

COAP WORKSHEET

Employee's Information:

Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Social Security Number: _____ * _____ *

Date of Birth: ____/____/____/ (Month/Day/Year)

Former Spouse Information:

Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Social Security Number: _____ * _____ *

Date of Birth: ____/____/____/ (Month/Day/Year)

Period of Marriage: Date of Marriage: ____/____/____/ (Month/Day/Year)

Date of Divorce: ____/____/____/ (Month/Day/Year)

Federal Government Service and Retirement Information:

Agency Where Employed: _____

Date of Employment: ____/____/____/ (Month/Day/Year)

Date of Retirement: ____/____/____/ (Month/Day/Year)

Retirement System: (Circle One) CSRS FERS
(If Retired, Civil Service Account (CSA) Number: _____)

Thrift Savings Plan Balance: _____

Federal Employees Group Life Insurance Coverage:

Documents To Provide:

- _____ Caption of Case with Civil Action Number
- _____ Copy of Agreement, Judgment, or Mediation Memo
- _____ Copy of Last Statement of CSRS/FERS Estimate of Benefits
- _____ Leave and Earnings Statement/Pay Stub
- _____ Names, Addresses, Bar Numbers of Attorneys for Both Parties