



**Retirement and Insurance Service
Payroll Office Letter**

P-99-20

July 27, 1999

Subject: OPM Form 1523 – Supplemental Semiannual Headcount Report

As we informed you in Payroll Office Letters P-99-07 dated February 17, 1999, the Federal Employees Group Life Insurance Program (FEGLI), added two new FEGLI age bands (64-69 and 70+) to Optional life insurance that became effective April 24, 1999. The addition of these age bands directly impacts Headcount reporting, specifically OPM Form 1523 as explained below.

We want to inform you that the format of the Supplemental Semiannual Headcount Report or **OPM Form 1523** as it is commonly known, has not been updated to reflect the two new age bands of life insurance. **We do not plan to revise the Form 1523 until the September 2001 Headcount.** The current layout of the Form does not include the new bands, but will be redesigned to expand the age categories, and then made available in time for that Headcount. However, prior to the release of the updated Form, we advise you to continue using the same OPM Form 1523 that is routinely distributed in the Headcount payroll office letters (see attached). Even though you may have collected individual data for these new bands, please continue to report this information in the 60&up age category as you have done so in the past.

If you have any questions concerning this information, please call us at (202) 606-0606, or send an email to finance@opm.gov.

A handwritten signature in black ink, appearing to read "Robert A. Yuran".

Robert A. Yuran, Chief
Financial Policy Staff
Retirement and Insurance Service

Attachment

Supplemental Semiannual Headcount Report

1. Address of Payroll Office (including department, bureau, location and zipcode)	2. Payroll office number	3. Report number	
	4. Date payroll paid		
	5. Pay Period		
From		To	
6. To Office of Personnel Management ATTN: Funds Control Branch P.O. Box 582 Washington, D.C. 20044-0582	7. Name of preparer (<i>print</i>)	8. Telephone number	
	9. I certify that the items listed herein are correct.		
	Signature of authorized official		Date
Number Enrolled			
Benefit Category	Dollar Amount	Deductions Made	No Deductions Made
A. Life Insurance			
1. Basic			
2. Standard - Option A			
3. Additional - Option B			
a. To age 35			
b. 35 - 39			
c. 40 - 44			
d. 45 - 49			
e. 50 - 54			
f. 55 - 59			
g. 60 & up			
4. Family - Option C			
5. Post-Retirement - Basic			
6. Total Life Insurance*			
B. Health Benefits			
1. Regular			
2. Payers of Full Premiums			
3. Total Health Benefits*			

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Supplemental Semiannual Headcount Report

Payroll office number	Report number	Payroll paid date			
Benefit Category	Dollar Amount	Aggregate Base Salary	Number Enrolled		
C. Retirement					
1. CSRS	CPDF Code			Deductions Made	No Deductions Made
a. Regular Withholdings	1,R				
b. Regular Contributions	1,R				
c. Special Withholdings	6,T				
d. Special Contributions	6,T				
e. Regular Withholdings for Offset Employees	C				
f. Regular Contributions for Offset Employees	C				
g. Special Withholdings for Offset Employees	E				
h. Special Contributions for Offset Employees	E				
i. Salary Offset					**
j. Military Deposits				**	
k. Civilian Service Credit				**	
2. FERS					
a. Regular Withholdings	K				
b. Regular Contributions	K				
c. Reserve Technicians Withholdings	N				
d. Reserve Technicians Contributions	N				
e. A/T Controllers Withholdings	L				
f. A/T Controllers Contributions	L				
g. Law Enforcement/Firefighters Withholdings	M				
h. Law Enforcement/Firefighters Contributions	M				
i. Salary Offset					**
j.					
k. Military Deposits				**	
3. Total Retirement*					
D. Grand Total (Dollars only)					
E. Total Employees (and/or Annuitants) on Payroll					

*Dollar amount **must** agree with SF 2812 for same reporting period.
 Memo entry only (do not** include on line 3, **Total Retirement**).