

# REQUEST FOR RETIREMENT ANNUITY ESTIMATE

NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

Organization and Routing Symbol \_\_\_\_\_

Projected Retirement Date(s): \_\_\_\_\_

Sick Leave Balance \_\_\_\_\_ Annual Leave Balance \_\_\_\_\_ as of \_\_\_\_\_ (date)\*

Email Address: \_\_\_\_\_ EMPID: \_\_\_\_\_

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

Retirement being requested by employee:     *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	<p>Did you transfer from CSRS to FERS?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, actual/approximate date of transfer: _____</p> <p>If yes, provide your sick leave balance at time of transfer to FERS if known: _____</p>
2	<p>Do you want a survivor annuity computed?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, spouse’s date of birth: _____</p> <p style="margin-left: 20px;">a. If CSRS, which survivor benefit, in any, will you elect:</p> <p>____ Full Survivor Benefit (55%)</p> <p>____ Less than Full Benefit – Specify base as a percentage of full annuity: _____</p> <p>____ Less than full benefit – Specify base as an annual dollar amount: _____</p> <p>____ Less than full benefit – Specify desired monthly survivor annuity: _____</p> <p>____ Survivor Benefit for an Insurable Interest – Specify date of birth of insurable interest: _____</p> <p>____ No Benefit</p>

## REQUEST FOR RETIREMENT ANNUITY ESTIMATE

	<p>b. If FERS, which survivor benefit if any, will you elect:</p> <p><input type="checkbox"/> Full Benefit</p> <p><input type="checkbox"/> One-Half Benefit</p> <p><input type="checkbox"/> Survivor Benefit for an Insurable Interest – Specify date of birth of insurable interest: _____</p> <p><input type="checkbox"/> No Benefit</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 withdrawn 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 receive a refund for the TVA Service: _____</p> <p>f. Will redeposit be completed by time of retirement for any of the above? **** <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NOTES:</b></p> <p><b>Generally, redeposit/deposit service that has been partially paid will be applied towards retirement. The balance owed will be actuarially reduced where applicable. _____Initials</b></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> <p><b>NOTES:</b></p> <p><b>You will be given the opportunity to make these payments upon retirement if you wish to do so. _____Initials</b></p>
6	<p>Have you ever held a position with the International Atomic Energy Agency (IAEA) or other similar service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, did you make a deposit for this time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NOTES:</b></p> <p><b>Normally, no payments to the retirement system are made during time spent with IAEA. Failure by the employee to make a deposit for this service immediately upon reemployment with the Federal government will negatively impact calculations for your retirement annuity. The time cannot be credited if you have not made a deposit for the service. You will not have the opportunity to make a deposit for this service at the time of retirement. _____Initials</b></p>

## REQUEST FOR RETIREMENT ANNUITY ESTIMATE

7	<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 after 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> <p><b>NOTES:</b></p> <p><b>Post 1956 military deposit MUST be PAID IN FULL <u>BEFORE</u> retirement – you will <u>NOT</u> be given the opportunity to make this payment after retirement. _____Initials</b></p>
8	<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> <p>a. Are you covered by your spouse's Federal FEHB? <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>b. 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>c. If yes, what is your current enrollment code? _____</p>
9	<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: <b>Self Only</b> <input type="checkbox"/>      <b>Self Plus One</b> <input type="checkbox"/>      <b>Self Plus Family</b> <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"/> <b>Standard</b>      <input type="checkbox"/> <b>High</b></p> <p>e. Or, monthly payment (Amount on LES X 26/12 = _____)</p>
10	<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: <b>Self Only</b> <input type="checkbox"/>      <b>Self Plus One</b> <input type="checkbox"/>      <b>Self Plus Family</b> <input type="checkbox"/></p> <p>b. Plan Name: _____</p> <p>c. Option: <input type="checkbox"/> <b>Standard</b>      <input type="checkbox"/> <b>High</b></p> <p>f. Or, Monthly Payment (Amount on LES X 26/12 = _____)</p>

## REQUEST FOR RETIREMENT ANNUITY ESTIMATE

11	<p>Do you have Long Term Care Insurance? <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, what is your monthly payment? _____</p>
12	<p>Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985, and for whom a court order gives a survivor annuity: <input type="checkbox"/> YES      <input type="checkbox"/> NO (If yes, you will be contacted for more information.)</p>
13	<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. <b>BASIC INSURANCE:</b> 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 the amount of basic coverage regardless of age. This is the most expensive option.)</p> <p>b. <b>OPTIONAL INSURANCE</b> (Option B and Option C)</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 the amount of optional coverage regardless of age. This is the most expensive option.)</p> <p>Number of multiples you wish to continue to carry with no reduction: Option B _____ Option C _____</p> <p>c. <b>ADDITIONAL INSURANCE:</b> 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:</p> <p>(1) in which you are 65, unless you elect to cancel this coverage.</p> <p>(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.</p> <p>Do you wish to keep Additional Insurance if applicable? <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>

## REQUEST FOR RETIREMENT ANNUITY ESTIMATE

14	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? _____
15	Are you currently receiving Social Security? <input type="checkbox"/> YES <input type="checkbox"/> NO  If so, what date did your social security begin? _____

~~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](http://www.socialsecurity.gov/mystatement)**

- \* These can be found on your Leave and Earning 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 MAY DIFFER FROM THIS ESTIMATE AND WILL BE DETERMINED BY THE U.S. OFFICE OF PERSONNEL MANAGEMENT.**

**REMINDERS FOR WHEN ACTUALLY RETIRING:**

- You are required to submit a copy of your *current marriage license*.
- If you have a living former spouse for 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 and to assure that your responses to this questionnaire are accurate?    YES     NO

The information provided above is accurate to the best of my knowledge and belief. I have requested and received written documentation pertaining to my retirement benefits including brochures available through my Human Resources Office as well as online at [www.opm.gov](http://www.opm.gov). I have read and understand this documentation. I also understand that I may have Federal service that is not creditable depending on decisions that I have made about that service. I understand that the Retirement Annuity Calculation provided as a result of this request is an estimate and may not reflect the exact amount of my retirement annuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date