

## Template Letter for Law Enforcement Officer or Firefighter Retirement Eligibility

Office of Personnel Management (OPM)  
Retirement Operations Center  
Retirement Development Section  
P.O. Box 45  
Boyers, PA 16017-0045

Dear OPM Retirement Development Section:

Our office has reviewed the retirement applicant's official position description (PD), which describes the duties, responsibilities, level of work, job series, pay plan, and overall classification of the position, in accordance with the Classification Act of 1949 (P.L. 81-429) for General Schedule (GS) positions or the Consolidated Appropriations Act of 2008 (P.L. 110-161) for positions covered under the Commerce Alternative Personnel System (CAPS).

It is the determination of the **[name of agency]** on behalf of the U.S. Department of Commerce that this applicant is eligible under the age and service requirements for the following special retirement coverage (check only one):

- Law Enforcement Officer**, pursuant to 5 U.S.C. § 8336(c), under the Civil Service Retirement System (CSRS), or 5 U.S.C. § 8412(d), under the Federal Employees' Retirement System (FERS)
  
- Firefighter**, pursuant to 5 U.S.C. § 8336(c), under the Civil Service Retirement System (CSRS), or 5 U.S.C. § 8412(d), under the Federal Employees' Retirement System (FERS)

Following the requirements of the Office of Personnel Management's (OPM) Benefits Administration Letter (BAL) 10-105, please find provided below, in chronological order, the job titles, beginning and ending dates, and whether or not each position was considered as "primary" or "secondary." Law enforcement officers in primary positions also met the additional "rigorous" test under 5 U.S.C. § 8401(17) if covered under FERS.

The eligibility criteria contained in Chapter 46 of the OPM CSRS-FERS Handbook was followed in providing the below information. Management has determined that the positions

listed designated as “secondary” either met, or did not meet, the additional eligibility criteria that applies to “secondary” positions.

Name	Position Title	Job Series	Primary Position (and rigorous if FERS) (X)	Secondary Position (X)	If Secondary, Eligible Under Criteria for Special Coverage? (Y/N)

If you have any questions, please contact me at **[telephone number]** or by e-mail at **[e-mail address]**.

Sincerely,

**[Appropriate Signature]**