

REQUEST FOR RETIREMENT ANNUITY ESTIMATE FORM

NAME: _____ WORK #: _____

Organization and Routing Symbol _____

Projected Retirement Date(s): _____

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

Circle the following:

Which retirement system are you currently under: CSRS CSRS Offset FERS

Type of Retirement: Early Out 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 \$ _____

1	Did you transfer from CSRS to FERS? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> Actual/Approximate date of transfer: _____ Sick Leave balance at time of transfer to FERS if known: _____
2	Do you want a survivor annuity computed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, spouse’s date of birth: _____ <hr/> a. If CSRS will you elect: _____ Full Survivor Benefit (55%) _____ Less than Full Benefit – Specify base as a percentage of full annuity: _____ _____ Less than full benefit – Specify base as an annual dollar amount: _____ _____ Less than full benefit – Specify desired monthly survivor annuity: _____ _____ Survivor Benefit for an Insurable Interest – Specify date of birth of insurable interest: _____ _____ No Benefit

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	<p>b. If FERS, will you elect:</p> <p>___ Full Benefit</p> <p>___ One-Half Benefit</p> <p>___ Survivor Benefit for an Insurable Interest – Specify date of birth of insurable interest: _____</p>
3	<p>Do you have any part-time Federal Civilian service since 4/1/1986? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
4	<p>a. Have you ever left Federal service and withdrew your retirement deductions? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, go to question 5.</p> <p>b. Approximately what year? _____</p> <p>c. Does your retirement include TVA Service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d. Has a deposit/redeposit been made for that service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e. What date did you take a refund for the TVA Service: _____</p> <p>f. Will re-deposit be completed by time of retirement for any of the above? **** <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
5	<p>Have you ever held any temporary Federal civilian positions with the Government? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>** Have you made a deposit for that time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
6	<p>a. Do you have any Military service time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. Was any of the service post 1956? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c. Has a deposit for military service/time been made? *** <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d. Are you receiving retired military pay? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e. Is your retirement based on combat incurred injury or disease? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>f. Will you be waiving your military retirement pay? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
7	<p>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). Do you meet this requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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	<p>a. If eligible do you want to continue health benefits coverage during retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: The estimate is based on TODAY'S rate.)</p> <p>b. If yes, enrollment code: _____</p>
8	<p>Do you want to continue FEDVIP – DENTAL enrollment into retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>a. Dental Plan Type: Self Only <input type="checkbox"/> Self Plus One <input type="checkbox"/> Self Plus Family <input type="checkbox"/></p> <p>b. Location: State + first 3 digits of zip code: _____ (i.e., CA955)</p> <p>c. Plan Name: _____</p> <p>d. Option: <input type="checkbox"/> Standard <input type="checkbox"/> High</p>
9	<p>Do you want to continue FEDVIP – VISION enrollment into retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>a. Vision Plan Type: Self Only <input type="checkbox"/> Self Plus One <input type="checkbox"/> Self Plus Family <input type="checkbox"/></p> <p>b. Plan Name: _____</p> <p>c. Option: <input type="checkbox"/> Standard <input type="checkbox"/> High</p>
10	<p>Do you have a living form spouse(s) from whom you were divorced on or after May 7, 1985, and whom a court order gives a survivor annuity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
11	<p>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 (FEGLI). Do you meet this requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Current FEGLI Code: _____</p> <p>a. BASIC INSURANCE: Before retiring, you will be required to select a reduction level for your BASIC insurance. Please select 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 the 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>b. OPTIONAL INSURANCE (Option B and Option C)</p>

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	<input type="checkbox"/> Full reduction (at age 65, basic insurance will decrease by 2% per month until it reaches 0% of original amount). <input type="checkbox"/> NO Reduction (there is no change in amount of optional coverage regardless of age)(most expensive option) Number of multiples you wish to continue to carry with no reduction: Option B _____ Option C _____ c. ADDITIONAL Insurance: The amount of Option A - Standard insurance (formerly known as "Optional insurance") is \$10,000 at retirement. If you have this coverage, it will begin to reduce by 2% per month (\$200) beginning the second month after you are 65 or the second month after you retire, whichever is later, until it reaches 25% of the face value (\$2,500). OPM will withhold premiums for Option A insurance from your annuity through the end of the month 1 in which you are 65, unless you elect to cancel this coverage 2 OPM will stop withholding the monthly premium from your annuity the first of the month after you are 65. For example, if you reach age 65 in May, premiums for Option A insurance will stop June 1. This will be shown in your payment dated July 1, covering your annuity and insurance premiums for the month of June. Do you wish to keep Additional Insurance if applicable: <input type="checkbox"/> YES <input type="checkbox"/> NO
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	Are you currently receiving Social Security? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what date did you start? _____

~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, go to the following website and create an account: www.socialsecurity.gov/mystatement

* 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.

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REMINDERS FOR WHEN ACTUALLY RETIRING:

- 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?