

Report of Withholdings and Contributions for Health Benefits, Life Insurance and Retirement		Interagency Report No. 1064-OPM-AR	
FROM: Address (including Department, Bureau, Location, and ZIP Code)	Payroll Office Number	Report Number	
	Month reported on Statement of Transactions	Date Payroll Paid	
	PAY PERIOD From To		
Telephone number (including area code)			
To: OFFICE OF PERSONNEL MANAGEMENT ATTN: FUNDS MANAGEMENT POST OFFICE BOX 582 WASHINGTON, DC 20044-0582	I certify that the items listed herein are correct and the amount is available to be credited to the OPM receipt account.		
	Signature of authorized Administrative or Certifying Officer		Date
Benefit Category	Withholdings	Contributions	Total
LIFE INSURANCE			
Basic Life			
Standard - Option A			
Additional - Option B			
Family - Option C			
Post-Retirement			
Total Life Insurance			
HEALTH BENEFITS			
Regular			
Temporary Continuation of Coverage (TCC) - P.L. 100-654			
Total Health Benefits			
RETIREMENT			
CSRS			
All Categories ¹			
Salary Offset - Reemployed Annuitants			
Military and Civilian Service Credit			
FERS			
Regular			
Military Reserve Technician			
Special ²			
Salary Offset - Reemployed Annuitants			
Military Deposit			
FERS - RAE			
Regular - RAE			
Military Reserve Technician - RAE			
Special - RAE ³			
Salary Offset - Reemployed Annuitants - RAE			
Military Deposit - RAE			
FERS - FRAE			
Regular - FRAE			
Military Reserve Technician - FRAE			
Special - FRAE ⁴			
Salary Offset - Reemployed Annuitants - FRAE			
Military Deposit - FRAE			
Total Retirement			
Grand Total			

¹Employees with CPDF Retirement Codes of 1, 6, C, E, R or T.²Employees with CPDF Retirement Codes of L, M or O.³Employees with CPDF Retirement Codes of LR, MR or OR.⁴Employees with CPDF Retirement Codes of LF, MF or OF.

Public Burden Statement

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completing time, to the Office of Personnel Management, Funds Management, P.O. Box 582, Washington, DC 20444. The OMB Number 3206-0262 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.