REQUEST FOR RETIREMENT ESTIMATE

NAME	DATE

OFFICE SYMBOL	PHONE NUMBER	RETIREMENT SYSTEM
		☐ CSRS ☐ CSRS OFFSET ☐ FERS

DATES FOR ESTIMATE(S) (FOR CSRS/CSRS OFFSET/CSRS TRANSFER ESTIMATES ONLY)

1A. _____ 1B. _____ SICK LEAVE HOURS ON DATE

2A. _____ 2B. _____ SICK LEAVE HOURS ON DATE

3A. _____ 3B. _____ SICK LEAVE HOURS ON DATE

4. TYPE OF RETIREMENT

☐ OPTIONAL ☐ DISABILITY ☐ DISCONTINUED SERVICE (EARLY OUT) ☐ MRA + 10 (FERS ONLY)

5. SURVIVOR BENEFITS

☐ FULL ☐ NONE ☐ OTHER - BASED ON WHAT AMOUNT?

6. DEPOSIT OWED FOR SERVICE NOT COVERED UNDER THE RETIREMENT SYSTEM? ☐ YES ☐ NO

Deposit - A sum of money paid into CSRS or FERS by an employee (or a survivor) to get credit for a period of Federal civilian service during which retirement deductions were not withheld from pay.

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

FROM: _____ TO: _____ AGENCY: _____

7. REDEPOSIT OWED FOR ANY SERVICE FOR WHICH YOU RECEIVED A REFUND? ☐ YES ☐ NO

Redeposit - A sum of money paid into CSRS by an employee (or a survivor) to get credit for a period of Federal civilian service for which a refund of retirement contributions was received. (Not allowable for FERS service.)

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

FROM: _____ TO: _____ AGENCY: _____

8. HEALTH PLAN	ENROLLMENT CODE

9a. DENTAL PLAN 9b. ☐ SELF ONLY ☐ SELF AND 1 ☐ SELF AND FAMILY 9c. ☐ HIGH OPTION ☐ STANDARD OPTION

STATE	ZIP CODE

10a. VISION PLAN 10b. ☐ SELF ONLY ☐ SELF AND 1 ☐ SELF AND FAMILY 10c. ☐ HIGH OPTION ☐ STANDARD OPTION

11. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? ☐ YES ☐ NO
IF NO, GO TO ITEM 12.

IF YES, DO YOU WANT TO CARRY YOUR **CURRENT COVERAGE** INTO RETIREMENT? ☐ YES ☐ NO

IF NO, CHECK BELOW THE LIFE INSURANCE COVERAGE THAT YOU WANT TO CONTINUE INTO RETIREMENT:

☐ BASIC ONLY **+** ☐ OPTION A **+** ☐ OPTION B (X) _____ **+** ☐ OPTION C (X) _____ ***(Option C for spouse/ minor children)***

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

				FROM	TO
12. MILITARY SERVICE?	☐ YES	☐ NO	IF YES, DATES OF SERVICE		
13. RETIRED MILITARY?	☐ YES	☐ NO	**IF YES, WAIVING MILITARY RETIRED PAY?**	☐ YES	☐ NO
14. POST 1956 MILITARY?	☐ YES	☐ NO	**IF YES, POST 1956 MILITARY DEPOSIT PAID?**	☐ YES	☐ NO

15. HOW MUCH FEDERAL TAX DO YOU WANT DEDUCTED FROM YOUR MONTHLY ANNUITY?

☐ NONE ☐ SINGLE ☐ MARRIED

NUMBER OF EXEMPTIONS _____