

REQUEST FOR RETIREMENT ANNUITY

NAME: _____ ESS EMPID: _____

Work Phone # _____ Organization and Routing Symbol _____

Projected Retirement Date(s): _____

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

1. Which retirement system are you currently under: **CSRS** **CSRS Offset** **FERS**
2. Type of Retirement you wish to apply for: **Early** **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?			
	b. If FERS, will you elect: Full Survivor Benefits: ½ (50%): No benefit:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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?			
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 (2) Self Plus One (3) Self Plus Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Location: (1) TN Entire State or (2) State + first 3 digits of zip code: _____ (i.e., CA955)	<input type="checkbox"/>		
	c. Plan Name:			
9	Do you want to continue FEDVIP – Vision enrollment into retirement?			
	a. Vision Plan Type: (Check one) (1) Self Only (2) Self Plus One (3) Self Plus Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Plan Name:			
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? Current FEGLI Code: _____ 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. ____ 75% reduction (at age 65 basic insurance will decrease by 2% per month until it reaches 25% of the original amount)(least expensive option). ____ 50% reduction (at age 65, basic insurance will decrease by 1% per month until it reaches 50% of original amount.) ____ NO reduction (there is no change in amount of basic coverage regardless of age; most expensive option)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The estimated Federal Taxes to be withheld: ____ Single ____ Married ____ Number of Exemptions Claimed			
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.			

* 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.

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