

For: KCAO and State Offices

**Using AD-2003 for Employees Covered Under CSRS**

Approved by: Deputy Administrator, Management



**1 Overview**

**A Background**

Spouses of retiring Federal and County Office employees are often unaware that there are 2 requirements to continue coverage under the FEHB Program if the retiree dies. The spouse must be:

- eligible for a survivor annuity under a qualifying civilian retirement system for Federal or County Office employees
- covered under the retiree’s FEHB self and family enrollment at the time the retiree dies.

Spouses must consent in writing if an employee retiring under CSRS or FERS elects to provide no survivor annuity. However, SF-2801 for employees covered under CSRS does not inform the spouse that he or she must be eligible for a survivor annuity to continue FEHB coverage.

OPM is adding cautionary statements about FEHB coverage for survivors in their publications as they update them. However, OPM believes it is especially important that the spouse be alerted at the time he or she consents to an election of no survivor annuity that FEHB coverage will stop upon death of the retiree.

**B Purpose**

This notice advises KCAO and State Offices about AD-2003 (Exhibit 1).

**C Contact**

Contact Susan Brown at 202-418-9039 or Darla Hensley at 202-418-9021, or TDD 202-418-9116, if there are any questions about this notice.

<b>Disposal Date</b>	<b>Distribution</b>
November 1, 2000	KCAO and State Offices

## Notice PM-2190

### 2 How to Ensure That Information Is Available to Spouses

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#### A

##### Employees Covered Under FERS

The retiring employee is alerted by section D(3) of the current SF-3107 that FEHB coverage will stop for the surviving spouse if no survivor annuity is elected. The soon-to-be-available revised SF-3107 will include a statement on SF-3107-2 alerting the spouse that FEHB coverage will stop upon the retiree's death if there is no survivor annuity.

**Note:** AD-2003 is not needed for FERS retirement applications.

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#### B

##### Employees Covered Under CSRS

SF-2801 is not scheduled for revision at this time. Therefore, AD-2003 has been developed for offices to use to inform spouses of the effect an election of no survivor annuity will have on his or her eligibility to continue FEHB coverage upon the retiree's death.

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#### C

##### Using AD-2003 for Counseling

Offices are encouraged to use AD-2003 as a job aid in counseling CSRS retirees and their spouses.

A minimal survivor annuity protects the spouse's right to continue FEHB coverage.

**Note:** CSRS retirees may elect any dollar base for the survivor annuity. The lowest dollar base that may be elected is \$22, which will provide a survivor benefit of \$1 per month.

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#### D

##### KCAO and State Office Action

KCAO and State Offices shall:

- provide AD-2003 to the retiring employee with the CSRS retirement package
  - inform the applicant about the AD-2003 purpose and that it applies only if he or she is electing no survivor annuity
  - attach the completed AD-2003, if applicable, to the CSRS retirement package and forward the entire package to NFC.
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**AD-2003, Attachment to SF-2801-2, Spouse's Consent to Survivor Election**

<p><b>AD-2003</b> (07-19-00)</p>	<p>U.S. DEPARTMENT OF AGRICULTURE</p> <p><b>ATTACHMENT TO SF-2801-2,</b> <b>SPOUSE'S CONSENT TO SURVIVOR ELECTION</b> (Required if No Survivor Annuity is Elected by Retiring Employee)</p>	
<p><b>PART 1 - To Be Completed by the Current Spouse of Retiring Employee</b></p>		
<p>I have freely consented to the survivor annuity election described on the attached form SF-2801-2, Spouse's Consent to Survivor Election.</p> <p>I understand that I will be <b>ineligible</b> to continue coverage under the Federal Employees Health Benefits (FEHB) Program if my spouse dies because I have consented to his/her election to provide no survivor annuity.</p>		
<p>Name (Type or Print)</p>	<p>Signature (<i>DO NOT PRINT</i>)</p>	<p>Date</p>
<p><b>PART 2 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths</b></p>		
<p>I certify that the person named in Part 1 above presented identification (or was known) to me, gave consent, signed or marked this form, and acknowledged that the consent was freely given in my presence on this</p> <p>The _____ day of _____, _____ at _____</p> <p style="text-align: center;">(Month) (Year) (City and State)</p>		
<p>(SEAL)</p>	<p>Signature</p>	
	<p>Expiration Date of Commission, if Notary Public</p>	

**The person named in Part 1, must return this completed form along with the completed SF-2801-2 to:**