

UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
CIVIL SERVICE RETIREMENT SYSTEM  
WASHINGTON, D.C. 20415

**Request for Offset for Past-Due Health Benefits Premiums  
From Monies Payable Under the Civil Service Retirement System  
(In Lieu of SF 2805)**

Office of Personnel Management  
Retirement Operations Center  
Boyers, PA 16107

The former employee named below is indebted to the United States (under Section 890.502 (b) of the Title 5, Code of Federal Regulations) for past-due health benefits premiums. To liquidate this indebtedness, we request that you set off the gross amount of the debt as shown below, against the former employee's account in the Civil Service Retirement and Disability Fund. The former employees retirement record (Standard Form 2806) is (is not) attached.

Name and address of office designated by the employing agency to receive evidence of the liquidation of the debt: (Please use the first three lines for agency name and P.O. Box or street address; use last line for city, state, and zip code.)


Name of former employee:

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Date of Birth

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Date of Termination of Service

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Social Security Number

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Each period of non-pay status for which offset is required:

From	To	Amount of debt for each period:	Total Amount of Debt:

Location of Employment: (City, State)

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Appropriation and or Fund (Title) Symbol No.

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Disbursing Office

Symbol No.

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I certify that this debt is property due the United States, that all other means of recovery have been exhausted, and that the individual from who the collection is sought was given an opportunity for reconsideration of the collection before this request was made.

Signature of Certifying Official	Date	Name of Certifying Official (Typed or printed)
Title of Certifying Official (Typed or printed)		Telephone Number (Including Area Code) (   )