

APPROVED FOR
RELEASE DATE:
10-Nov-2008

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(WHEN FILLED IN)

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APPLICATION FOR RETIREMENT

CIA RETIREMENT AND DISABILITY SYSTEM

To avoid delay—1. Read information carefully; 2. Complete application in full; 3. Typewrite or print in ink

A. PERSONAL INFORMATION

1. NAME MR. MRS. MISS	(Last) CARANCI	(First) John	(Middle) C	2. DATE OF BIRTH (Month) (Day) (Year) Feb 7 1922	3. SOCIAL SECURITY NUMBER
4. ADDRESS (Number and street) (City and State) (Zip Code) CORRES: 64 Eddi Street Centredale, Rhode Island 02911 CHECKS: Same as Correspondence					
5. (A) ARE YOU MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. (B) IF "YES," GIVE THE FOLLOWING INFORMATION:			
		WIFE'S OR HUSBAND'S NAME (First) (Middle)	HER (OR HIS) BIRTH DATE (Month) (Day) (Year)	DATE OF MARRIAGE (Month) (Day) (Year)	ADDRESS OF SPOUSE IF DIFFERENT FROM ITEM 4

B. CIVILIAN SERVICE

1. OFFICE OF ASSIGNMENT DDP	2. SERVICE DESIGNATION 	3. LOCATION OF EMPLOYMENT (City and State) Washington, D. C.
4. TITLE OF LAST POSITION Devel. & Eng. Technologist	5. DATE OF FINAL SEPARATION (Month) (Day) (Year) 	6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE
7. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. ARE YOU ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. MILITARY SERVICE

1. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961. IF AVAILABLE, ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
U. S. Army	31182993	17 Oct 42	5 Feb 46	T5	

2. (A) ARE YOU A MILITARY RESERVIST (EITHER ACTIVE OR INACTIVE)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (RETIRED PAY DOES NOT INCLUDE V.A. PENSION OR COMPENSATION.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (C) IF "YES," WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, U.S.C. (FORMERLY TITLE III, PUBLIC LAW 80-810)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.	1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month, year)
2. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY.) 	

E. OTHER CLAIM INFORMATION

1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? Will Apply <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. (B) IF "YES," STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION	
	CLAIM NUMBER	FROM (Month) (Day) (Year) TO (Month) (Day) (Year)
2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN	
	<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	
3. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIA RETIREMENT & DISABILITY SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, PURCHASE OF SERVICE CREDIT, OR VOLUNTARY CONTRIBUTIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. (B) IF "YES," INDICATE THE TYPE(S) OF APPLICATION:	
	<input type="checkbox"/> RETIREMENT <input type="checkbox"/> PURCHASE OF SERVICE CREDIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	
4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. (B) IF "YES," GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM Civil Service System	

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