

REQUEST FOR RETIREMENT ESTIMATE

(See General Instructions on Page 4)

NAME		DATE OF REQUEST
OFFICE SYMBOL	PHONE NUMBER	RETIREMENT SYSTEM
		<input type="checkbox"/> CIVIL SERVICE RETIREMENT SYSTEM (CSRS) <input type="checkbox"/> CSRS-OFFSET <input type="checkbox"/> FEDERAL EMPLOYEES RETIREMENT SYSTEM (FERS)

1. TYPE OF RETIREMENT

- OPTIONAL DISABILITY DEFERRED
 EARLY OPTIONAL or DISCONTINUED SERVICE
 POSTPONED ANNUITY (FERS ONLY)

ESTIMATES FOR IMMEDIATE ANNUITIES WILL ONLY BE PROVIDED FOR DATES THAT ARE PROJECTED NO MORE THAN 36 MONTHS.

2. DATE(S) FOR ESTIMATE(S)

Month Day Year

- 2A. _____ 2B. _____ SICK LEAVE HOURS ON DATE
3A. _____ 3B. _____ SICK LEAVE HOURS ON DATE
4A. _____ 4B. _____ SICK LEAVE HOURS ON DATE

5. DID YOU TRANSFER FROM CSRS OR CSRS-OFFSET TO FERS? YES NO

IF YES, ANSWER THE FOLLOWING:

DATE OF TRANSFER: _____ SICK LEAVE BALANCE AT TIME OF TRANSFER: _____

6. DO YOU WANT TO PROVIDE SURVIVOR ANNUITY BENEFITS TO YOUR SPOUSE? *Please check one of the following:*

CSRS OR CSRS-OFFSET EMPLOYEES: FULL BENEFITS OTHER - BASED ON WHAT AMOUNT? or WHAT PERCENTAGE OF THE FULL SURVIVOR ANNUITY?
 NONE

FERS EMPLOYEES: FULL BENEFITS ONE-HALF BENEFITS NONE

7. HAVE YOU EVER WORKED UNDER A TEMPORARY APPOINTMENT? YES NO

IF YES: FROM: _____ TO: _____ AGENCY: _____

FROM: _____ TO: _____ AGENCY: _____

DID YOU MAKE A DEPOSIT FOR THIS SERVICE? YES NO

8. HAVE YOU EVER RESIGNED FROM A FEDERAL JOB AND RECEIVED A REFUND OF YOUR RETIREMENT CONTRIBUTIONS? YES NO

IF YES: FROM: _____ TO: _____ AGENCY: _____

FROM: _____ TO: _____ AGENCY: _____

AMOUNT OF REFUND: _____ DATE OF REFUND: _____

DID YOU REDEPOSIT THIS REFUND? YES NO

9. ARE YOU ENROLLED IN A HEALTH PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM? YES NO

IF YES, ANSWER BELOW IF YOU WISH TO CONTINUE YOUR PLAN INTO RETIREMENT:

NAME OF HEALTH PLAN: _____ ENROLLMENT CODE _____

10. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? YES NO

IF NO, GO TO NUMBER 11.

IF YES, WHAT COVERAGE DO YOU WANT TO CARRY INTO RETIREMENT?

BASIC

ELECTION FOR BASIC LIFE AT AGE 65: 75% REDUCTION 50% REDUCTION NO REDUCTION

OPTION A

OPTION B - NUMBER OF MULTIPLES: _____

ELECTION FOR OPTION B COVERAGE AT AGE 65: FULL REDUCTION NO REDUCTION

OPTION C - NUMBER OF MULTIPLES: _____

ELECTION FOR OPTION C COVERAGE AT AGE 65: FULL REDUCTION NO REDUCTION

11. ARE YOU ENROLLED IN A FEDVIP DENTAL PLAN? YES NO

IF YES, COMPLETE 11A thru 11D IF YOU PLAN TO CONTINUE YOUR DENTAL COVERAGE INTO RETIREMENT:

11A. NAME OF PLAN _____

11B. SELF ONLY SELF AND 1 SELF AND FAMILY

11C. HIGH OPTION STANDARD OPTION

11D. STATE _____ ZIP CODE _____

12. ARE YOU ENROLLED IN A FEDVIP VISION PLAN? YES NO

IF YES, COMPLETE 12A thru 12C IF YOU PLAN TO CONTINUE YOUR VISION COVERAGE INTO RETIREMENT:

12A. NAME OF PLAN _____

12B. SELF ONLY SELF AND 1 SELF AND FAMILY

12C. HIGH OPTION STANDARD OPTION

13. DO YOU HAVE ACTIVE MILITARY SERVICE? YES NO

IF YES, DATES OF SERVICE: FROM _____ TO _____

IF YES, MILITARY DEPOSIT PAID? YES NO

14. ARE YOU RETIRED MILITARY? YES NO

IF YES, DO YOU PLAN TO WAIVE YOUR MILITARY RETIRED PAY? YES NO

15. DO YOU WANT FEDERAL TAXES DEDUCTED FROM YOUR MONTHLY ANNUITY? YES NO

IF YES, COMPLETE THE FOLLOWING:

FILING STATUS: SINGLE MARRIED MARRIED BUT WITHHOLD AT THE SINGLE RATE

NUMBER OF EXEMPTIONS _____

NOTE: 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.

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

GENERAL INSTRUCTIONS

Please complete your name, the date of your request, office symbol, and phone number where you may be reached during office hours.

Check the retirement system that you are covered under, i.e., Civil Service Retirement System (CSRS), CSRS Offset, or Federal Employees Retirement System (FERS).

1. Check the type of retirement estimate that you are requesting.

- Voluntary or Optional - Eligibility is based on your age and the number of years of creditable service and any other special requirements. In addition, you must have served in a position subject to CSRS coverage for one of the last two years before your retirement. If you meet one of the following sets of requirements, you may be eligible for a voluntary immediate retirement benefit.

CSRS Optional Retirement Eligibility	FERS Optional Retirement Eligibility
Age plus Service Years	Age plus Service Years
55 with 30 years, or	MRA with 30 years, or
60 with 20 years, or	60 with 20 years, or
62 with 5 years	62 with 5 years

Note: Minimum Retirement Age (MRA) plus 30 (FERS employees only) - If you have 30 or more years of service and are retiring at your Minimum Retirement Age, you may retire without a reduction in your annuity for retiring under age 62.

- Minimum Retirement Age (MRA) plus 10 (FERS employees only) - If you have 10 or more years of service and are retiring at the Minimum Retirement Age, your annuity will be reduced for each month that you are under age 62. The reduction is 5% per year (5/12 of a percent per month). However, your annuity will not be reduced if you completed at least 30 years of service, or if you completed at least 20 years of service and your annuity begins when you reach age 60. You can reduce or eliminate this age reduction by postponing the beginning date of your annuity.

- Early Optional - If the agency undergoes a major reorganization, reduction in force, or transfer of function, and a significant percentage of the employees will be separated, or will be reduced in pay, the head of your agency can ask the U.S. Office of Personnel Management (OPM) to permit early optional retirement for eligible employees. See chart below for eligibility requirements for Early Optional Retirement.

CSRS Early Optional Eligibility	FERS Early Optional Eligibility
Age plus Service Years	Age plus Service Years
50 with 20 years, or	50 with 20 years, or
Any age with 25 years, (2% penalty per year under 55)	Any age with 25 years (FERS Supplement not paid until reach MRA)

- Discontinued Service (for CSRS only) - The agency must be undergoing a major reorganization, reduction-in-force, or transfer of function (Age and Service requirements the same as CSRS Early Optional cited above.)
- Postponed Annuity - Postponed retirement is only available to employees under FERS. If you have at least 10 years of creditable service and already are at the minimum retirement age, you can get an immediate, but reduced basic retirement benefit. These benefits are reduced by 5 percent for each year the individual is under age 62. Employees may choose to postpone receiving this benefit in order to avoid some or all of the reduction. If the employee is eligible to maintain his or her federal health insurance and life insurance, these benefits will be eligible for reinstatement upon receiving the postponed benefit.
- Deferred Annuity - After resigning from the Federal government, you may be eligible for a deferred annuity if you meet one of the following age and service requirements:
(CSRS or CSRS Offset) - If you were covered by the Civil Service Retirement System (CSRS) for at least 1 year of the last 2 years preceding your separation, you may be eligible for a deferred annuity at age 62.
(FERS) - You completed at least 5 years of creditable civilian service, then you are eligible for a deferred annuity beginning the first day of the month after you reach age 62;

-or -

If you completed at least 10 years of creditable service, including 5 years of civilian service, then you are eligible for a deferred annuity beginning the first day of the month after you reach the Minimum Retirement Age (MRA). Your annuity will be reduced by 5/12 of 1 percent (5 percent per year) for each month by which your benefit commencing date precedes your 62nd birthday. However, you can postpone the commencing date of your annuity to reduce or eliminate this age reduction.

- Disability Retirement - You must, while employed in a position subject to the CSRS, CSRS Offset or FERS retirement system, have become disabled, because of disease or injury, for useful and efficient service in your current position. (Useful and efficient service means fully successful performance of the critical or essential elements of the position-or the ability to perform at that level-and satisfactory conduct and attendance.)

- 2 - 4. Provide the projected retirement date(s) that you would like your estimate(s) computed and the estimated amount of sick leave hours you expect to have on each of the retirement dates.
5. Provide information if you transferred to FERS.
6. Indicate if you want to provide your spouse with survivor annuity, and if so, your election of full survivor benefits or another election.
7. Indicate if you previously were employed under any appointment(s) in the Federal government whereby there were no retirement contributions deducted from your salary, which is referred to as a deposit service. Answer if you made a deposit for this service.
8. Have you ever left the Federal government and withdrew your retirement monies referred to as a refund? If yes, indicate the amount refunded and the date you received the refund. Did you pay back your refund to OPM, referred to as a redeposit?
9. If eligible and you want to continue your health coverage into retirement, state the name of your health plan and your enrollment code. 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 time you were covered under the Uniformed Services Health Benefits Program (also known as TRICARE or CHAMPUS) as long as you were covered under an FEHB enrollment at the time of your retirement. *You also may change back to Tricare after retirement and suspend your FEHB plan as a retiree.*
10. To continue life insurance coverage into retirement, you must have had coverage for the 5 years immediately preceding your retirement. If eligible and you want to continue your life insurance, your annuity estimate will include a deduction for Federal Employee Group Life Insurance (FEGLI). Before retiring, you will be required to select a reduction level for your BASIC insurance (75% reduction, 50% reduction, or No reduction), and if you are eligible to continue Options B and C, you must elect the number of multiples you want to continue and if you want Full reduction or No reduction for this coverage,
11. If you are enrolled in a dental plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP) and you want to continue your plan, provide the name of your dental plan, if enrolled for self, self and one or self and family; also if it is high option or standard option. Please provide your state and your zip code which are determining factors for your premiums.
12. If you are enrolled in a vision plan under the Federal Employees Dental and Vision Insurance Program and you want to continue your plan, provide the name of your vision plan, if enrolled for self, self and one or self and family, and if it is high option or standard option.
13. As a general rule, military service in the Armed Forces of the United States is creditable for retirement purposes if it was active service terminated under honorable conditions, and performed prior to your separation from civilian service for retirement. If you have active military service, indicate the dates you served in the military, and whether or not you made a deposit for this service.
14. Generally, an employee must waive military retired pay in order to receive credit for military service in the computation of the retirement annuity. Please indicate if you receive military retired pay and, if so, are you waiving it.
15. If you want your estimate to show deductions for Federal taxes, please indicate your filing status and the number of exemptions to be used in the computation of your estimate.