

REQUEST FOR RETIREMENT ANNUITY ESTIMATE FORM

NAME: _____ CHRIS EMPID: _____

Organization and Routing Symbol _____ Work Ph # _____

Projected Retirement Date(s): _____

Sick Leave Balance _____ Annual Leave Balance _____ as of _____ (date)*

1. Circle which retirement system are you currently under: *CSRS* *CSRS Offset* *FERS*

2. Types of Retirement: *EarlyOut* *Optional/Voluntary* *FERS MRA + 10* *Disability* _____

Retirement contributions to date (cumulative for this agency is reflected in ESS in the drop down menu “Review” and then “Earnings Statement Summary”; also include all other gross pay earnings (earning from other Federal employers/agencies other than DOE) to “This agency’s cumulative amount”). This is used to figure the non-taxable portion of the GROSS MONTHLY ANNUITY. The non taxable portion ends when the total of all benefit payments excluded from taxes equals that amount. NOTE: This is only an estimate, and it does not impact or reflect the actual annuity monthly payment:

CSRS \$ _____ FERS \$ _____

		YES	NO	N/A
1	Did you transfer from CSRS to FERS?			
	Actual/approximate date of Transfer _____			
	Sick Leave balance at time of transfer to FERS _____			
2	Do you want a survivor annuity computed?			
	If yes, spouse’s date of birth: _____			
	a. If CSRS, will you elect full survivor benefits (55%):			
	If no, what base amount will you use? (Percentage or Dollar amount) _____			
	b. If FERS, will you elect:			
	Full Survivor Benefits:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	½ (50%):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No benefit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have any part-time Federal civilian service since 4/1/1986?			
4	Have you ever left Federal service and withdrew your retirement deductions? If No, go to question 5.			
	a. Approximately what year? _____			
	b. **Since you’ve returned to service, have you re-deposited that money? If no, go to question 5.			
	c. If re-deposit is not complete, estimated amount of payments made: \$ _____			
	d. Will re-deposit be completed by time of retirement? ****			
5	Have you ever held any temporary Federal civilian positions with the government?			
	a. **Have you made a deposit for that time? If no, go to question 6.			
	b. Is deposit complete? If yes, go to question 6.			
	c. Estimated amount of payments made? \$ _____			
6	Do you have any Military service time? If no, go to question 7.			
	a. Was any of the service post 1956? If no, go to 6c.			
	b. Has a deposit for military service/time been made? ***			
	c. Are you receiving retired military pay?			
	d. Is your retirement based on combat incurred injury or disease?			
	e. Will you be waiving your military retirement pay?			

		YES	NO	N/A
7	To continue health benefits into retirement, you must have had health coverage for the 5 years immediately preceding your retirement, or from your first opportunity to enroll (this includes Tricare for military). Do you meet this requirement?			
	a. If eligible, do you want to continue health benefits coverage during retirement? (NOTE: The estimate is based on TODAY'S rate.)			
	b. If yes, enrollment code: _____			
8	Do you want to continue FEDVIP – Dental enrollment into retirement?			
	a. Dental Plan Type: (Check one) (1) Self Only <input type="checkbox"/> (2) Self Plus One <input type="checkbox"/> (3) Self Plus Family <input type="checkbox"/>			
	b. Location: State + first 3 digits of zip code: _____ (i.e., CA955)			
	c. Plan Name: _____ Standard or High Option (Circle)			
9	Do you want to continue FEDVIP – Vision enrollment into retirement?			
	a. Vision Plan Type: (Check one) (1) Self Only <input type="checkbox"/> (2) Self Plus One <input type="checkbox"/> (3) Self Plus Family <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Plan Name: _____ Standard or High Option (Circle)			
10	Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985, and to whom a court order gives a survivor annuity?			
11	To continue life insurance coverage into retirement, you must have had coverage for the 5 years immediately preceding your retirement. If eligible, your annuity estimate will include a deduction for Federal Employee Group Life Insurance. Do you meet this requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Current FEGLI Code: _____</p> <p><u>BASIC INSURANCE:</u> Before retiring, you will be required to select a reduction level for your BASIC insurance. Please check the reduction level you would like to be calculated for your retirement computation.</p> <p><input type="checkbox"/> 75% reduction (at age 65 basic insurance will decrease by 2% per month until it reaches 25% of the original amount)(least expensive option).</p> <p><input type="checkbox"/> 50% reduction (at age 65, basic insurance will decrease by 1% per month until it reaches 50% of original amount.)</p> <p><input type="checkbox"/> NO reduction (there is no change in amount of basic coverage regardless of age; most expensive option)</p> <p><u>OPTIONAL INSURANCE (Option B and Option C)</u></p> <p><input type="checkbox"/> Full reduction (at age 65, basic insurance will decrease by 2% per month until it reaches 0% of original amount.)</p> <p><input type="checkbox"/> NO reduction (there is no change in amount of basic coverage regardless of age; most expensive option).</p> <p>Number of multiples you wish to continue to carry: Option B ____ Option C ____</p>			
12	The estimated Federal Taxes to be withheld: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married withhold at higher single rate Number of Exemptions Claimed: _____ Additional amount, if any, you want withheld: _____			

13	~~If filing under either CSRS Offset or FERS retirement, please submit a copy of your most recent Social Security statement to aid in the computation of your annuity supplement. To obtain this information, contact the Social Security Office at 1-800-772-1213 to receive Form SSA-7004, Request for Social Security Statement or if in the Oak Ridge area, contact the local SS office at 865-482-2350 or stop by and they will give you a printout.~~
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* These can be found on your pay statements.

** You will be given the opportunity to make these payments upon retirement if you wish to do so.

*** Post 1956 military deposit MUST be PAID IN FULL **BEFORE** retirement – you will **NOT** be given the opportunity to make this payment after retirement.

**** Redeposit/Deposit service that has been partially paid will be applied towards retirement. The balance owed will be actuarially reduced where applicable.

NOTE: THE CALCULATION THAT WILL BE DERIVED FROM THIS INFORMATION IS ONLY AN ESTIMATE. YOUR ACTUAL ANNUITY WILL BE DETERMINED BY THE U.S. OFFICE OF PERSONNEL MANAGEMENT.

REMINDERS FOR WHEN ACTUALLY RETIRING:

- Under **CSRS**, you are required to submit a copy of your current marriage license.
- If you have a living former spouse to whom a court order awards a survivor annuity based on your Federal employment, you must submit a certified copy of the court order and any attachments or amendments. You are not required to submit this if you are sure the court order has already been submitted.
- Have you reviewed your eOPF online to make sure it is complete?

