required Signatures	Applicant Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
SF 2800, CSRS Application for Death Benefits	1	x		
SF 2818, Continuation of Life Insurance Coverage as an Annuitant or Compensationer (FEGLI)	1	x		
SF 2819, Notification of Conversion Privilege (FEGLI)	2	x	x	Please see BAL 22-203 for special submission requirements
SF 3104, FERS Application for Death Benefits	1	x		
RI 10-125, Federal Employee Retirement Coverage Corrections Act (FERCCA) Election Form	1	x		
RI 16-28, Authorization for Direct Payments	1	x		
RI 20-07, Representative Payee Application	2	x	x	Additional documentation may be necessary as required by RI 30-3, Information Necessary for a Competency Determination
RI 20-63, Survivor Annuity Election for a Spouse	1	x		
RI 20-64, Survivor Annuity Election for a Former Spouse	2	x	x	Instructions for this form can be found on RI 20-64B, Information on Electing a Survivor Annuity for Your Former Spouse (CSRS)

Form Number/Name	Number of Required Signatures	Applicant Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
RI 20-64A, Former Spouse Survivor Annuity Election	2	x	x	This form must be notarized and signed by the applicant's current spouse if retiree is married
RI 20-84, Civilian Deposit Election Letter	1	x		For OPM use only
RI 20-97, Estimated Earnings During Military Service	1	x		
RI 25-14, Self-Certification of Full-Time School Attendance	1	x		
RI 25-41, Initial Certification of Full-Time School Attendance	1	x		
RI 25-51, CSRS Survivor Annuitant Express Pay Application for Death Benefits	1	x		
RI 76-10, Assignment of Life Insurance (FEGLI)	3	x	x	Applicant may have two individuals witness their signature through a virtual environment; agency personnel may witness the execution of the RI 76-10 as long as they are not named as assignees
RI 76-15, Election to Convert Option C - Family Life Insurance	1	x		For OPM use only
RI 79-9, Health Benefits Cancellation or Suspension Confirmation	2	x		
RI 92-19, Application for Deferred or Postponed Retirement	1 - 4	x	x	Schedule A of this application must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries ⁱⁱ

Form Number/Name	Number of Required Signatures	Applicant Signature	Other Signature (i.e., Notary, Financial Institution)	Special Requirements
RI 92-25, Final Action for FERS Deposit and/or Redeposit Payment Election	4	x		For OPM use only
RI 94-07, Death Benefit Payment Rollover Election	3	x	x	For OPM use only; certification from financial institution is required if rollover is elected
RI 98-07, Social Security Disability Benefits Information Request	1	x		For OPM use only
FE-6, Claim for Death Benefits (FEGLI)	1	x		Please see BAL 22-203 for special submission requirements
OPM 1496, CSRS Application for Deferred Retirement	1 - 5	x	x	For separations before October 1, 1956, only; schedule B of this form must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries ⁱⁱ
OPM 1496A, CSRS Application for Deferred Retirement	1 - 4	x	x	For separations on or after October 1, 1956, only; schedule B of this form must be notarized and signed by the applicant's spouse if applicable; applicants may use remote/electronic notaries ⁱⁱ
OPM 2809, Health Benefits Election Form	2	x	x	For annuitants, survivor annuitants, former spouses, or children and former spouses who are eligible for temporary continuation of coverage (TCC) use only; certified by OPM

ⁱ For more information on the Office of Management and Budget's Regulatory Review of forms, please visit [The Office of Information and Regulatory Affairs' website](#).

ⁱⁱ Applicants may use remote/electronic notaries. Visit [The National Notary Association's website](#) for more information and guidance on remote online notarization.