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CHECKLIST FOR FERS DISABILITY RETIREMENT APPLICATION

It is important to submit all required forms to the TSA HCAccess Shared Service Center. This checklist should be included on top of the disability retirement application and supporting documentation. The complete package should be sent to the address below. **All forms must have original signatures.**

TSA HCAccess Shared Service Center

ATTN: Retirement Team
 6363 Walker Lane, Suite 400
 Alexandria, VA 22310

 Name of Employee

 Date

Included	Form	Form Name	Comments
	<u>SF 3107</u>	<i>Application for Immediate Retirement (FERS)</i>	Employee completes. Section I must have original signatures. If married, include marriage certificate copy. If military service or OWCP, include schedules A, B, and C.
	<u>SF 3107-2</u>	<i>Spouse's Consent to Survivor Election</i>	If you are electing to leave your spouse with less than a full survivor benefit, this form must be signed by your spouse in the presence of a notary public.
	<u>SF 3112A</u>	<i>Applicant's Statement of Disability</i>	Employee completes.
	<u>SF 3112B</u>	<i>Supervisor's Statement</i>	Employee's immediate supervisor completes. This form should include copies of your position description and most recent performance appraisal.
	<u>SF 3112C</u>	<i>Physician's Statement</i>	Employee completes and provides to the physician responsible for compiling the medical documentation. It should include either a physician's statement, as outlined in the form, or copies of appropriate medical documentation supporting your claim for disability.
	<u>SF 3112D</u>	<i>Agency Certification of Reassignment and Accommodation Efforts</i>	TSA HC Reasonable Accommodations Office completes. Employee must submit SF 3112A, B, C, and medical documentation to HR Representative/ Administrative Officer to coordinate.
	<u>SF 3112E</u>	<i>Disability Retirement Application Checklist</i>	Employee not required to complete prior to submission. To be completed by HRAccess.
	<u>SF 2818</u>	<i>Continuation of Life Insurance Coverage as an Annuitant or Compensation</i>	Employee completes, if enrolled in the Federal Employees Group Life Insurance program.
	<u>W-4P</u>	<i>Withholding Certificate for Pension or Annuity Payments</i>	Employee completes.
	N/A	Medical documentation	
	N/A	Social Security application	