

A CLEARER PATH FORWARD

FERS Disability Retirement

A practical guide to the application and the decisions around it

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THE FEDERAL DISABILITY REVIEW

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Before you begin

This guide grew out of building The Federal Disability Review and working through my own application. I wanted a reader to leave with more than encouragement or a stack of blank forms. The useful lessons are practical: know which document belongs to which person, separate what you remember from what the record shows, and keep the next important question visible. That is the approach throughout these chapters. — Emily Hall

A diagnosis alone does not explain a disability retirement application. The useful work is to connect supported medical limitations to the actual federal position, protect the filing deadline, obtain the documents each participant is responsible for, and understand the benefits decisions that follow. This book walks through that work without worksheets or promises of approval.

Begin with Chapter 4 if you have separated or a deadline is close. Read Chapters 6 through 12 when preparing evidence. Use Chapters 15 through 19 to understand payments, other benefits and the responsibilities that continue after approval. All teaching examples are fictional, not client stories or accounts of Emily Hall’s own application.

What this book does not do

This guide explains FERS disability retirement for covered federal civilian employees. It provides education, not a decision about your eligibility, an application filed for you, or individualized legal, medical, tax or financial advice. The Federal Disability Review provides independent, non-attorney education and administrative coaching. It is not a law firm, OPM, SSA or a government agency. You prepare, approve and submit your own application. A service agreement, not this book, establishes any paid support.

OPM decides retirement applications. Medical professionals assess medical issues within their expertise. Agency officials complete their responsibilities. Other benefit programs make their own decisions. A coach, a checklist or a book cannot take those roles over.

Rules, forms and operating procedures can change. This edition was checked against official materials on November 13, 2026. Follow current instructions and your own notices. Seek qualified assistance promptly for a disputed deadline, adverse decision, settlement or employment-rights question.

If a deadline might be close

Set the rest of the book aside for a moment. Find the notice or personnel action that identifies the relevant event. Record its date, the date you received it, and any stated response deadline. Preserve the envelope, message or portal notice when relevant. Use verified official contact information to clarify the required action and destination. If time is short or the answer is disputed, contact qualified counsel without waiting for every record to arrive.

Do not assume that an unfinished application saved in a portal has been submitted. Do not assume that an email asking a question counts as filing an application. Do not assume that another person's delay extends your time. Those assumptions deserve verification, not hope.

Sources 1, 2

CHAPTER 01

When your health and your federal job no longer fit

Separate three questions

What is happening medically? This includes symptoms, diagnosis where established, treatment, restrictions, prognosis and side effects. Your medical professionals are the appropriate people to evaluate and explain the medical aspects.

What does the position require? This includes duties, performance expectations, attendance, work conditions and the demands of completing essential tasks. A job title alone rarely explains all of this.

Which process addresses the problem? Accommodation, leave, workers' compensation, disability retirement and other employment or benefit processes have different purposes. More than one may be relevant, but one does not automatically replace another.

Keeping these questions separate prevents a common tangle. A medical provider may say you should avoid a certain activity. That is important medical information. It does not, on its own, tell you which retirement form is due or whether your agency has completed a reassignment inquiry. Likewise, an HR representative may explain where to submit a form without being able to resolve a medical question.

Before asking for help, name the question. "Who initiates my application?" is different from "Does my current evidence address the expected duration of my limitations?" You are more likely to get a useful answer when you ask the appropriate person a specific question.

Do not confuse endurance with documentation

Many people adapt quietly. They take work home, use more leave, exchange tasks with colleagues, or spend extra time completing ordinary assignments. Those efforts may explain why a formal performance rating does not tell the whole story. They should be described accurately, not treated as proof of eligibility.

Write down what changed and what records exist. If a coworker informally covered a task, do not portray that as an officially approved accommodation unless it was one. If you took leave for several different reasons, do not label every absence as medically related. If work remained successful, do not manufacture failures to match an imagined application requirement.

The objective is a reliable record. A truthful explanation of how work was accomplished is more useful than forcing your experience into an extreme statement.

Keep urgent care and administrative work separate

A benefits application is not a treatment plan. Do not postpone medical care to finish a form, change treatment to influence a claim, or ask a clinician to adopt a conclusion that the clinician does not support. Medical decisions belong with your treating professionals.

The same separation helps emotionally. You do not have to solve your entire future in one sitting. On a difficult day, "download the personnel action" may be enough. On another day, you may be able to read a chapter and prepare questions for HR. A small completed task is still progress.

Sources 1, 2

CHAPTER 02

The FERS disability retirement framework

Coverage and federal civilian service

OPM identifies a minimum of eighteen months of federal civilian service creditable under FERS for disability retirement. This is not a requirement to reach normal retirement age. It is also not a general eighteen-month work-history requirement.

Verify your actual federal retirement coverage and service with agency records. If you have mixed service, breaks, temporary appointments, transferred coverage or refunded contributions, ask for an explanation of what counts for the particular question.

Do not substitute the date you remember beginning government-related work for a verified retirement service determination.

Military service may matter in retirement calculations under applicable rules, but it does not turn military service into the federal civilian service needed for this threshold. Similarly, years working for a federal contractor are not automatically covered federal civilian service.

Write down the result of the verification and retain its source. "HR said I am covered" is less useful than a dated record identifying the coverage and the service being counted.

Disability in relation to the covered position

The framework concerns a disease or injury that disables you for useful and efficient service in the position while employed under FERS. The occupational connection is essential. You are not simply submitting a list of diagnoses.

OPM's explanation includes performance of the critical or essential elements of the position, or the ability to perform at that level, along with satisfactory conduct and attendance. The practical question is how the medical condition relates to the demands of the position.

That does not mean you should deliberately perform poorly, stop following workplace requirements, or create disciplinary problems. It means the evidence needs to explain the actual limitation. A physician's restrictions, work records, position information and a factual applicant statement may address different pieces of that connection.

Do not interpret "while employed" as a rule that every diagnosis must have begun after your first federal workday. A longstanding condition and a later occupational limitation are different facts. Record the timeline accurately and obtain appropriate review rather than inventing a new onset date to make the story sound simpler.

Expected duration

OPM's published requirements describe disability expected to last at least one year from the application date. Expected duration is not the same as requiring you to wait a full year before investigating the process.

Ask your clinician to address prognosis and expected restrictions within the clinician's medical judgment. Do not insert a duration the clinician has not supported. "I have been dealing with this for years" can be relevant history, but it does not replace an explanation of what is expected going forward.

A treatment plan can change. Evidence can contain uncertainty. The answer is not to pretend certainty where none exists; it is to make clear what is known, what is expected and what further information may be needed.

Accommodation and reassignment

The retirement requirements include an agency role in addressing whether the disabling condition can be accommodated in the present position and whether an appropriate vacant position exists for reassignment under the applicable limits. OPM describes the reassignment inquiry in terms of the same agency, grade or pay level, commuting area and qualifications.

Document what was requested, considered, offered, tried and decided. If accommodation or reassignment is disputed, legal issues may extend beyond the retirement application. Chapter 9 explains how to preserve an accurate record without trying to resolve those legal issues yourself.

Timely application

Filing generally must occur before separation or within one year afterward, subject to a narrow statutory exception involving mental incompetence. The exact legal rule and current submission instructions matter. The exception is not a general extension for stress, illness, missing records or agency delay.

Chapter 4 addresses the filing clock and the difference between a rule and the route used to submit an application. If a date is close or unclear, obtain immediate qualified assistance rather than relying on this overview.

Applying for Social Security disability

FERS disability retirement generally requires evidence that you applied for Social Security disability benefits. The regulation also permits an official SSA statement that you are not insured for those benefits. Do not decide for yourself that an application is unnecessary; obtain and follow the appropriate official instructions. The programs have different standards and can reach different decisions. A Social Security denial is not, by itself, an OPM denial. Conversely, a favorable OPM decision does not direct SSA to approve its separate claim.

Keep proof of the SSDI application and all later decisions. Do not withdraw that application on the assumption that it is unnecessary once the FERS application is underway. OPM warns that withdrawal of the Social Security disability application can result in dismissal of the FERS disability retirement application. Chapter 16 explains benefit coordination and why notices from both agencies matter.

Sources 1, 2, 3

CHAPTER 03

Different retirement doors different consequences

Ordinary age and service retirement

FERS includes immediate retirement paths based on age and creditable service. OPM's general eligibility chart includes combinations such as age sixty-two with five years, age sixty with twenty years, and minimum retirement age with thirty years. The minimum retirement age depends on birth year. Other categories, reductions and special provisions can affect the analysis.

These rules should not be used to assume that a person who meets one combination should automatically stop considering disability retirement. Nor should the possibility of disability retirement be treated as proof that ordinary retirement would be worse. Payment calculations, insurance, elections and future work consequences can differ.

Ask for estimates that name the retirement category and identify the assumptions. A number labeled only "retirement estimate" can conceal an important difference.

MRA plus ten and postponement

Some employees who reach minimum retirement age with at least ten years of service have an immediate retirement option that may include an age reduction. Under applicable rules, postponing the start of the annuity can reduce or avoid that reduction. The details matter, including service length and the age when payments begin.

"Postponed" is not simply another word for any retirement payment that starts later. It refers to a particular situation. Do not use it interchangeably with "deferred" when asking about insurance or payment eligibility.

Instead of asking, "Can I collect later?" ask, "Which retirement category would apply to my separation, when could that annuity begin, what reduction would apply, and what would happen to my coverage during and after the gap?"

Deferred retirement

A deferred annuity can be relevant when a person leaves before meeting the requirements for an immediate retirement and later meets the applicable conditions for payment. OPM describes a minimum creditable civilian service requirement and age/service rules for these benefits.

The fact that a later pension may be available does not mean every benefit associated with an immediate retirement follows it.

Insurance consequences deserve their own review. Do not make a decision based solely on an estimated monthly pension while leaving health coverage unexamined.

Early retirement

Early retirement is not a general option created by wanting to leave before the usual age. OPM describes early retirement in specified involuntary situations or authorized voluntary early retirement circumstances, with applicable age and service requirements.

If an agency announces a program, read the actual offer and confirm whether it applies to you. A news story about an early-retirement authority does not establish that your agency is offering it to your position. An offer may have its own deadlines and consequences. Do not assume it suspends a disability filing clock or resolves other benefit questions.

Separation and the application are different records

An application is a request for a benefit. A personnel action records an employment event. Keep both.

If you are considering resignation, responding to a proposed removal, entering a settlement, or making a retirement election, do not assume that the action is merely administrative. These choices may have consequences beyond the disability retirement application. Where employment rights or a disputed separation are involved, consult an attorney familiar with the relevant federal issues before signing away rights or relying on an informal explanation.

A book cannot evaluate a settlement, tell you whether to resign, or determine the best litigation strategy. What it can do is help you gather the documents needed for that conversation.

You do not have to resign to investigate this benefit

A current employee can apply for FERS disability retirement. Resigning first, exhausting all leave or waiting until every record is collected is not a universal prerequisite. Before changing employment status, ask HR how the proposed action affects pay, insurance, leave and the application route. Seek legal advice about a removal, settlement or disputed rights. Do not treat a difficult workday as a reason to make an irreversible decision without understanding it.

Service credit is not one universal number

A person may have a service date used for leave accrual, a period of military service, a retirement service history and a mixture of covered and noncovered appointments. Those items can interact, but they are not interchangeable labels.

OPM's creditable-service guidance distinguishes service used for eligibility from service used in computation. It also distinguishes deposits for periods without retirement deductions from redeposits after refunded deductions. Rules differ by service type and dates. Unused sick leave, for example, is addressed as computation credit rather than a way to satisfy an eligibility threshold.

The practical lesson is to ask a precise question: "What period counts for this requirement, and what record supports that?" Do not assume that a date shown on a personnel record answers every retirement question.

Veterans should be especially careful here. Military deposits can be important, but a deposit is not a substitute for verifying the federal civilian service requirement. Military retired pay raises separate questions, discussed later. Keep military and civilian records identified as such rather than combining them into a single unsupported total.

Sources 1, 4, 5

CHAPTER 04

Your clocks your notices and your paper trail

Start with the effective separation date

For the initial FERS disability retirement application, the general rule is filing before separation or within one year afterward. Use the effective separation date from the relevant official record, not the last day you remember being physically at work. Leave, payroll processing and personnel actions can create dates that sound similar but are not the same event.

If records conflict or you do not have the personnel action, ask promptly for verification. Record the uncertainty. Do not resolve it by choosing the date that gives you more time.

The statutory exception concerning mental incompetence is narrow. Ordinary difficulty gathering records, misunderstanding the rule, or waiting for another person should not be treated as a reliable basis for an extension. If an exception may be relevant, obtain qualified legal advice. Do not diagnose yourself into an exception or assume it will be granted.

Filing rule versus filing route

A legal deadline and the mechanism for submitting an application are related, but they are not the same thing.

Current OPM guidance uses the Online Retirement Application system, or ORA, and distinguishes current employees working through agency HR from former employees. Older OPM materials may describe paper procedures or receipt routes in different terms. The underlying legal rule should not be confused with an old mailing instruction found in a saved PDF.

For a practical filing plan, obtain current instructions for your employment status, verify the required destination and completion steps, and retain the confirmation produced by the accepted submission method. If instructions conflict, contact OPM and your agency promptly using verified official contact information, preserve their written responses, and seek qualified legal help if timeliness is at risk.

Do not treat this guidance as advice to wait for a reply until the deadline passes. An unresolved routing question close to the deadline is an urgent issue. Nor should an older handbook be used as reassurance that leaving documents with any employee, uploading a draft, or mailing something at the last moment necessarily protects your claim.

The regulation, 5 C.F.R. § 844.201, contains protections that are more detailed than the website's short instructions. It addresses filing with the former agency or OPM, method-specific timing rules, and certain incomplete applications or written requests. A website's simplified receipt language should not be read as eliminating those regulatory provisions. If you already sent material through an agency, filed by another method, or believe your filing may have been late or incomplete, do not declare your own claim lost based on a website sentence. Preserve the records and obtain qualified legal review of the regulation and your facts.

The source notes identify the legal and agency materials relevant to this issue. The safest administrative habit is early, documented action under current instructions, not dependence on a last-minute interpretation.

A submission has more than one stage

In an online process, "I entered the information," "I uploaded the attachment," and "I completed the required submission" may describe different states. Read the status and confirmation carefully.

Keep the version you submitted, the time and date, any confirmation number, and the confirmation screen or message. If a system error appears, preserve the error and seek prompt instructions. Do not assume repeated clicking produced a valid submission, and do not assume an error proves that nothing was received. Verify the outcome before sending duplicate material.

The same principle applies to paper or another officially authorized route. Keep what was sent, the destination, the method, and delivery evidence. A shipping record without a copy of the package does not establish its contents. A copy of the application without evidence of transmission does not establish receipt.

Other clocks can run at the same time

A pending retirement application does not necessarily pause a separate employment process, accommodation dispute, benefit election or appeal. Each notice may require its own response.

Create separate entries for each matter. Label the office and process clearly. "Respond to government letter" is not enough. "Respond to OPM request dated April 3, concerning the pending retirement application" is much more useful.

Do not transfer a deadline from one kind of notice to another. A friend's reconsideration deadline is not a substitute for the deadline in your notice. Chapter 14 covers decisions and review, but the organizing habit is the same: find the source, identify the required action, and verify the route.

Sources 1, 3, 6

CHAPTER 05

Assemble a useful file not a mountain of paper

Build the structure around questions

Start with these folders or sections:

1. Employment and service: personnel actions, coverage and service information, relevant appointment and separation records.

2. Position and work demands: position description, performance standards and factual duty information.

3. Medical evidence: records and professional explanations relevant to the application.

4. Accommodation and reassignment: requests, responses, trials, certifications and related correspondence.

5. Application drafts: working statements and forms not yet submitted.

6. Submitted application: the exact final contents and confirmation.

7. Notices and follow-up: requests, decisions, responses and contact log.

8. Other benefits: SSA, VA, OWCP and insurance records, separated by program.

9. Private planning: personal questions and household planning not automatically intended for submission.

These are suggested categories, not OPM requirements. Adapt them to your circumstances. The important separation is between private preparation and material actually submitted.

Preserve originals

Keep an original copy of a document as received. If you annotate, combine or redact a working copy, label it accordingly. Do not replace the original with an edited file and later forget what changed.

An original email may contain a date, sender and attachment context that a copied paragraph loses. A notice may include instructions on a second page. Save the complete relevant document, not just the section that seems important today.

Never alter an official record to make it match your recollection. If something appears wrong, record the discrepancy and pursue an appropriate correction or explanation. Your working file should preserve the history, including corrections, rather than making the history look cleaner than it was.

Name files so the next version is clear

A useful filename might be "2026-04-12_PositionDescription_Received.pdf" or "ApplicantStatement_DRAFT_03.docx." Once submitted, save a separate file labeled with the submission date and do not continue editing that copy.

Avoid names such as "final," "final2" and "reallyfinal" without dates or version numbers. They are understandable in the moment and confusing later.

Do not put highly sensitive identifiers in filenames. A filename may appear in a notification, a shared folder or an email preview even when the underlying file is protected.

Missing records need their own list

A gap is easy to overlook when the file already looks full. Maintain a short list of requested items with the date requested, the source, the expected response and the next follow-up date.

When an item arrives, check that it is the item requested. A document with the right title may be outdated, incomplete or for a different position. A medical record download may cover only one provider or a limited date range. An attachment may be missing from an email.

Do not mark "received" simply because something arrived. Mark what was actually received and what remains missing.

Relevance and privacy belong together

Collecting everything and sending everything are different actions.

Your private working file may include material used to understand a timeline. The submitted application should follow current requirements and appropriate professional guidance about relevant evidence. Do not assume that more unrelated sensitive information makes the application stronger.

Before sharing a file, ask: Who needs this? For what purpose? Is this the correct recipient? Is the channel appropriate? Does the file include unrelated information about another person?

Use secure storage and the security features available to you. Avoid public sharing links for medical or identity documents. Do not send passwords or account recovery codes to someone helping with organization. A helper can work from a document you provide without necessarily having access to your entire email account or medical portal.

If you use software or an AI tool, do not assume a private-looking interface means every kind of sensitive record should be uploaded. Understand the service and the purpose. Share the minimum needed, and never treat automated output as a substitute for checking your records.

Sources 6

CHAPTER 06

Describe the real job accurately

Before you try to explain why your health affects your work, make sure the reader can understand the work itself. A job title is not enough. Two federal civilian employees with similar titles may spend their days doing very different things. One may review documents in a quiet setting. Another may handle a public counter, urgent calls and frequent interruptions. The same restriction can have different consequences in those positions.

You do not need to make the job sound unusually difficult. You need to make it recognizable. Someone who has never worked in your office should be able to follow a simple connection: this is a duty, this is what performing it requires, this is the limitation, and this is where the information comes from.

Start with the position of record

Gather the position description, current performance standards and relevant assignment information. Ask HR or your supervisor which version applies if you have several. Keep the date or version number with the document. A description from a previous role may be useful background, but it should not quietly become the description of the position involved in your application.

OPM's supervisor form calls for the position description and current performance standards, with the latest appraisal if available. That is a reason to obtain these records early, not a reason to assume the position description tells the entire story.

Read the description once without trying to write anything. On a second pass, identify the work you actually performed. On a third, mark terms a person outside your office would not understand. Translate the acronym, internal system or technical activity into ordinary language in your working notes. Keep the official document intact.

A duty such as "performs program analysis" might involve reading large case files, comparing records, identifying discrepancies, preparing recommendations and answering questions under deadlines. Those tasks make the demand clearer. They do not change the job; they explain it.

Separate duties from demands

A duty is something the position requires you to accomplish. A demand is a capacity or condition involved in doing it. For example, preparing accurate written determinations is a duty. Sustained concentration, screen use, careful comparison of information and meeting deadlines are demands involved in that duty.

This distinction helps prevent a common problem: a list of symptoms on one page and a list of job responsibilities on another, with no explanation connecting them.

Consider several categories, but use only what genuinely fits your position:

• Physical demands: lifting, reaching, walking, maintaining a posture, using equipment or making repetitive movements.

• Cognitive demands: retaining instructions, comparing information, planning sequences, making decisions or checking work for accuracy.

• Communication demands: following conversations, responding to questions, writing clearly or handling difficult interactions.

• Environmental demands: noise, lighting, temperature, travel, exposure or conditions specific to the workplace.

• Reliability demands: attendance, predictable availability, completing time-sensitive work and maintaining performance over a workday.

These are organizing categories, not medical findings. You can describe the work. A medical professional must supply clinical opinions within that professional's expertise.

Be concrete without inventing precision

"Constantly," "always" and "every day" are easy words to type. They are also easy to overuse. If a duty occurs three mornings a week, say so. If its frequency changes with workload, explain that. If you cannot establish a precise percentage of your time, do not create one because a number looks more persuasive.

Write "I typically reviewed these files during most of the morning; the number varied with complexity" if that is what you can support. Distinguish a documented production requirement from your estimate of how long the task usually took.

The same care applies to physical demands. Do not guess the weight of equipment or the distance you walked. Look for a reliable source or label the description as approximate. A truthful approximation is better than an exact-looking number with no foundation.

When the official description and daily work differ

A position description may be broad, dated or written at a level that does not capture every assignment. Do not alter it to make the medical connection stronger. Preserve it and document the difference separately.

Useful supporting material might include an assignment memorandum, current performance plan, a recurring schedule or a supervisor's factual clarification. Be careful with work products. A retirement application does not give you permission to remove classified material, protected client information or records you are not authorized to possess. Ask the appropriate office how to describe or document the work safely.

Your working note might say: "The position description lists field inspections. My assignment records show that I performed scheduled inspections twice a month during the period discussed here." That is more helpful than silently deleting the duty because it was not part of every day.

If you and your supervisor disagree, identify the specific disagreement and the records supporting your account. Preserve the original statement and request clarification or correction through the appropriate process. If the difference affects an employment action or legal issue, obtain qualified advice; do not rewrite the facts to force agreement.

Fictional teaching example making the connection visible

The following example is invented for instruction. It is not a client story or a model statement to copy.

Unclear description:

"I am an analyst. My condition makes it impossible to do my stressful job."

That sentence leaves several questions unanswered. What analysis? What part of the work? What limitation? During what period?

More useful description:

"My assignment included comparing supporting records and preparing written findings. The work required me to follow several related documents without losing my place and identify inconsistencies before submitting a recommendation. During the period described in my medical records, I began needing repeated restarts of the same review. My notes identify specific assignments that took longer and the corrections requested. My clinician's report addresses the concentration limitations separately."

The second version does not decide whether the employee qualifies. It gives the reviewer something understandable to evaluate. It also avoids having the employee diagnose the reason for every error.

Now imagine that the same employee had a strong performance rating six months earlier. That fact should not disappear. The timeline can explain that the rating covered an earlier period, or that the limitation changed later, if the records support that explanation. If the rating overlaps the claimed difficulty, acknowledge it and seek clarification rather than forcing a tidy narrative.

Sources 6

CHAPTER 07

From diagnosis to functional evidence

A diagnosis answers a medical question. A disability retirement application also has to address a work question. The bridge between them is function: what the condition does, over time, in relation to the requirements of the federal civilian position.

A diagnosis is the beginning not the whole explanation

People with the same diagnosis do not necessarily have the same symptoms, restrictions or response to treatment. A condition that is manageable in one setting may create substantial difficulty in another. Naming the condition therefore does not automatically show what it means for your position.

The FERS regulation addresses a medical condition's relationship to performance, conduct or attendance. It also recognizes circumstances without a documented deficiency when the condition is incompatible with useful and efficient service or retention in the position. That distinction matters. A reader should not assume that good ratings automatically settle the issue, or deliberately allow performance to deteriorate to create a record.

Keep performing your duties and following medical and agency instructions as appropriate. Do not manufacture errors, disregard safety requirements or stop treatment in an effort to strengthen an application. Evidence should describe reality, not create it.

Describe a pattern not just a bad moment

A single incident may be important, but it rarely explains an entire period. Try to establish the pattern around it. When did the difficulty begin? Was it intermittent or continuous? Did its frequency change? What happened after treatment or a workplace adjustment?

For example, "I was exhausted" is an experience. "On the dates recorded in my leave log, I left before the scheduled end of the day and the assigned afternoon task was reassigned" adds a work consequence. A clinician's assessment may explain the medical relationship. The employee should not substitute personal certainty for that professional opinion.

Frequency and duration need not be artificially precise. If you remember a general period but not the date, say "approximately" and look for contemporaneous records. Do not turn a later recollection into a diary entry that appears to have been written at the time.

Improvement does not erase the timeline

Treatment records often contain words such as "better," "stable" or "improved." Those words need context. Improvement compared with a previous visit is not necessarily the same as restored ability to perform every duty. Conversely, do not assume that favorable language is meaningless or should be omitted.

Ask what the record actually establishes. Was a symptom less frequent? Was a medication helping? Did the clinician assess work function, or was the visit focused on something else? If a clinically important point is unclear, ask the professional to clarify it within the recordkeeping process the practice uses.

Do not edit medical notes yourself. Do not ask a clinician to remove accurate improvement because you think it weakens the claim. A credible account can include progress, remaining limitations and uncertainty at the same time.

Different types of information do different jobs

Your own observations can explain what you experienced. Medical records can provide clinical findings, history, treatment and professional assessment. Workplace records can document assignments, attendance or observed performance. None of these sources should pretend to be the others.

A supervisor may know that you left work early, but may not know the medical reason. A clinician may understand a restriction, but may need the position description to evaluate its occupational significance. A family member may notice how you recover after work, but cannot independently certify the demands of your job.

Keeping these roles separate makes the file easier to understand. In your notes, use labels such as "I observed," "the attendance record shows," and "the clinician reported." They help distinguish evidence from interpretation.

Build a relevant medical history

A useful history is not necessarily the largest possible download from a patient portal. Relevance matters: the condition, the period at issue, treatment, functional effects and the questions OPM needs answered.

Preserve the complete records you lawfully obtain. Then organize the material submitted according to the current instructions and any specific request. If you are unsure whether a

record should be included, seek appropriate guidance rather than removing it solely because it appears unfavorable.

Current medical evidence explains present limitations; earlier records may explain onset, progression and treatment. SF 3112 calls for diagnosis, prognosis and treatment information dated within 60 days before filing, while also recognizing older evidence. Ask the clinician which current report or supplement is needed and follow any later OPM request. Do not discard relevant older records just because they fall outside that 60-day window.

Mental health conditions deserve the same factual care

Mental health information should not be treated as less real, automatically qualifying, or something that must be described dramatically to be taken seriously. The same organizing principles apply: clinical support, functional effects, relevant duties and an accurate timeline.

Describe the actual work issue. Difficulty concentrating during a complex review is more specific than "I cannot handle anything." A documented inability to sustain a required interaction is different from simply disliking difficult conversations. These distinctions are not judgments about the seriousness of a condition. They help the reader understand the evidence.

Share sensitive information through the appropriate process, not indiscriminately with every person involved in the workplace. Ask HR which office should receive medical documentation and how it should be transmitted securely. If you have concerns about improper disclosure, seek advice from an appropriate privacy, employee-relations or legal resource.

Several conditions can overlap

You may have more than one condition, and separating every effect neatly may not be possible. Do not guess which diagnosis caused each event. Describe the event accurately and let qualified professionals address the clinical relationship.

Likewise, medication effects should be described honestly and discussed with the prescribing professional. Do not stop or alter medication because of this book or an application strategy. Treatment decisions belong with you and your healthcare professionals.

A short working summary can identify a question without pretending to answer it: "I experienced slowed concentration during this period. My clinician is being asked to explain the possible relationship to the condition and treatment." That is more responsible than a confident causal claim unsupported by the record.

Sources 2, 6

CHAPTER 08

Work with your medical professionals

A medical appointment is not a writing contest, and your clinician should not be expected to learn your entire federal position from the words "disability paperwork." Preparation makes the conversation more useful. It gives the professional enough occupational context to address medical questions without asking that professional to become an attorney or retirement adjudicator.

Your job is to provide accurate information and ask clear questions. The clinician's job is to exercise independent clinical judgment. OPM makes the retirement determination. Keeping those roles separate protects the integrity of the evidence.

Ask about the process before the deadline becomes urgent

Practices handle reports differently. Some require a dedicated appointment; some use a records department; some need forms in advance. Ask who receives the request, what the expected turnaround is, whether there is a fee and how the completed material will be delivered securely.

Do not assume that leaving a form at the front desk means a clinician has agreed to prepare it. Record the date, contact person and next step. Follow up politely if the expected date passes. A clear administrative question is often more useful than repeatedly asking whether the doctor is "done."

If a legal filing deadline is approaching, do not assume a delayed medical report extends it. Return to the deadline guidance elsewhere in this book and obtain qualified help promptly. Preparation and deadline protection are related, but they are not the same task.

Bring a small organized packet

A useful appointment packet might contain:

- The relevant current instructions or medical-report request.
- The position description and a brief explanation of actual duties.
- A dated summary of relevant symptoms, treatment and work changes.
- A list of specific questions that remain unanswered.
- Relevant records from other providers, when available and appropriately shared.

Keep your summary short enough to be used. If you have fifty pages of personal notes, bring an organized index rather than expecting the professional to locate the important point during a brief visit. Do not omit a fact because it complicates the picture. Separate the concise overview from the supporting material.

OPM's medical-report instructions call for clinical information that allows an evaluation alongside nonmedical documentation. The position description supplies occupational context. The clinician needs accurate inputs, not a prewritten conclusion you expect to be signed.

Ask medical questions not for a guaranteed outcome

"I need a letter saying I qualify" asks the clinician to supply a result. A more useful request is: "Can you explain the restrictions supported by your evaluation, how long you expect them to continue, and how they relate to these duties?"

Depending on the condition and the professional's expertise, relevant questions may include:

- What findings support the diagnosis and assessment?
- What activities are restricted, and why?
- Are limitations continuous, intermittent or variable?
- What treatment has been tried, and what response has been observed?
- What is the expected course, including uncertainty?
- What additional evaluation is needed before an opinion can be given?

These are discussion prompts, not instructions to produce a particular answer. A clinician may decline to answer outside the clinician's expertise or explain that more information is needed. Record the gap instead of filling it with your own assumption.

Let the report distinguish history from findings

You can tell the clinician what you experience. That is part of medical care. The resulting documentation should distinguish your reported history from examination findings, test results and professional conclusions where appropriate.

For example, "the patient reports difficulty standing through the assigned task" is not identical to a professional finding about standing tolerance. Both may be relevant, but they should not be made to look interchangeable. Do not ask for a reported observation to be relabeled as an objective finding merely to make the application sound stronger.

Similarly, a diagnosis recorded by one provider should not be casually attributed to another. If several clinicians are involved, identify who is treating which issue and which records each has reviewed.

When the clinician does not complete disability forms

First clarify what the statement means. The practice may not complete a particular form but may provide records or a narrative medical report. Or the professional may not have enough information to offer the requested assessment. Do not assume refusal reflects disbelief about your health.

Ask what documentation the practice can provide and what its process requires. Obtain available records through the appropriate channel. If further clinical evaluation is needed, discuss that with your treating professional. Do not shop for a predetermined opinion or tell a new clinician what conclusion must appear.

An administrative helper can track requests and organize records. That helper cannot replace a missing clinical opinion, decide what treatment you need or sign a medical statement. This general example of outside administrative assistance is not a promise that TFDR will perform those tasks; any paid service is limited by its agreement.

When records contain mistakes or apparent contradictions

Start by separating a factual error from a clinical judgment you dislike. A wrong employment date or incorrect medication list may be a factual issue. A professional's assessment of improvement is not automatically an error because it differs from your preferred wording.

Use the practice's amendment or clarification process. Explain the specific concern and provide the basis for the request. Preserve the original record and any subsequent correction or addendum. Never edit a medical document and present the edited version as the professional's work.

If two professionals offer different opinions, do not quietly discard one to create artificial agreement. Ask what explains the difference: timing, different records, different specialties, a change in condition or genuine disagreement. If the conflict affects the application, seek qualified advice about how to address it accurately.

Review for completeness not favorable wording

When you receive a report, check basic administrative points: correct identity, relevant dates, signature, contact information and the attachments it references. Confirm that you received every page. If the report says "see attached results" but there are no results, ask about the missing attachment.

You may also notice that an official question has not been addressed. Ask for clarification rather than writing the answer yourself. A completeness review is not permission to pressure a clinician to certify facts unsupported by the evaluation.

Keep a copy of the request, the report and delivery confirmation. Use the current authorized submission process and ask about secure handling if instructions are unclear. Do not send medical material to every workplace contact merely because several people are helping with the retirement process.

Sources 6

CHAPTER 09

Accommodation and reassignment document what actually happened

Two related questions not one

Accommodation concerns the position you hold. Reassignment concerns another qualifying vacant position. Do not combine them into a single sentence such as "They couldn't help me." The record may need to address each separately.

OPM's public FERS guidance describes agency certification concerning accommodation in the current position and consideration of qualified reassignment within the agency, grade/pay and commuting-area boundaries. The statute also addresses reasonable offers at the same grade or pay level or higher and the consequences of declining an offer that meets its conditions.

Those details are important. A vacancy anywhere in the federal government is not automatically the relevant reassignment opportunity. A lower-paid job should not be casually treated as equivalent to a qualifying offer. At the same time, do not reject an offer based on a simplified sentence in a guide. Obtain prompt, individualized advice when an offer is disputed or you are considering declining it.

Build a chronology before drawing conclusions

Start with the first relevant request. Record its date, how it was made, who received it and what change was requested. Add the medical restriction or work issue it was intended to address, without circulating more medical detail than necessary.

Then add responses and events in sequence. Did the agency ask for clarification? Was an interim arrangement offered? Did equipment arrive? Was a schedule changed? Was there a trial period? Did the arrangement end, and if so, why?

Preserve the correspondence. A dated email saying a request is under review is not an approval. An approval is not proof that an arrangement was implemented. Implementation is not automatically proof that the arrangement was effective. These are distinct events, and keeping them distinct prevents misunderstandings.

If you had a verbal conversation, make a dated factual note identifying what you recall. Do not present it as a verbatim transcript unless it is one. When appropriate, ask for written clarification through the agency's process.

Describe outcomes in work terms

An arrangement may help with one issue but leave another unresolved. A modified start time might address a treatment schedule without changing a lifting requirement. A quiet workspace might reduce interruptions without addressing unpredictable absences. These are illustrative possibilities, not conclusions about anyone's rights or eligibility.

Describe the actual result. What duty became manageable? What difficulty remained? Over what period? What do the records show? If the answer is uncertain because the arrangement was never tried, say that rather than calling it a failure.

Do not use "reasonable," "effective" or "undue hardship" as substitutes for facts. Those terms can have legal significance. You can explain what occurred without deciding every legal question yourself.

Telework is not a universal answer in either direction

Avoid two shortcuts: "If I can work from home, I cannot qualify," and "If telework was denied, I automatically qualify." Neither sentence explains the actual position, medical restrictions or retirement requirements.

Consider what the arrangement changed. Did it remove a workplace trigger? Did the job still require tasks that were difficult at home? Were some duties temporarily reassigned? Was the arrangement available for the relevant period? What did the clinician assess, and what did the agency document?

A change in return-to-office policy may be part of the timeline, but the policy change alone is not a medical finding. Likewise, difficulty commuting should not be casually transformed into inability to perform the position without appropriate analysis.

Record the facts and obtain qualified guidance about the legal significance.

Informal support is not the whole record

Sometimes coworkers quietly help. A supervisor may redistribute a task, allow informal flexibility or tolerate delays. That can be meaningful, but it may not be reflected in a formal accommodation decision.

Document assistance accurately without assuming what it proves. If colleagues handled an assigned duty, identify the period and the nature of the assistance, using appropriate records and respecting their privacy. If the arrangement was informal, call it informal. Do not label every act of cooperation as an official agency accommodation.

This also helps explain why a performance rating might remain satisfactory while the day-to-day arrangement had changed. The answer must come from the facts, not a general claim that ratings do not matter.

Reassignment requires its own record

Ask the appropriate agency office what documentation will address reassignment consideration. Do not attempt to certify the agency's search yourself. Your records may show inquiries, notices, offers and your responses, but the agency has a separate certification role.

If an offer arrives, keep the complete offer, position information, conditions, response deadline and related correspondence. Questions about qualifications, medical ability, pay, location or whether the offer satisfies the retirement rules may require legal advice. Do not let a response deadline pass while waiting for a general internet answer.

If you believe an offer is medically unsuitable, obtain an appropriate clinical assessment rather than relying only on a personal assertion. If you believe it is legally deficient, consult a qualified professional. These are different questions even when they concern the same position.

Keep a rights dispute separate without ignoring it

An accommodation dispute, discrimination complaint, grievance or employment appeal may involve its own procedures and deadlines. Applying for disability retirement does not necessarily resolve those matters or preserve their deadlines. This book does not tell you which claim to bring or whether to accept a settlement.

Keep a separate deadline record for each process. Tell any attorney advising you about the other proceedings so the advice is not based on an incomplete picture. Do not assume that a retirement coach can substitute for counsel in a contested employment matter.

At the same time, avoid turning the retirement statement into a long account of every workplace disagreement. Include relevant facts and supporting documents. Use the appropriate forum and professional help for allegations that require separate legal analysis.

Sources 1, 2, 7

CHAPTER 10

Your applicant statement clear specific and consistent

Your statement is the place where the application becomes understandable in your own words. It is not a substitute for medical evidence or agency documentation. It also does not need to sound like a lawyer wrote it.

The strongest writing goal is straightforward: a reader should be able to follow what happened, how it relates to the federal civilian position, and which records support the account. That is different from trying to sound as disabled as possible. Accuracy matters more than dramatic language.

Answer the question that is actually asked

Use the current application instructions and prompts. Do not assume that an essay downloaded from someone else's case is a suitable replacement. The official applicant statement addresses medical conditions, work effects, other restrictions, accommodation and employment status. Your response should supply your facts, not merely repeat those headings.

Read each prompt before drafting. Make a short note of the information it requests. If you do not know an answer, identify the missing fact and where it can be verified. Do not guess a separation date, treatment date or job title simply to finish the page.

A statement can be concise without being vague. It can also be long without being complete. Judge it by whether the necessary information is understandable, not whether it reaches a particular page count.

Build the draft from your working records

Use the timeline, duty map and functional examples you have already prepared. Starting from records reduces the temptation to write from memory in one exhausting sitting.

A practical drafting order is:

1. Identify the federal position and relevant period.
2. Describe the medical conditions you are discussing, using accurate terminology.
3. Explain the relevant duties and the difficulties affecting them.

4. Describe attendance, performance or other work effects with dated examples where available.

5. Summarize treatment and changes without making unsupported medical predictions.

6. Explain accommodation events and current employment status factually.

7. Identify supporting documents and unresolved points requiring clarification.

This is an organizational method, not an official substitute form or a legal argument. Adapt it to the actual prompts and current instructions.

Use ordinary words before technical ones

Write as if you were explaining the situation to a careful reader who does not know your agency. Replace internal acronyms. Explain a specialized duty in a sentence. Use medical terminology accurately, but do not add clinical labels you have not been given.

You can write, "I needed to restart the review several times after losing my place," if that is true. You do not need to turn that observation into an unsupported neurological conclusion. Similarly, "I used leave on the dates listed in the attendance record" is clearer than a broad statement about being absent constantly.

Avoid strings of intensifiers: extremely, completely, totally, absolutely. A concrete fact often does more work than all four.

Keep the timeline honest

A condition may predate the period when it affected the job. Symptoms may change. Treatment may help some issues and not others. A statement should make those distinctions rather than implying that everything began on one convenient date.

Use dates where you can verify them. Use "approximately" where you cannot. Do not imply a diagnosis existed before it was made unless the medical record supports the history. You can distinguish "I began noticing symptoms in this period" from "the condition was diagnosed later."

If a record contradicts your recollection, pause. Check whether the dates refer to different events. Was one the first symptom, another the first visit, and another the formal diagnosis? If the conflict remains, do not quietly choose whichever date seems helpful. Seek clarification and preserve the uncertainty accurately.

Fictional teaching example replace a conclusion with an explanation

This example is invented and should not be copied as an applicant's statement.

Before:

"My agency refused to help, my condition is unbearable, and I am clearly entitled to disability retirement."

After:

"I requested a modified schedule on April 8. The agency approved a six-week trial beginning April 22. The schedule made it possible to attend treatment, but the difficulty with the separate task described below continued. My follow-up email dated May 20 records the remaining issue. The agency's written response is included with the accommodation documents."

The revised passage does not settle whether the accommodation was reasonable or the employee qualifies. It makes the sequence reviewable. It also avoids an accusation broader than the facts presented.

Address facts that do not fit neatly

A recent award, favorable appraisal, period of improvement or successful task may seem uncomfortable to include. Do not assume it must be hidden. Ask what period it covers and what it actually measures.

A statement might explain that an appraisal covered an earlier period, if that is true. Or it might acknowledge that some duties remained manageable while others became difficult. It should not dismiss contrary evidence with a stock phrase. If an important fact cannot be reconciled, obtain advice rather than inventing an explanation.

The same principle applies to outside activities or other work that the application asks about. Answer accurately. Do not assume that a small amount of activity is irrelevant, and do not exaggerate it into proof of full capacity. Describe what occurred and let the appropriate decision-maker assess its significance.

Preserve versions and know what you sign

Keep a dated copy of the draft and the final submitted statement. If someone assists with editing, review every change. You remain responsible for the accuracy of what you certify. Do not sign a blank statement or allow a helper to submit language you have not read or otherwise reviewed accessibly.

A spelling correction is different from changing a date or medical assertion. Track substantive edits so you can confirm them against the records. If a statement has already been submitted and you discover an error, ask the appropriate office or adviser how to correct it; do not assume replacing your local file changes the official record.

Sources 6

CHAPTER 11

Who supplies what in the application

An application is not one document written by one person. It is a coordinated record. You explain your experience. Medical professionals supply clinical information. Your agency supplies employment information and documents its accommodation and reassignment efforts. OPM makes the retirement determination.

Start with the current route not an old checklist

As of this edition, OPM directs current federal employees to their agency's human resources office to initiate the Online Retirement Application, or ORA. Its current guidance directs separated employees to apply directly to OPM through ORA using the former-employee disability-application option. Former employees still need agency documents. Separation does not turn the entire application into a personal statement with medical records attached.

Active employees: submit, review, certify, then payroll

After HR opens your ORA application, complete your sections, upload the required supporting material, and use the portal certification/submission step to send the application to HR for review. Uploading a file or saving a draft is not the same as completing that step.

HR reviews the application and uploaded documents and prepares the Certified Summary of Service (CSOS). When HR sends the CSOS back, review it carefully and complete the applicant certification requested in ORA. Ask HR to resolve errors before you certify. This later applicant review is distinct from your initial submission to HR.

HR completes its checklist and certifies the package to payroll. Payroll reviews and completes its portion before transmitting the package to OPM. A package waiting in payroll has not necessarily reached OPM. Check the actual status and confirmation for each handoff; button names and required steps can vary as ORA and agency procedures change.

This is the agency-assisted workflow, not a replacement for disability-specific evidence requirements or filing deadlines. Follow the instructions for your own case and ask HR which action is currently yours. Separated applicants should use the current former-employee instructions rather than assume the same route.

Sources 35 and 36; current ORA instructions and agency guidance control

Make the first HR request useful

A vague message such as "Please help me retire" can lead to a vague response. A more useful administrative request identifies the process you are trying to start, asks who coordinates it, and asks how your portions and the agency's portions will be handled.

For example:

I am preparing a FERS disability retirement application. Please confirm the current process for initiating my application, the person coordinating the agency documents, and how I should provide my supporting materials securely. Please also identify any agency instructions or forms I need to follow.

This is an organizational example, not a required legal notice. Adapt it to your circumstances. Keep medical details out of the opening message unless they are necessary and the recipient and transmission method are appropriate.

If you are separated, identify yourself as a former employee. Ask how the former supervisor's and agency's required documents will be completed. Do not presume a supervisor still has the same position or that the person who processed your separation is also responsible for disability retirement documentation.

Understand the SF 3112 responsibilities

The SF 3112 package has five named components. The applicant statement is Part A. Part B is the supervisor's statement. Part C concerns the physician's statement. Part D is the agency certification concerning reassignment and accommodation efforts. Part E is the disability retirement application checklist. These components organize information from different sources; they do not authorize an applicant to certify someone else's findings.

Use that division as a working map:

• Your responsibility: Provide accurate personal information and your own account. Obtain the information needed to support the application. Keep copies and respond to requests.

• The medical professional's responsibility: Supply clinical information within that professional's role and knowledge. You may provide your job information and questions, but you do not create a medical opinion and present it as the clinician's work.

• The supervisor's responsibility: Supply the requested employment observations and supporting information. If you disagree with a statement, preserve the statement and address the disagreement through an appropriate documented process. Do not edit a signed statement yourself.

• The agency's responsibility: Complete its certifications and administrative requirements. Track them, but do not substitute your own conclusion for the agency's certification.

• OPM's responsibility: Evaluate the application under the applicable requirements. HR's assistance or a clinician's support is not an OPM approval.

The retirement application also contains administrative information beyond the disability evidence. A strong explanation of your limitations does not correct an inaccurate service history or an unresolved election. Review each type of information for its own purpose.

When someone has not completed a document

Missing documents need a plan, not an invisible blank in the folder.

First, verify whether the recipient received the request. Second, clarify whether anything is needed from you. Third, ask for a realistic status update. Fourth, record the answer and your next follow-up date. If the person is unavailable, ask the appropriate office who handles the request now.

Do not turn a provider's estimated turnaround time into a promise. Do not turn an agency's silence into proof that it refuses to help. Keep the description factual: requested on this date; followed up on these dates; not received as of this date.

Most importantly, an incomplete file and an approaching filing deadline must be addressed together. Do not wait for a perfect packet because a checklist still has open boxes. The incomplete-application protection described above is important; it is not a reason to postpone filing or abandon the remaining evidence. Seek current written guidance and qualified help promptly about applying the rule to your circumstances. Preserve what you filed and the proof of when and where you filed it.

Sources 1, 3, 6, 8

CHAPTER 12

Review the packet as one story

Read like someone who has never met you

You know what happened because you lived it. A reader may encounter the information for the first time in a collection of forms and attachments. They do not automatically know why a particular appointment mattered, what changed in your duties, or which of several dates is the relevant one.

Try reading the packet without supplying those missing connections from memory. If a statement refers to "the restriction," can you locate the restriction? If an attachment is described as a job description, is that what it actually contains?

If you refer to a trial arrangement that did not work, does the record identify what was tried and what happened?

The goal is not to tell a dramatic story. It is to make a truthful record understandable.

Use three separate review passes

Pass one: identity and administration. Check names, contact details, position titles, dates, file labels, required signatures, and attachments. Confirm that scanned pages are legible and correctly oriented. Check that a file opens and includes all its pages. A document named "final" may still be an unsigned draft.

Pass two: chronology and consistency. Put important events in order. Distinguish diagnosis dates, changes in function, changes in work status, accommodation events, separation, and application activity. Those are not necessarily the same date. Where the documents use different dates, determine whether they describe different events or whether there is an error that needs correction by the proper source.

Pass three: requirements and evidence. Identify what supports each requirement and what remains uncertain. A diagnosis alone does not explain occupational effects. Your belief about reassignment is not the agency certification. A reference to SSDI is not evidence that the application was filed.

Separating the passes reduces mental load. You are not trying to check every comma, legal issue, date and attachment at once.

Do not repair a conflict by hiding it

Suppose one document describes a limitation as intermittent and another uses language that sounds constant. The solution is not to remove the less convenient record or change the wording yourself. Ask what the documents actually mean. Were they created at different times? Was one discussing a specific activity and the other an entire workday? Did the condition change? Is there a factual error the author can correct?

An honest clarification may be more useful than a perfectly uniform packet. Real records are created by different people for different purposes. Your job is not to make every sentence identical. It is to identify material inconsistencies and handle them accurately.

Keep original records. If a provider or agency issues a correction or supplement, retain the relationship between the original and the updated document. Do not alter a signed record or imply that an explanation came from a professional who did not provide it.

Sources 6

CHAPTER 13

Submission is a milestone not the finish line

Once you submit an application, the work changes. You are no longer trying to create the first version of the record. You are protecting that record, tracking its movement, and responding to requests without losing control of deadlines or versions.

Preserve the submission before you move on

Save the exact version you submitted, not just the latest version currently sitting in your working folder. Retain the confirmation, receipt information, submission date and time if provided, and any reference number. If the system allows you to download the submitted application or attachment list, retain that as well.

Use a folder label such as "Submitted set 2026-04-12" and keep later updates separate. Do not overwrite the submitted version when you correct something later. Your record should allow you to answer two different questions: What did I submit originally? What did I provide afterward?

A screenshot can be useful, but it may not prove everything you think it proves. A picture of an uploaded filename may not establish that the entire application was finally submitted. A saved draft may not be a filing. Read the confirmation language and verify what event it confirms.

Track stages without turning them into predictions

A retirement application can involve employee work, agency review, payroll information, OPM review, and later payment administration. A status change in one part does not automatically establish a result in another.

Use precise language in your notes. "Agency acknowledged receipt" does not mean "OPM received the application." "OPM assigned a reference number" does not mean "medical requirements approved." "Approved" does not by itself identify the date a first deposit will arrive

or the final amount. If a notice is unclear, record its actual words and ask the responsible office what remains to be done.

Do not build a financial plan around a stranger's online processing timeline. Two applicants may have different employment histories, missing records, procedural stages or benefit coordination issues. Even a published processing measure needs context: what starts the clock, what ends it, and which cases it includes. A current official measure is information, not an individual delivery promise.

A practical waiting-time estimate, not a guarantee

November 2026 update: two clients separately reported being told by their HR offices that the general disability adjudication wait is about six months, possibly longer. One report attributed the estimate to OPM. Treat this as a reported planning estimate, not a guaranteed decision date or an independently verified published OPM standard. Ask what event starts the estimate in your case; time with HR or payroll may be separate from time awaiting OPM adjudication.

OPM's published immediate-retirement processing average is a different measure: it includes disability applications already approved by OPM and is not a stand-alone forecast of disability adjudication. Neither that average nor the reported six-month estimate promises approval, a payment date, or a maximum wait. Keep monitoring requests and deadlines while you plan for uncertainty.

Source 37; six-month estimate is a November 2026 HR-relayed report, not a published OPM guarantee

Your CSA number and Retirement Services Online

A practical lesson from my own application: after submitting through ORA, I received a letter with my CSA claim number and set up OPM Retirement Services Online to check my case stage and prepare to manage future benefits. That is my experience, not a promise that every applicant will receive the same letter or gain access on the same schedule.

ORA is the application platform; Retirement Services Online handles annuity information and benefits. Available status displays vary. OPM’s published interim-payment tracking guidance specifically describes non-disability annuitants; do not assume it guarantees the same stages or interim payments for disability claims. My experience above is personal, not a universal processing rule. A CSA claim number identifies a claim, not approval or a promise of payment.

Keep the letter securely. Go directly to servicesonline.opm.gov rather than trusting an unexpected message link. Current OPM instructions tell ORA applicants to use the same Login.gov account and email address used for ORA, not create a second account. Follow the activation or identity-verification steps actually presented. If access fails, use OPM’s official support instructions; do not share passwords, authentication codes or recovery codes with a helper.

On a case-stage screen, read the description and its “as of” date, not just the heading. An intake stage describing receipt and a queue for adjudication is not a favorable medical determination. Save the status and date in your private file, note any requested action, and continue monitoring official notices. Access to account menus for statements, tax forms or direct deposit does not mean those functions are populated or that payments have begun.

Later, the account can help you review annuity information and manage benefits as available. It does not replace a decision letter, a deadline, or a response to an OPM request. Before your claim number arrives, use ORA’s available status information and the appropriate agency or OPM contact. Do not infer approval, denial or a processing deadline merely from account access or a dashboard field.

Sources 8, 9, 33, 34; author experience described separately

Make follow up factual and narrow

A useful follow-up message has a specific question. It identifies the application using the approved reference method, states the last verified event, and asks about the unresolved step.

For example:

My records show that the requested document was submitted on the date shown in the attached confirmation. Please confirm whether it has been associated with my application and whether any action is still required from me concerning that request.

Keep identifiers appropriate to the channel. Do not include a full Social Security number in an ordinary email simply because you want the office to find the case. Follow the office's secure identification instructions.

A message that asks five unrelated offices to "please hurry" may generate several responses without resolving the actual issue. Send the question to the office responsible for that step. If you do not know who owns the step, make that your first question.

Treat requests for information as their own project

When a request arrives, save the entire notice and record its date, how and when you received it, its response instructions, and its deadline. Read all pages before deciding what it asks for.

Then break it into items. What information is requested? Who can supply it? Does the notice identify a secure destination or a particular method? Is clarification needed? A request may concern an administrative omission, a medical issue, an employment fact, or more than one of these.

Do not substitute a larger stack of documents for an answer to the actual request. If the notice asks about a period of treatment, identify the responsive information. If it asks for a particular agency item, obtain that item rather than repeat your personal understanding of it. If the meaning or consequences are unclear, seek qualified help promptly.

If you need more time, ask through the stated process before the deadline when possible. Do not assume that asking creates an extension. Record whether an extension was actually granted, by whom, for what item, and through what date. Until clarified, keep the original deadline visible.

After responding, retain exactly what you sent and the available confirmation. Update the tracker, but do not mark the issue resolved merely because you clicked send. "Response submitted" and "recipient confirmed the issue is satisfied" are different statuses.

Sources 8, 9

CHAPTER 14

When the answer is no unclear or incomplete

A denial can feel personal. The next useful task, however, is specific: identify the decision, its reasons, your review rights, and the deadline. You do not need to pretend the letter is easy to read. You do need to keep the calendar from disappearing behind the emotion of the moment.

This chapter helps you organize that first response. It does not evaluate the merits of an appeal, tell you which legal arguments to make, or replace an attorney's advice. A benefits coach and a legal representative have different roles. Choosing qualified help is especially important when timeliness, jurisdiction, disputed evidence or appeal strategy is involved.

Read the whole notice before choosing the next step

Save the decision exactly as received, including attachments, envelope information if relevant, and the electronic delivery record when available. Identify the issuing office, decision date, receipt date, claim reference, and the section describing review or appeal rights.

Do not assume that every unfavorable letter is the same kind of decision. A request for missing information is not necessarily a denial. An initial OPM decision and an OPM reconsideration decision are not interchangeable. An MSPB judge's decision is a different stage again. Payment or debt matters may have their own procedures.

If you cannot identify the stage, make that your first question for a qualified source. Do not borrow a deadline from an internet discussion about a different benefit or proceeding.

Understand the broad sequence

For applicable FERS initial decisions, OPM reconsideration is governed by 5 C.F.R. § 841.306. The regulation generally requires OPM to receive a written reconsideration request within thirty calendar days from the initial decision's date. It specifies required identifying information and a basis for the request, and it permits limited extensions in defined circumstances. Do not assume you qualify for an extension. Read your notice and obtain prompt advice about the applicable requirements.

After applicable reconsideration, OPM issues a final decision with appeal-rights information. Potential MSPB review is a separate process, not another message to your HR office. The MSPB's official guidance explains filing methods, jurisdiction and deadlines; it also warns against missing a filing deadline while waiting for documents.

Turn the reasons into questions

On a separate working copy, list each stated reason for the decision. Use the notice's wording accurately. Then add three questions beside it:

1. What fact or requirement is the decision discussing?

2. What material in the submitted record appears relevant?

3. What question do I need a qualified reviewer to address?

Do not start by writing "OPM ignored everything." That conclusion may or may not be supported. Start with the specific issue. Does the decision identify a missing document? Does it describe the evidence differently from how you understand it? Does it say that a requirement was not established? Does it raise a filing issue?

This approach does not concede that the decision is correct. It makes the problem concrete enough to discuss.

More pages are not automatically a better response

If a decision identifies a particular gap, resending the entire file without explanation may not address that gap. Equally, one additional record does not automatically cure every problem. The response needs to be considered in relation to the stated reasons and the applicable stage.

An attorney may assess legal standards, procedural issues, the significance of evidence, and what action is appropriate. A clinician may clarify a clinical question within professional knowledge. An agency may need to correct or complete an employment record. Those are different tasks. Do not ask one person to certify something outside that person's role.

Keep new material separate from the original submitted record until it is properly incorporated into a response. Record who created it, when, and what it addresses. Do not backdate a statement or present a newly created explanation as a record that existed earlier.

Ask clear questions about representation

Before engaging a professional, understand the service being offered. Does the engagement cover consultation only, OPM reconsideration, MSPB representation, or another stage? Who will be responsible for filing, monitoring deadlines and communicating with the agency? What records are needed? What are the fees and limits of the engagement?

Do not assume that sending a decision to a professional means that person has accepted responsibility for your deadline. Confirm the relationship and responsibilities in writing. A requested consultation is not the same as an active representation agreement.

MSPB rules permit representation, including self-representation, but not every helper is an appropriate source of legal advice. TFDR education and administrative coaching do not create an attorney-client relationship or replace qualified legal assistance.

If the deadline may already have passed

Do not hide the dates or decide on your own that nothing can be done. Obtain qualified advice promptly and provide the complete notice and receipt history. There may be issues that require legal evaluation, but a general possibility of relief is not a promise that a late filing will be accepted.

Avoid creating a new account of events that sounds more favorable. Preserve the real record: when the notice arrived, what happened, what action you took, and what documentation exists. A candid chronology is more useful to a professional than an edited story.

Sources 10, 11

CHAPTER 15

What an annuity estimate can and cannot tell you

Start with the inputs not the calculator

The calculation begins with facts about your service, age, pay and benefit circumstances. A calculator cannot correct an incomplete service record or decide which legal calculation applies.

Your high-3 is an average of qualifying basic pay over your highest three consecutive years, not simply your last annual salary and not the sum of your three best individual years. The highest period is often near the end of a career, but not always. OPM distinguishes basic pay from items such as bonuses and ordinary overtime. Some pay components have special treatment, so a large number on a tax form is not proof that the same amount belongs in your high-3. If your creditable service is shorter than three years, OPM uses the applicable shorter service period.

Ask for an estimate that identifies the high-3 used. Then ask where that figure came from. "Payroll calculated it from these dates" is more useful than "I think it is about my current salary." If there is a discrepancy, locate the underlying pay or service record rather than changing the number to the one you prefer.

Service is another input. Creditable service for calculating an annuity is not always identical to the amount of time since you first entered a federal building as an employee. Deposits, refunds, service gaps, part-time work and mixed retirement coverage may require individual review. An estimate should identify unresolved issues instead of burying them inside a precise-looking total.

There is more than one disability calculation

The familiar "60 percent, then 40 percent" explanation is incomplete unless you identify who it applies to.

For an employee under age 62 who is not eligible for an immediate voluntary retirement, the usual disability formula begins with 60 percent of high-3 for the first twelve months and 40 percent afterward. The applicable Social Security disability reduction is then considered. OPM also compares the amount with the earned annuity where required. Someone age 62 or older at disability retirement, or someone who already meets the age-and-service requirements for an immediate voluntary retirement, is subject to a different calculation based on earned service. This is why a colleague's award is not a reliable estimate of your own. Two employees can have similar salaries and different ages, service histories, Social Security entitlement or survivor elections. One can be receiving an earned annuity while the other is receiving a percentage-of-high-3 disability benefit.

The practical question for your benefits office is: "Which computation are you using for me, and why?" Keep the answer with the estimate.

A fictional calculation with the assumptions visible

Assume Morgan is under age 62, does not qualify for immediate voluntary retirement, and has a high-3 of $72,000. Assume the ordinary percentage formula applies, the earned-annuity comparison does not produce a higher amount, and there are no special computation issues. For this example only, Morgan is entitled to a $1,500 monthly SSDI benefit for the same months.

First, convert the annual high-3 into the relevant percentage:

• Sixty percent of $72,000 is $43,200 a year, or $3,600 a month.

• Under the first-period SSDI reduction, subtract the $1,500 monthly SSDI amount from that $3,600. The illustrated OPM amount is $2,100 a month before other reductions and deductions.

• Adding the separate $1,500 SSDI payment produces $3,600 in combined gross monthly benefits in this simplified example. It does not produce $5,100.

For the later 40-percent period:

• Forty percent of $72,000 is $28,800 a year, or $2,400 a month.

• Sixty percent of the $1,500 SSDI amount is $900.

• Subtracting $900 from $2,400 produces an illustrated OPM amount of $1,500. Adding the separate SSDI payment produces $3,000 combined gross monthly benefits.

These arithmetic examples exclude cost-of-living adjustments, survivor reductions, insurance, tax withholding, special circumstances and the exact timing of entitlement. They illustrate why you must compare monthly amounts with monthly amounts. Subtracting a monthly SSDI figure from an annual FERS figure would produce a meaningless result.

The reduction applies to concurrent entitlement months under the applicable rules. A later SSDI decision can therefore change the treatment of earlier months. Chapter 16 explains why an award arriving later can create a reconciliation issue.

Gross is not what you can spend

An estimate of a gross annuity is useful, but your household runs on available cash. Insurance premiums, survivor benefits, tax withholding and other applicable adjustments can change the deposit.

Make a second line beneath every gross estimate: "Estimated net amount, with assumptions." Do not quietly treat that second line as confirmed. If an insurance premium or election has not been resolved, label it unresolved.

Also distinguish a recurring payment from a one-time payment. A retroactive adjustment can make one month's bank statement look unusually strong. It does not necessarily mean the ongoing benefit increased. Conversely, a smaller first payment may reflect an interim amount rather than the final benefit.

Approval and payment are separate milestones

A medical approval is important. It does not mean every payroll record, insurance issue and final calculation has been completed that day.

OPM describes interim payments as a portion of the final benefit while processing is completed. Its payment guidance also explains that health and life insurance premiums may be withheld retroactively when the case is finalized. That creates an important distinction: an interim deposit is not automatically a preview of the exact future net deposit.

Do not assume another person's processing time tells you when your money will arrive. Identify what is still needed in your own case. Is a record outstanding from payroll? Has the final calculation been issued? Is OPM waiting for information about another benefit? Ask a specific question and record the answer.

Keep the final benefits booklet and later adjustment notices together. They are working documents, not paperwork to put away permanently after the first payment arrives.

Annual leave and sick leave are not paid the same way

Unused annual leave is generally paid as a lump sum upon separation. A disability approval is not necessarily the separation date or the date the agency will finish auditing the leave balance. Keep your final leave and earnings statement and request the agency's calculation and payment status. Do not budget the lump sum as though it is already in your account.

Unused sick leave is not cashed out. It cannot be used to reach the minimum service needed for retirement eligibility. Under FERS disability retirement, sick leave credit generally matters when an earned annuity is used or at the age-62 recomputation; it does not automatically increase the initial 60-percent or 40-percent disability formula. Ask the benefits office to show where sick leave appears in the calculation rather than assuming it was lost or that it increases every payment. Sources 5, 29 and 30.

Sources 12, 13, 14

CHAPTER 16

FERS SSDI VA and OWCP four systems not one

FERS and SSDI answer different questions

FERS disability retirement concerns the covered federal civilian position and the statutory retirement requirements. Social Security Disability Insurance is a separate program with its own work-history and disability standards, including consideration of the ability to do other work under its rules. SSA generally requires a condition expected to last at least twelve months or result in death. Its evaluation is not limited to the duties of the federal position from which you are retiring. Evidence concerning an SSDI application is part of the FERS disability retirement requirements. The regulation also recognizes an official SSA statement that you are not insured for disability benefits. Do not replace that official determination with your own assumption that applying would be pointless. Do not confuse the application requirement with a promise that SSA will approve the claim. Keep proof of the Social Security application and relevant SSA decisions. Do not withdraw an SSDI application casually because you believe the FERS process is enough; current OPM guidance states that withdrawal can lead to dismissal of the FERS disability retirement application.

When describing your circumstances to different agencies, be truthful and consistent about the facts. Different questions may require different explanations. They do not justify inventing different histories. If you notice a genuine inconsistency, address it accurately rather than trying to make it disappear.

For example, a statement that a person cannot sustain the requirements of a specific federal civilian position is not necessarily a statement that the person can do no activity whatsoever. The factual details matter: the demands of the job, limitations, reliability, hours, support and other relevant circumstances. An adviser who understands the particular program can help you understand the questions without changing the underlying facts.

One award can require another payment to be adjusted

As Chapter 15 explains, certain FERS disability calculations include a reduction for concurrent SSDI entitlement. The key issue is not simply the date the SSDI money reached your account. It is which months the award covers and which FERS calculation applies to those same months. Here is another fictional teaching example. Jordan receives an SSDI award in September that includes earlier months. During some of those months, Jordan already received FERS disability payments calculated without the newly established SSDI entitlement. It would be a mistake to assume the entire retroactive SSDI payment is additional money with no corresponding adjustment.

Jordan's first job is not to estimate a debt from memory. It is to gather the SSA award notice, the entitlement dates, the benefit amounts and the relevant OPM notices. Jordan reports the award through the required channels and asks OPM to identify the affected months and calculation. Until the overlap is reconciled, the potentially affected money should be treated as unresolved rather than automatically available for spending.

If an agency later issues an overpayment notice, read the amount, period, reason, response options and deadlines. Do not ignore the notice because you believe the agencies should have communicated sooner. Also do not assume that every stated amount is beyond review. Ask about the applicable review or waiver process and obtain qualified help when needed. A disagreement, a repayment arrangement and a waiver request are different matters.

Keep copies of what you reported and when. "I called someone" is less useful than a dated log and a retained written submission. Where a secure written route is available, it can help make the record clear. Do not send account passwords or unnecessary private documents merely to prove you are trying to cooperate.

Veterans name the benefit precisely

For a veteran who also worked in a federal civilian position, several separate systems may be present at once. VA disability compensation, VA pension and military retired pay are not three names for the same thing.

VA explains that disability compensation relates to service-connected disability and is not generally determined by income or net worth. VA pension is a needs-based program with different eligibility and income considerations. This distinction alone is a reason not to answer a coordination question using the phrase "my VA money."

If your VA compensation includes Individual Unemployability, work can affect that benefit. Do not treat the general compensation statement as permission to work without reviewing VA's separate rules.

A VA disability rating is not a substitute for the FERS requirements or the evidence connecting your limitations to your federal civilian position. Even a high rating does not automatically establish the separate retirement claim. Conversely, the absence of a particular VA rating does not itself answer a FERS question.

VA compensation and a civilian retirement annuity may coexist, but that should not be turned into a blanket statement that all military and civilian benefits can always be collected together without adjustment. Military retired pay and credit for military service in a civilian annuity can involve waivers, deposits and exceptions. OPM's military retired pay guidance identifies circumstances in which retired pay does not have to be waived and other circumstances in which a waiver and deposit are relevant.

This is a decision area, not a place to rely on a social-media slogan. Before signing a waiver or making an election, identify the exact benefits, the service being credited, the required action and its consequences. Obtain guidance from the responsible offices and an appropriately qualified adviser. Keep the written explanation with the election.

OWCP an accepted work injury is not the same approval

The Office of Workers' Compensation Programs administers federal workers' compensation under FECA. An accepted work-related injury or illness does not automatically create entitlement to a FERS disability retirement annuity. OPM and OWCP have different responsibilities.

Applying for a benefit and electing which benefit will be paid are also different acts. A person can need to protect an application deadline even while receiving another benefit. Do not assume an OWCP claim pauses the FERS filing clock.

In general, OWCP total or partial disability wage-loss compensation and a FERS annuity cannot both be paid for the same period. Coordination and an election may be required. A schedule award is treated differently and may be received concurrently with an OPM annuity under the applicable rules. Other exceptions also exist, which is why the exact category of payment matters. Vocational rehabilitation and other circumstances can affect coordination; verify the specific payment arrangement with OPM and OWCP. Source 32.

A letter stating that you have an OWCP award does not, by itself, tell you whether it is wage-loss compensation, a schedule award or another type of benefit. Read the award. If it is unclear, ask OWCP to identify the payment category and covered dates in writing.

When changing from one payment arrangement to another, coordinate the dates with both agencies. Do not simply stop reporting to one because you expect the other to begin. An overlap can create an overpayment; an assumed transition can also create a cash-flow problem. A qualified adviser can help compare the consequences, but the book cannot choose the financially or legally preferable election for you.

Sources 3, 13, 15, 16, 17, 18

CHAPTER 17

Insurance family and other benefits

Do not assume approval preserves every coverage choice

FEHB, the Federal Employees Health Benefits Program, has continuation requirements. OPM generally requires entitlement to an immediate annuity and enrollment or eligible family-member coverage during the five years of service immediately before the annuity begins, or the full period of service since the first opportunity if shorter. The coverage need not have been in the same FEHB plan throughout. OPM also describes circumstances in which TRICARE coverage can count, with conditions. That summary is not a substitute for checking your actual enrollment history. A reader with eighteen months of creditable federal civilian service may be thinking about disability retirement, but the health-insurance question still requires its own facts. Likewise, five calendar years since hiring do not necessarily prove five qualifying years of coverage.

Make a coverage timeline. Identify the plan or family enrollment under which you were covered, the dates, and any interruption. Ask HR what records will be used to confirm continuation. If you believe an exception or waiver may apply, ask for the actual requirements and responsible decision-maker. Do not treat a possible exception as an automatic entitlement.

A coverage problem should be investigated before a consequential decision, not discovered from a rejected claim months later. If you already separated, raise the issue promptly and retain the response. This chapter cannot tell you which continuation route applies to a missing or interrupted period.

Postal employees and annuitants should check the Postal Service Health Benefits program rules specifically. Do not assume a generic FEHB explanation resolves PSHB enrollment or Medicare requirements. Source 31.

FEGLI needs a separate decision

FEGLI, the Federal Employees' Group Life Insurance program, is not FEHB. One covers life insurance; the other concerns health benefits. Their acronyms look similar enough that people sometimes combine them in conversation and miss an important distinction.

OPM's retirement guide describes eligibility requirements for continuing FEGLI, including immediate retirement, enrollment at retirement, the applicable five-year or all-opportunity coverage history, and the rules concerning any individual conversion policy. If coverage was already converted, ask OPM about reinstatement and cancellation of that policy before acting; conversion does not necessarily foreclose continuation. The options and multiples you can continue depend on the coverage history. Continuing Basic is also necessary to continue Optional coverage.

The retirement election addresses how coverage will reduce later and what it will cost. A lower premium and a larger future death benefit are not necessarily available under the same choice. Read the reduction options and the timing carefully. OPM warns that changes are restricted after the first regular annuity payment.

Use current official premium information and an appropriate adviser if needed. Do not cancel existing coverage merely because another product appears cheaper in an advertisement.

Replacement availability, underwriting, exclusions and future cost may differ. The book does not recommend a particular insurance product.

Survivor protection is a family decision with administrative requirements

A survivor election is about what may be payable after your death, not just the amount of your own deposit today.

Under the standard FERS spouse survivor structure described by OPM, a full survivor benefit is associated with a 10-percent annuity reduction and a partial survivor benefit with a 5-percent reduction. The corresponding survivor percentages are 50 percent and 25 percent. A married retiree generally needs spousal consent to elect less than the full survivor benefit, subject to applicable rules. Court orders and former-spouse rights can complicate the situation.

Those percentages should not be treated as the entire decision. Ask how the election interacts with a surviving family member's health-benefit eligibility and the household's other resources. Do not assume that a life-insurance payment automatically replaces every function of a survivor annuity.

TSP and tax questions belong in their own lane

Your TSP is not your monthly FERS annuity. A retirement approval does not determine every withdrawal, distribution or tax question associated with that account.

Before taking money out, ask what taxes, withholding, penalties or exceptions apply to the specific distribution and your circumstances. Do not assume that being approved for FERS disability retirement automatically satisfies a separate tax definition of disability. Federal benefit programs and tax law do not always use identical standards. IRS guidance describes a total-and-permanent-disability exception to the additional early-distribution tax; that is a separate tax inquiry, not an automatic result of an OPM award.

A useful adviser conversation starts with the exact proposed transaction: the account, amount, type of distribution, timing, age and intended purpose. "Can I use my retirement money?" is too broad to produce a reliable answer.

Keep a tax-planning note separate from your benefits estimate. Withholding is money paid toward a possible tax liability; it is not necessarily the final amount of tax owed. A tax professional can help evaluate your whole situation rather than treating one payment in isolation.

Medicare is another coordination question

Medicare generally begins after 24 months of SSDI entitlement, not 24 months after the application, approval letter or first check. ALS and end-stage renal disease have special rules. FERS approval by itself does not start this Medicare clock. Confirm the entitlement date and Medicare start date with SSA rather than estimating from the date money arrived.

Before an enrollment decision, confirm your eligibility date, current coverage, enrollment window and any consequences of delaying a part of Medicare. Ask about coordination with your particular health plan. Avoid general advice such as "federal retirees never need Part B" or "everyone must enroll in everything." Those statements skip the facts that determine the individual decision.

Sources 19, 20, 21, 22, 23

CHAPTER 18

Working again without confusing the rules

A disability retirement approval is not a statement that you have no skills, no ambitions or no useful work left to do. It is also not a promise that any future work arrangement will have no effect on your benefits.

The task is to understand the rules that apply to your benefit, evaluate the work realistically, and keep records that match what actually happens. Do not begin with a rumor about what another retiree earns. Begin with your own benefit, your age, the work you are considering and the current official rules.

The FERS earnings rule is an annual comparison

For disability annuitants subject to the rule, OPM considers earning capacity restored when wages and self-employment income in a calendar year reach at least 80 percent of the current rate of basic pay for the position held immediately before retirement. The comparison is not simply 80 percent of your old take-home pay, your high-3 or your current annuity.

The regulation applies this earnings test to an annuitant under age 60 on December 31 of the earnings year and uses the December 31 basic-pay rate for the former position. That is why the word "current" matters: the relevant salary comparison can change. The phrase "at least" matters too: reaching the threshold is different from a rule that applies only after you go above it.

Suppose, in a fictional example, the verified current basic-pay figure used for the comparison is $80,000. Eighty percent is $64,000. That is an illustration of the arithmetic, not an earnings limit for readers of this book. A person whose relevant salary figure is different has a different calculation.

Do not divide the annual number by twelve and then assume every month below that result is automatically safe under every benefit program. OPM's calendar-year comparison and SSA's monthly work rules are not interchangeable. If you receive both benefits, you must consider both systems.

Also do not assume the comparison uses the deposit that reaches your bank. Net pay after taxes or deductions is not the same as gross wages. Ask for clarification if a payment involves deferred compensation, severance, a bonus, work before retirement or another timing issue. Preserve the underlying payroll records instead of deciding from a single bank transaction.

Wages self employment and business labels

OPM's earnings guidance includes pay for working for an employer and net earnings from working in or managing your own business. Its examples include overtime and bonuses, and it addresses deferred income.

That means "I own the company" is not an exemption. Neither is calling an activity a side hustle, an online store, consulting or a hobby. The actual work and income matter.

For the OPM earnings test, a loss in one business does not reduce wages or profit from another business. Do not carry a tax-return assumption into this benefit calculation without checking the applicable rule.

Self-employment requires better records than a running total of deposits. Keep income and legitimate expenses documented, along with the period in which the work was performed. A tax professional can help with bookkeeping and tax classification; OPM remains responsible for administering its benefit rules. Do not assume a label on a tax form resolves every retirement question.

For example, Taylor runs a small business in a fictional teaching scenario. The business receives $18,000, but Taylor says only $7,000 was transferred into a personal account. The amount withdrawn is not, by itself, a reliable answer to the earnings question. Taylor needs accurate business records and the applicable net-earnings determination. Leaving money in the business does not magically make work disappear.

Likewise, do not assume all money reported on a Form 1099 is excluded. Different 1099 forms report different kinds of payments. A retirement distribution and compensation for contract work do not become the same kind of income because both have a form number beginning with 1099.

Not every receipt is earned income

OPM distinguishes work earnings from categories such as retirement benefits, Social Security benefits and certain investment or other receipts. Its guidance also qualifies categories such as rents and royalties when they arise in a trade or business.

The practical lesson is not to memorize a list and force every payment into the most favorable category. It is to identify what generated the payment. Was it compensation for work? Business profit? An investment return? A retirement distribution? If the facts are unusual, ask with enough detail for the office to answer.

Keep a separate record of non-work receipts rather than adding everything into one undifferentiated "income" total. This makes later questions easier to answer. It also helps avoid the opposite mistake: unnecessarily treating every deposit as work income and making decisions from an overstated total.

Nothing in this chapter is permission to conceal work, shift income artificially, mislabel services or omit information from a required report. Accurate classification and concealment are not the same thing.

SSA has its own work rules

If you receive SSDI, SSA's trial-work and extended-eligibility rules may matter. The trial-work period, substantial gainful activity analysis, reporting requirements and treatment of self-employment are not simply versions of OPM's 80-percent rule. Current dollar amounts can change annually.

Before starting or changing work, ask SSA which work stage applies to you and what you must report. If a benefits counselor is helping, make sure the counselor knows about both SSDI and the FERS annuity. Advice limited to one program may leave the other program unaddressed.

An OPM earnings figure that appears comfortable does not establish that SSDI payments will continue unchanged. Likewise, a favorable SSA work provision does not exempt you from OPM's rules. Write both sets of questions on the same planning page, but keep the answers separately labeled.

Turning 60 does not erase every benefit rule

OPM states that the disability earnings limit no longer applies at age 60. That age milestone is not the same as the age-62 recomputation discussed in Chapter 19. It also does not cancel SSA work rules or every consequence of federal reemployment.

If a report concerns an earlier year, do not ignore it because you are older when the letter arrives. Read the period requested. The regulation's December 31 age test matters in a birthday year; do not invent your own monthly proration. Ask OPM to explain the application to your case and retain the answer. A birthday does not make an earlier notice disappear.

Federal reemployment deserves a separate review

Returning to federal service is not necessarily treated the same way as taking a private-sector position. OPM identifies administrative recovery issues when a disability retiree returns to an equivalent federal position, and its guidance addresses age-related distinctions. Salary offsets and other reemployment rules may also be relevant.

Before accepting an offer, tell the appropriate benefits office that you are a disability annuitant and request an explanation of the proposed position's effect on the annuity. Obtain the grade, pay and position information needed for that review. Do not rely only on a hiring manager's informal reassurance.

This is not a reason to avoid opportunities. It is a reason to understand the offer before committing to it.

Sources 24, 25, 26, 27

CHAPTER 19

Keep the benefit file alive

Earnings reports still matter when the answer is zero

If OPM requests an earnings report, do not assume that no work means no response is needed. OPM's Disability Earnings Report guidance instructs recipients with no earnings to complete the report with zeros.

Read the year being requested. Report the correct categories and preserve the supporting records. If you are unsure about a particular payment, identify it and seek clarification rather than leaving it out because it is inconvenient to explain.

Keep a copy of the completed report and confirmation. A calendar entry reading "submitted earnings report" should point to the retained record. That is more reliable than a memory that you probably clicked the final button.

If you discover an error after submission, contact the responsible office through its correction process. Do not silently alter your own saved copy and assume the agency has the new version.

Medical review is a separate obligation

OPM may require updated medical information to determine continuing eligibility. Its guidance states that failure to provide requested evidence can result in suspended payments until continuing eligibility is established.

Treat a medical-information request as its own task. Identify what the agency needs, contact the appropriate clinician, provide the relevant request, and allow time for preparation and delivery. Do not assume an old application packet automatically answers a current request.

If the clinician is unavailable or records will be delayed, communicate promptly with OPM about the problem and ask what is required. Do not assume an extension has been granted unless you receive confirmation. Keep the original deadline visible while seeking help.

Updated evidence should describe the current facts. If treatment, function or circumstances changed, the record should say so accurately. Continuing eligibility is not protected by pretending that nothing ever changes.

Medical recovery and earning capacity are not the same finding

OPM distinguishes medical recovery, restoration to earning capacity and administrative recovery associated with certain federal reemployment. A person may have a significant ongoing medical condition and still face an earnings-based determination. Conversely, remaining below an earnings threshold does not answer every medical-review question.

This distinction matters when reading a notice and when asking whether a benefit can resume. The relevant process depends on why the annuity stopped. Do not assume that returning to a lower income automatically resolves a medical-recovery determination, or that a new medical report automatically resolves every earnings issue.

OPM describes circumstances in which a disability benefit can be reinstated, but reinstatement is not something to presume from a change in circumstances alone. Ask for the applicable process, required evidence and effective-date rules. Submit what is required and obtain a

decision. If a termination or denial is disputed, read the review rights and seek qualified help before the deadline.

Age 62 is a recalculation event not a promotion

For the applicable under-age-62 disability computation, OPM recomputes the annuity at age 62 using a service-based formula. The computation adds the qualifying period on the disability annuity rolls to the service used and adjusts the average salary by applicable FERS cost-of-living increases. The formula uses 1 percent when the relevant service total is under twenty years and 1.1 percent when it reaches twenty years or more.

The concept is sometimes described as calculating as if you had continued working. Do not turn that shorthand into an assumption that OPM will invent promotions, new step increases or a different career path. The specified computation is what matters.

Here is a simplified fictional example. Assume Lee's verified service for the recomputation totals twenty-two years after the applicable annuity period is added, and the adjusted high-3 used in the recomputation is $80,000. Under the illustrated 1.1-percent formula, the gross annual amount before reductions is $19,360: $80,000 multiplied by 0.011, multiplied by twenty-two. Dividing by twelve gives approximately $1,613.33 before reductions and deductions. These are invented inputs, not a forecast for an individual reader.

OPM states that a person eligible for immediate retirement when applying for disability retirement, whose approved annuity is calculated at the earned rate, does not undergo this age-62 recalculation. Its disability FAQ specifically distinguishes that situation.

Before the milestone, gather your current benefits information and ask what applies to your case. Afterward, read the calculation notice and compare the inputs with your records. A change in the deposit alone is not enough information to understand the calculation.

Keep contact and family information current

An agency cannot respond to a change it has not been told about through the required process. Address, banking and family changes can have different reporting routes. Follow the official procedure for the specific change; do not assume that updating one agency updates every other agency automatically.

Marriage, divorce, death and changes involving eligible family members can affect benefits or elections. Some changes have time limits. Seek current guidance promptly instead of waiting for the next annual review. Keep a copy of the submitted information and any resulting confirmation.

Do not place account passwords in a general-purpose benefits binder. A trusted helper may need to know where records are and which offices to contact, but account access and legal authority are separate questions. Use appropriate authorized arrangements rather than casually sharing credentials.

Sources 12, 24, 28

CHAPTER 20

Choosing the right help

Choose help by the problem not the title alone

Different professionals solve different problems. Before paying for help, identify what you need and what the person is authorized and qualified to do.

Your agency benefits office can address employment records, agency responsibilities and administrative processing. A clinician addresses medical assessment, treatment, restrictions and prognosis. OPM decides the retirement claim and administers the annuity. SSA, VA and OWCP each administer their own programs.

An attorney may be appropriate for a disputed legal issue, appeal, significant procedural problem, court order or consequential agreement. A qualified tax or financial professional addresses distributions, tax treatment and financial planning. Education and administrative coaching can help you understand a process and prepare questions, but do not replace those roles.

TFDR offers independent, non-attorney education and administrative coaching for client-led applications. The applicant remains responsible for preparing, approving and submitting the application. No eligibility determination or approval outcome is promised. Visit www.thefederaldisabilityreview.com to review the current scope and inquiry process. Reading this book or submitting an inquiry does not establish a service relationship.

Sources 1

KEEP THIS HANDY

Your reference shelf

A glossary in plain English

Accommodation. A change or adjustment considered in relation to a medical limitation and the work. Whether a particular arrangement satisfies a legal requirement is a separate question from whether someone informally found it helpful. Keep the request, response and outcome distinct.

Adjudication. The process of deciding a claim. Gathering records, opening a case and calculating payments are related activities, but none should be mistaken for a favorable decision on the application.

Agency. Your federal employing organization. Different people within it may handle HR, payroll, supervision, accommodation and records. Identify the particular office rather than treating "the agency" as one person who knows everything in your file.

Annuity. A recurring retirement payment. A gross annuity amount is not necessarily the amount deposited after deductions or adjustments.

Basic pay. A pay concept used in federal retirement rules. Do not assume that every item in a paycheck counts the same way for every purpose. High-3 calculations and the earning-capacity comparison require the correct pay basis.

Claim number. An identifier assigned to a claim. Keep it with your private administrative records. A claim number helps route communication; receiving one is not proof of approval.

Computation. The calculation of a benefit. Eligibility and computation are different questions. A calculation can be mathematically correct while using the wrong assumptions or retirement category.

Creditable service. Service that counts under the applicable retirement rule. Ask whether a period counts for eligibility, computation or both. Do not assume all service dates and service totals serve the same purpose.

Deferred retirement. A retirement category involving payment beginning later for a person who left before qualifying for immediate retirement, under applicable rules. It is not a synonym for every delayed payment.

Deposit and redeposit. Different kinds of payments associated with service credit. A deposit generally addresses certain service for which retirement deductions were not taken; a redeposit concerns previously refunded deductions. Applicable rules depend on the service and circumstances.

Disability annuitant. A person receiving a disability retirement annuity. That status does not mean the person has no ongoing reporting responsibilities or that every other benefit program reaches the same conclusion.

Duty nexus. A shorthand expression for the connection between the medical condition or limitation and the requirements of the position. The useful task is to explain that connection with facts and support, not merely to repeat the phrase.

Earned annuity. An annuity based on the applicable service-and-salary computation. It is important when comparing the disability formula with the benefit available under other applicable provisions. It should not be guessed from an informal estimate.

Earning capacity. A specific concept in disability retirement rules. Do not use it interchangeably with medical recovery, a personal sense of capacity, or an SSA monthly work threshold.

Effective date. The date an action takes legal or administrative effect. It can differ from the date a document was written, mailed, received or processed. Record which kind of date you mean.

FECA. Federal Employees' Compensation Act. The federal workers' compensation framework administered through the Department of Labor's Office of Workers' Compensation Programs. Its purpose and rules differ from FERS disability retirement.

FEGLI. Federal Employees' Group Life Insurance. Retirement-related coverage and elections have their own requirements. Do not assume a disability approval answers every life-insurance question.

FEHB. Federal Employees Health Benefits. Continuation in retirement depends on the applicable requirements. Review coverage separately from the retirement application itself.

FERS. Federal Employees Retirement System. This book addresses its disability retirement provisions for covered federal civilian employees, not every federal or military retirement system.

High-3. The applicable highest average basic pay used in retirement computation. It is not simply the largest annual salary on a recent pay statement or the sum of every type of compensation.

Interim payment. A payment made before final processing is complete in circumstances where interim payments are available. Do not treat an interim amount as the final award or infer that it resolves every adjustment.

Medical recovery. A concept distinct from restoration of earning capacity. The source of a possible change to an annuity matters; a letter about one should not be answered as though it concerns the other.

MRA. Minimum retirement age, which depends on birth year under FERS. It is relevant to certain age-and-service retirement provisions, not a minimum age for disability retirement eligibility.

MSPB. Merit Systems Protection Board. It handles matters within its jurisdiction, including certain appeals involving OPM retirement decisions. The decision's review-rights notice and current rules matter.

OPM. Office of Personnel Management. OPM adjudicates federal retirement claims and administers retirement benefits within its authority.

ORA. Online Retirement Application. Follow current official instructions for initiating, completing and submitting the applicable application. A draft saved online is not necessarily a submitted application.

OWCP. Office of Workers' Compensation Programs. For federal employees, its FECA program handles workers' compensation matters. Applying for a benefit and electing payment are not the same event.

Personnel action. An official employment action, often recorded on an SF 50. Read its effective date and what it actually establishes. A personnel record is not a medical opinion or an OPM disability approval.

Position description. The official description of a position. Use the relevant version and supplement understanding of actual duties accurately; do not edit the official record to match a preferred narrative.

Postponed retirement. A term associated with particular FERS retirement circumstances in which an otherwise available annuity is started later. It must not be casually substituted for deferred retirement.

Reassignment. Consideration of another qualifying vacant position under the applicable requirements. A proposed job, its terms and any decision to decline it deserve careful review.

Reconsideration. A specified review stage for an initial OPM decision under applicable rules. It is not merely an informal request that an HR representative take another look.

SF. Standard Form. The number and current instructions identify the document. A familiar form number does not establish that an older downloaded version contains current submission directions.

SSA. Social Security Administration. It administers Social Security programs and makes its own disability decisions under its rules.

SSDI. Social Security Disability Insurance. It is distinct from Supplemental Security Income and from FERS disability retirement. Keep application evidence, decisions and payments identified by program.

Survivor annuity. A benefit elected or provided under applicable rules for an eligible survivor. Elections and spouse-related requirements can materially affect benefits and should not be treated as a routine checkbox.

Useful and efficient service. The occupational standard addressed in FERS disability retirement requirements. OPM's explanation concerns the critical or essential position elements, performance ability, conduct and attendance. It is not equivalent to an assumption that the employee can do no work anywhere.

THE OFFICIAL REFERENCE DESK

Official source notes

Original sources checked November 13, 2026; ORA workflow and processing-time references updated November 14, 2026. Select a linked title for the current official material. Chapter notes identify sources for program rules; examples and document-management suggestions are educational methods, not additional government requirements. Older handbooks and forms may retain historical delivery instructions. Current ORA guidance and governing filing protections must be read separately. Your individual notice and current requirements matter.

1. OPM Types of Retirement

Disability eligibility and current ORA routing.

2. 5 CFR 844.103 Eligibility

Occupational disability standard and agency requirements.

3. 5 CFR 844.201 General requirements

Filing protections, incomplete filings, mental-incompetence exception and SSDI evidence.

4. OPM FERS Eligibility

Age and service retirement categories; see also the former-employee guidance linked there.

5. OPM Creditable Service

Civilian and military service, deposits, redeposits and sick leave.

6. OPM Standard Form 3112

Applicant, supervisor, physician, agency and checklist components. Read medical evidence instructions; verify current routing separately.

7. 5 USC 8451 Disability retirement

Statutory requirements and qualifying reassignment offers.

8. OPM Online Retirement Application

Current online process and assistance.

9. OPM Retirement application quick guide

Processing stages and transition considerations.

10. 5 CFR 841.306 Reconsideration

Initial-decision reconsideration requirements and deadlines.

11. MSPB Questions and answers about appeals

Appeal process, filing and representation. Read the actual appeal-rights notice.

12. OPM FERS Computation

High-3, disability formulas, earned annuity comparison and age-62 recomputation.

13. OPM Related Federal Benefits

SSDI and OWCP coordination.

14. OPM Interim pay during retirement processing

Interim payments, finalization and retroactive deductions.

15. SSA Disability eligibility

SSA duration, work and insured-status requirements, distinct from FERS.

16. VA Pension and disability compensation

Different VA program purposes and financial rules.

17. VA Individual Unemployability

Work-related requirements for IU, distinct from ordinary schedular compensation.

18. OPM Military Retired Pay

Civilian credit for military service, waivers and exceptions.

19. OPM Health benefits in retirement

FEHB continuation requirements and enrollment history.

20. OPM FEGLI Guide for Retiring Employees

Life-insurance continuation, reductions and elections.

21. OPM Survivor Benefits

FERS survivor elections and family considerations.

22. IRS Retirement Topics Disability

Tax definition and exception for early distributions, separate from OPM approval.

23. SSA Medicare information

Medicare after SSDI entitlement and special rules.

24. OPM Disability Benefits FAQ

Recovery, continuing eligibility, age distinctions and benefit administration.

25. OPM What earned income means

Wages and self-employment earnings.

26. OPM What is not earned income

Non-work receipts and qualifications for rents and royalties.

27. 5 CFR 844.402 Restoration to earning capacity

Annual 80-percent test, December 31 age/pay rules and business losses. SSA has independent rules at ssa.gov/disability/work.

28. OPM Disability Earnings Report FAQ

Reporting obligations, including requested reports with no earnings.

29. OPM Lump Sum Payments for Annual Leave

Separation-based annual-leave payment rules.

30. OPM CHCO Council Academy disability session

Question 14 explains sick leave and earned/disability calculations.

31. OPM Postal Service Health Benefits Program

Postal-specific coverage and Medicare requirements.

32. DOL FECA Procedure Manual

OWCP elections and concurrent schedule-award nuances. Individual coordination is necessary.

33. OPM Signing into Retirement Services Online

Login.gov, ORA account continuity, activation and account security.

34. OPM Application status FAQ

Interim-payment tracking guidance specifically identifies non-disability annuitants.

35. OPM ORA Human Resources Specialist Guide

Workflow: applicant submission, HR review, CSOS applicant review/certification, HR checklist and payroll handoff (2025 guide; reviewed November 14, 2026).

36. OPM Online Retirement Application

Current HR initiation, applicant access, certification and shared HR/payroll workflow. Reviewed November 14, 2026.

37. OPM Retirement Processing Times

Immediate-retirement averages include disability applications already approved by OPM; not a separate disability-adjudication forecast. Reviewed November 14, 2026.