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
			ERIOD I_
		From	То
Telephone number (including area code)			
To: OFFICE OF PERSONNEL MANAGEMENT		Logatify that the items listed herein are a	orrect and the amount is available to
ATTN: FUNDS MANAGEMENT		I certify that the items listed herein are correct and the amount is available to be credited to the OPM receipt account.	
POST OFFICE BOX 582		Signature of authorized Administrative or Certifying Officer Date	
WASHINGTON, DC 2004	14-0582		, , , , , , , , , , , , , , , , , , ,
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 Catamaria d			_
All Categories Salary Offset - Reemployed			_
Annuitants			
Military and Civilian Service Credit			
FERS			
Regular			
Military Reserve Technicians			
Special			
Salary Offset - Reemployed			
Annuitants			_
Military Deposit			
FERS - RAE			
Regular - RAE			
Military Reserve Technicians - RAE			_
Special - RAE ³			
Salary Offset - Reemployed			
Annuitants - RAE			
Military Deposit - RAE			
Total Retirement			

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 20044. 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.

¹Employees with CPDF Retirement Codes of 1, 6, C, E, R or T.

²Employees with CPDF Retirement Codes of L or M.

³Employees with CPDF Retirement Codes of LR or MR.