
Attachment 4

**Crediting Service with a DoD or Coast Guard NAF for CSRS or FERS
Immediate Retirement Under Public Law 107-107**

MODEL REQUEST FOR VERIFICATION OF NAF SERVICE

NAMES AND ADDRESSES OF NAF EMPLOYERS

VERIFICATION OF NAF SERVICE FORM

Appropriate NAF Employer's Address

Dear Nonappropriated Fund Employer:

We are writing on behalf of **employee's name, employee's date of birth, employee's Social Security Number**, requesting verification of **his/her** service with the nonappropriated fund (NAF) instrumentality listed below. This employee is considering using that NAF service to qualify for immediate retirement under the Civil Service Retirement System (CSRS) / Federal Employees Retirement System (FERS) in accordance with Section 1132 of Public Law 107-107.

Nonappropriated Fund Employer	Beginning Date of Service	Ending Date of Service

Using the enclosed form, *Verification of Nonappropriated Fund (NAF) Service Pursuant to an Election Under Section 1132 of Public Law 107-107*, please:

- verify the dates of the employee's service for the period(s) listed above;
- provide the total hours the employee worked if the employee did not work a full-time schedule and can only get credit for time actually worked;
- indicate whether or not the employee received a refund of **his/her** retirement monies (if the employee did not participate in a NAF retirement plan, indicate "not applicable"); and
- indicate how an election to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement would affect the employee's rights to retirement benefits under the NAF retirement plan. (If the employee elects to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement, that NAF service cannot be credited for any purpose under any retirement system provided for NAF employees.)

If the employee elects to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement, we will provide you with a copy of the employee's election form.

Please send or fax your response to:

Agency Address and Fax Number

If you have any questions concerning this request please contact: ***name of agency contact, phone number, and email address.***

Thank you for your assistance.

Sincerely,

Signature of agency official

Enclosure

NAMES AND ADDRESSES OF NAF EMPLOYERS

To verify prior NAF service, contact the appropriate NAF Component

Names of NAF Employers	Address
United States Army	HQ, Department of the Army NAF Personnel Program Office 200 Stovall Street, Room 1160 Alexandria, VA 22332-0300 Phone 703-325-7762
United States Air Force	HQ AFSVA/SVXH Human Resources Division 10100 Reunion Place, Suite 502 San Antonio, TX 78216-4138 Phone: (210) 652-2826/2847 Fax: (210) 652-7043
United States Marine Corps	NAF Human Resources Support Branch MRG Personnel and Family Readiness Division HQMC 3044 Catlin Ave. Quantico, VA 22134-5099 Phone: 703-784-3880
Bureau of Naval Personnel	Navy Personnel Command PERS653 5720 Integrity Drive Millington, TN 38055-6530 Point of Contact: Eucile Ballenger Phone: (901) 874-6704 DSN 882 Fax: (901) 874-6844 DSN 882
Navy Exchange Service Command (NEXCOM)	Navy Exchange Service Command 3280 Virginia Beach Blvd Virginia Beach, VA 23452-5799 Phone: 757-440-4734
Army and Air Force Exchange Service (AAFES)	Headquarters, Army and Air Force Exchange Service FA-T (Benefits) P.O. Box 650428 Dallas, TX 75865-0428 Phone: 1-800-519-3381 FAX: (214) 312-3596 E-mail: benefits@aafes.com
United States Coast Guard	Commandant (G-WPC-6) 2100 2 nd Street S.W. Room 6306 Washington, D.C. 20593 Phone: (202) 267-1342 Fax: (202) 267-4580 E-mail: cbozeman@comdt.uscg.mil

**VERIFICATION OF NONAPPROPRIATED FUND (NAF) SERVICE
PURSUANT TO AN ELECTION TO CREDIT NAF SERVICE FOR IMMEDIATE CIVIL SERVICE
RETIREMENT UNDER SECTION 1132 OF PUBLIC LAW 107-107**
(completed by appropriate NAF employer)

Part 1 – Identifying Information		
Employee's Name	Date of Birth	Social Security Number

Other Names Used _____

Part 2 – Verification of Service (mark the appropriate box)

- We are unable to locate any records of service with this component.
- The individual named in Part 1 performed the following service as an employee paid from nonappropriated funds. (Please note, we are only providing information about the service identified in the request for verification of service.)

NAFI and Location	Beginning Date	Ending Date	Actual Hours Worked If Other Than Full -Time	Retirement Monies Refunded? (yes/no/not applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 3 – NAF Retirement Eligibility (mark the appropriate box)

- The employee is not eligible for a NAF retirement benefit (immediate or deferred), therefore the election to credit the service listed in Part 2 for CSRS or FERS retirement eligibility purposes does not affect eligibility for NAF benefits.
- The employee is eligible for a NAF retirement benefit (immediate or deferred) only if the service listed in Part 2 remains creditable for NAF retirement purposes. If the employee elects to credit that service for CSRS or FERS retirement eligibility purposes, the employee must request a refund of NAF retirement monies and give up his or her rights to the NAF retirement benefit.
- The employee is eligible for a NAF retirement benefit (immediate or deferred). Electing to use the service listed in Part 2 for CSRS or FERS retirement eligibility purposes does not affect the employee's eligibility for the NAF retirement benefit. However, the election would reduce the amount of his or her NAF retirement benefit

Part 4 – Certification

Signature of Certifying Official	Date
Printed Name	Title
Phone Number	Fax Number

Address _____