## Portability Move - Civil Service to Nonappropriated Fund (NAF) Checklist for Processing NAF Employee Elections to Retain CSRS or FERS

This checklist is for appointing NAF HRO use in processing a NAF employee's election to retain Civil Service Retirement System (CSRS) or Federal Employees' Retirement Service (FERS) following a qualifying move from an Appropriated Fund (APF) Civil Service position to a NAF position.

Complete the portability eligibility in-processing checklist for NAF HROs <u>before</u> completing this checklist. The in-processing checklist helps determine eligibility for the retirement coverage election. Section 7 of that checklist contains instructions on providing the election.

When the eligible NAF employee chooses Option 1 on the election form, RI 38-144, to retain CSRS/FERS, this checklist is used to process the election and continue the employee's CSRS/FERS/TSP coverage.

Employee Name:	Last 4 SSN:	
1. □ CONFIRM THAT FORM RI 38-144 IS COMPLETE		
covered position.	d with appropriate information. date of appointment to the NAF retirement- ppointing NAF Human Resources official	
<ul> <li>□ Confirm that employee signed and dated the acknowledgement in Part 2.</li> <li>□ Confirm that employee signed and dated the Option 1 election under Part 3.</li> </ul>		
<ul> <li>☐ Confirm that the date of receipt of the employee's election is marked on the form.</li> <li>☐ Give a copy of the signed and dated form to the employee.</li> </ul>		
☐ Combine APF and NAF personnel records in an OPM Merged Record Personnel Folder (MRPF).		
☐ File the form with the original Part 3 signature on the right side of the MRPF. Destroy any earlier versions of the form that contain only Part 2 information.		
☐ Place the <b>Notice of Civil Service Retirement Election</b> flag on the right side of the OPF.		
2.   COMPLETE AND SUBMIT APPROPRIATE FORMS TO CONTINUE THE EMPLOYEE IN CSRS OR FERS		
□ Notate employee's SF-50 NAF equivalent for 107-107 retirement portability provisions and elements of FERS-RAE, or FERS-FRAE. Consult with AP		

which FERS plan covers the employee.

☐ Confirm that the correct Central Personnel Data File (CPDF) retirement code is used		
where required (CSRS=1; FERS=K; FERS-RAE=KR; FERS-FRAE=KF)		
☐ Confirm whether the employee is a reemployed CSRS or FERS annuitant.		
If an employee is receiving a CSRS or FERS annuity, an election to continue civil service		
retirement coverage results in the employee becoming covered by CSRS or FERS reemployed		
annuitant rules as a NAF employee. The NAF HRO should consult with APF CSRS/FERS		
experts to determine how the employee's retirement coverage and annuity will be affected, and		
whether there will be any effect upon the employee's civil service retiree insurance benefits.		
Generally, unless the employee retired under CSRS/FERS Discontinued Service Retirement or		
disability, the employee gets full CSRS/FERS annuity and full salary, but cannot participate in		
FERS (or NAF) as an employee; the employee is FICA only.		
Is the employee a reemployed annuitant eligible for FICA only?		
☐ Yes. The employee is not eligible to make contributions to CSRS/FERS/TSP.		
Confirm FICA deduction amounts and provide information to payroll. Go to Section 4 of this		
checklist.		
☐ No. Continue through the checklist.		
Confirm the assument percentages of ampleyer and ampleyer CCDC or EEDC contributions		
☐ Confirm the current percentages of employer and employee CSRS or FERS contributions.  (Note: CSRS and FERS use a percentage of basic pay to determine contributions and		
deductions. Basic pay excludes some forms of pay such as bonuses, allowances, overtime,		
holiday, and military pay.)		
☐ Coordinate with NAF payroll to confirm proper submission of employee and employer		
contributions and deductions for CSRS or FERS.		
☐ Use SF 2812 to report CSRS and FERS contributions to OPM. Disregard sections of		
the form other than "Retirement."		
☐ Confirm that deductions began on date of coverage (date of qualifying move).		
Deductions are prorated for partial pay periods.		
☐ Confirm appropriate FICA deductions.		
☐ Prepare and maintain appropriate CSRS/FERS retirement records (SF 2806 for CSRS or		
SF 3100 for FERS).		
☐ Confirm that the retirement coverage election took effect on the date of the qualifying		
move. Make any necessary corrections to personnel and payroll records.		
3. COMPLETE AND SUBMIT APPROPRIATE FORMS TO CONTINUE THE		
EMPLOYEE IN TSP (IF ELIGIBLE)		
☐ Confirm percentages and calculation method of employer and employee TSP contributions		
and deductions.		
☐ Coordinate with the APF component to obtain the SF75 information, TSP 19 Transfer of		
Information Between Agencies, and the most recent TSP-1 Thrift Savings Plan election form.		
(The losing agency must provide the relevant TSP information to the gaining agency, whether		
or not the employee is contributing to the TSP. The gaining agency should provide a copy of		

the completed TSP-19 form to the employee and forward the original to the servicing payroll		
office. A copy may also be filed in the employee's Official Personnel Folder).		
☐ Process TSP enrollment, based on break in service. (Note: Employees have the option to		
later start, change, or stop contributions in accordance with TSP instructions).		
☐ If employee's break in service is less than 31 full calendar days and the employee was		
previously contributing to TSP, resume employee and employer contributions at the previous		
contribution rates.		
☐ If the employee's break in service is 31 or more full calendar days, automatically		
enroll the employee in TSP at 3% of basic pay.		
☐ Coordinate with NAF payroll to confirm proper submission of employee and employer		
contributions and deductions for TSP.		
☐ Confirm whether there are any employee TSP loan deductions that must be remitted and		
whether the payments can be deducted from the employee's NAF pay and submitted by the		
NAF employer, or if the employee must make direct payments.		
A DEPOSITE CERTIFICATION INTERPRETATION		
4. □ PROVIDE SERVICING NAF HRO INFORMATION:		
NAF HRO Rep	Today's Date:	
Name:		
Title:		
Organization:		
Phone number:		
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5 THIS COMPLET	ED CHECKLIST ON THE LEFT	

5. 

FILE A COPY OF THIS COMPLETED CHECKLIST ON THE LEFT (TEMPORARY) SIDE OF THE EMPLOYEE'S MRPF