Form approved:
OMB No. 3206-0167

Financial Resources Questionnaire

Federal Employees Health Benefits Premiums Underpaid
U.S. Office of Personnel Management
Retirement Operations

General Information

The purpose of this questionnaire is to determine your eligibility for:

1. waiver of the amount due the retirement system on the basis of financial hardship;
2. compromise in the amount to be paid;
3. lower installments; and/or
4. a voluntary payment agreement.

For more information on waiver, compromise, lower installments, or voluntary payment, please refer to our letter or notice informing you of the underpayment of Federal Employees Health Benefits premiums. (**Note:** If you are only requesting lower installments, you do not need to fill out this questionnaire as long as your payments will be (1) at least $50 a month and (2) sufficient to pay off the entire amount within three years.)

Failure to supply all the requested information may result in an unfavorable decision. Please note that you may be asked to provide verification of the information you supply in this questionnaire (e.g., evidence of claimed expenses).

To be considered for waiver, compromise, lower installments, or a voluntary payment agreement, you must complete and return this questionnaire to us within 30 days after the date shown in the notice of underpayments.

General Instructions

1. Please read all items carefully.
2. Type or print in ink.
3. Complete all items on the form. If a question does not apply, answer "No" or "None". Do not leave it blank. If answers require additional space, continue them in Section X. Attach additional sheets if necessary. Include your name and retirement claim number in the upper right corner of each additional sheet.
4. Sign and date this questionnaire in Section XI.
5. Send the completed form to:

   Office of Personnel Management
   Attn: Funds Management
   P.O. Box 7125
   Washington DC 20044-7125

Detailed Instructions

Most of the questionnaire items are self-explanatory. Instructions are provided below for those items identified with an asterisk(*), which require further explanation.

Section I - Personal Data

Item 1 Give the name of the former Federal employee upon whose service your entitlement to retirement system benefits was based. (If the benefits are based upon your own service, give your name.)

Section IV - Average Monthly Income

Item 1 Enter your current monthly gross salary - i.e., wages, fees, commissions - for yourself and then your spouse. (Enter the **total** salary paid **before** any payroll deductions are made; e.g., Federal, state, and local taxes; social security taxes; insurance, etc.). If your salary fluctuates on a monthly basis, estimate the monthly average.

Item 6 Enter all other current income not listed. This may include unemployment compensation, public assistance benefits, trust income, tax refunds, alimony, child support, royalties, payments of debts owed to you, income provided by dependents listed in Section I (other than spouse), etc. Estimate the average monthly amount.

Section V - Average Monthly Expenses

Item 1 Enter the amount you currently spend on average for rent, mortgage, homeowner/condominium fees, etc., each month. If you include property taxes in this item, do not include them in V.9.

Item 3 Enter the average monthly amount you spend for electricity, telephone, gas, water, coal, oil, etc.

Item 4 Enter the average monthly amount you spend for household maintenance (repairs, cleaning supplies, etc.) and personal necessities.

Item 7 Enter the average monthly amount you spend for insurance (life, health, accident, automobile, homeowners, etc.). Do not include homeowner's insurance if it is already included in item V.1.

Item 8 Transportation costs include necessary automobile expenses (gas, oil, maintenance), cab fares, and public transportation.

Item 9 Enter 1/12 of all taxes you pay in a year, including Federal, state, and local taxes; property taxes not included in item V.1; sales taxes not included in other items, etc.

Item 10 Enter the total amount due monthly from **existing** liabilities as shown in Column E of Section VII. (This amount should not include any expenses - such as mortgage payments - listed under other items in Section V.)

Item 11 Other living expenses which you can prove to be ordinary and necessary. Provide a breakdown of these expenses in Section X.

Section VIII - Assets

Item 4 Enter the cash value of your money market accounts, certificates of deposit, etc. Do not include Individual Retirement Accounts (IRA's) or other interest bearing accounts which belong in item 6.

Item 5 The current value on any stocks or bonds you own. The current value is the amount you would receive if you sold these securities.

Item 6 The current value of any IRA's, Keoughs or similar retirement savings accounts.

Item 8 Identify any automobiles, vans, trucks, motorcycles, motor homes (RV's), trailers, campers, boats, etc., that you own, and their resale value (the amount you would receive if you sold these vehicles). Any remaining liabilities for these vehicles should appear in Section VII.

Item 9 The resale value of your home and other real estate. (If you own two or more properties, list separately. Also show the unpaid amount of any real estate mortgages in Section X.)

Item 10 The current resale value of any other personal property (art pieces, jewelry, etc.) which can be sold and which are valued in excess of $1,000 per item. (Itemize in Section X.)

Financial Resources Questionnaire

For Consideration in Connection With Collection of an Underpayment of Federal Employees Health Benefits Premiums

*Please read the attached instructions and Privacy Act Statement **before** completing this form.*

Section I - Personal Data

*1. Name of former Federal employee *(Last, first, middle)*	2. Claim number	3. Former Federal employee's date of birth *(mm/dd/yyyy)*
4. Your name	5. Your date of birth *(mm/dd/yyyy)*	6. Your social security number
7. Your address		8. Your telephone number *(including area code)*
		9. Your email address

10. Your dependents *(list spouse first):*

Name *(Last, first, middle)*	Relationship	Date of Birth	Social Security Number

Section II - Your Current/Most Recent Employment

1. Current or most recent position *(e.g., Salesclerk)*	2. Dates of employment From *(mm/yyyy)*	To *(mm/yyyy)*
3. Name and address of employer		

Section III - Spouse's Current/Most Recent Employment

1. Current or most recent position *(e.g., Salesclerk)*	2. Dates of employment From *(mm/yyyy)*	To *(mm/yyyy)*
3. Name and address of employer		

Section IV - Average Monthly Income

Type of Income	Your Income	Spouse's Income
*1. Gross salary or wages *(before payroll deductions)*	$	$
2. Self- employment *(net)*		
3. Gross retirement benefits: Military retired or retainer pay; Social Security; Payments from OPM; Other *(specify)*		
4. Disability benefits *(Veterans benefits, Workers' Compensation, etc.)*		
5. Investments *(interest, dividends, rental income, etc.)*		
*6. Other *(itemize in Section X)*		
7. Total average monthly income *(add items 1 thru 6)*	$	$

Section V - Average Monthly Expenses

Type of Expense	Monthly Average
*1. Rent/mortgage payments, homeowner/condominium fees	$
2. Food	
*3. Utilities	
*4. Household maintenance	
5. Clothing	
6. Medical and dental *(non-reimbursable)*	
*7. Insurance premiums	
*8. Transportation	
*9. Taxes *(1/12 of all yearly taxes)*	
*10. Monthly payments on existing installment contracts and other debts *(Total from Section VII)*	
*11. Other ordinary and necessary living expenses	
12. Total average monthly expenses *(add items 1 thru 11)*	$

**See "Detailed Instructions" for an explanation of this item.*

Section VI - Summary

1. Total Monthly Income *(Section IV, line 7, combined)*	$	4. How much of the balance in item 3 can you apply toward repayment on a monthly basis?	$
2. Total Monthly Expenses *(Section V, line 12)*	-	5. If your monthly expenses exceed your monthly income, how do you pay the difference?	
3. Balance *(Subtract line 2 from line 1 above)*	$		

Section VII - Installment Contracts and Other Debts

Show here all debts which you are required to pay in regular monthly installments, such as car, television or appliance payments to dealers, banks, or financial companies; repayment of money borrowed for any purpose; charge accounts and credit card payments; doctor or hospital bills; taxes owed; etc. Do not include expenses (such as mortgage payments) already listed in Section V, exclusive of item 10. Note: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Section X.

(A) Name and Address of Creditor	(B) Purpose of Debt	(C) Original Amount of Debt	(D) Unpaid Balance	(E) Amount Due Monthly	(F) Scheduled Date of Full Repayment
		$	$	$	
Total		$	$	$	

Section VIII - Assets

Type of Asset	Value	Type of Asset	Value
1. Cash on hand	$	*6. Individual Retirement Accounts	$
2. Checking account(s). Give name and address of financial institution(s) below			$
	$	7. Debts owed to you *(give name of debtor)*	
	$		$
3. Savings account(s). Give name and address of financial institution(s) below		*8. Vehicles	
		Type of Vehicle / Make / Model / Year / Resale Value	
	$		$
	$		$
			$
*4. Other interest-bearing account(s)		*9. Resident real property & other real property owned (*itemize below or in Section X)*	
	$		
	$		$
*5. Stocks, bonds, and other securities *(itemize below or in Section X)*			$
	$		$
	$	*10. Other assets *(itemize in Section X)*	$
	$	11. Total assets *(total of lines 1 thru 10)*	$

**See "Detailed Instructions" for an explanation of this item.*

Section IX - Additional Data

If "**Yes**", give details in Section X.		Yes	No
1. Is anyone holding money or assets on your behalf?			
2. Is there any likelihood that you will receive an inheritance or benefits from a trust?			
3. Do you have any of the incorrectly paid checks in your possession? *(If "Yes", show the total amount and return the checks immediately.)*	$		

Section X - Remarks

Use this space and additional sheets if necessary to supply any other pertinent information and to continue your answers to previous items. Indicate section and item number to which your comments apply.

Section XI - Certification

I ***affirm*** that the information provided herein is true, correct, and complete to the best of my knowledge and belief.

1. Your signature	2. Date *(mm/dd/yyyy)*

Warning

Any intentionally false statement, concealment of material fact or willful misrepresentation relative to this questionnaire is punishable by a fine of not more than $10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001). You may be asked to furnish verification of any statement you make.

Privacy Act Statement

The Office of Personnel Management (OPM) administers the Civil Service Retirement System and the Federal Employees Retirement System for Federal employees as authorized by chapters 83, 84, 87, and 89 of title 5, U.S. Code, and Public Laws 83-589, 84-356, and 86-724. The Federal Claims Collection Act of 1966 as amended (Public Law 89-508) empowers the head of a Federal agency to enforce collection of claims for the United States of money or property arising out of the activities of the agency. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. The information requested on this form is needed to evaluate your financial ability to repay OPM. The information may be shared with the General Accounting Office and the United States Department of Justice in the event litigation is required to enforce collection. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Provision of the information is voluntary; however, failure to supply all requested information may result in a thorough financial investigation or a decision adverse to you. Pending the results of the investigation, evidence may be turned over to the Department of Justice for appropriate action. Intentionally false statements and/or suspected illegal activities are reportable to the appropriate law enforcement agencies.

Public Burden Statement

We estimate this form takes an average of 60 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Retirement Services Publications Team, (3206-0167), Washington, D.C. 20415-3430. The OMB number, 3206-0167, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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