

# 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. WHAT TYPE OF RETIREMENT ANNUITY COMPUTATION ARE YOU REQUESTING?

- OPTIONAL     DISABILITY     DEFERRED     EARLY OPTIONAL or DISCONTINUED SERVICE
- POSTPONED ANNUITY (FERS ONLY)     MINIMUM RETIREMENT AGE (MRA) + 10 (FERS employee who meets the minimum retirement age but has less than 30 years of service)
- PHASED RETIREMENT

**THE DATES YOU INDICATE BELOW FOR IMMEDIATE ANNUITY ESTIMATES SHOULD NOT BE PROJECTED MORE THAN FIVE YEARS.**

2. DATE(S) FOR ESTIMATE(S)

Month      Day      Year

- 2A. \_\_\_\_\_ 2B. \_\_\_\_\_ SICK LEAVE HOURS ON DATE
- 2C. \_\_\_\_\_ 2D. \_\_\_\_\_ SICK LEAVE HOURS ON DATE
- 2E. \_\_\_\_\_ 2F. \_\_\_\_\_ SICK LEAVE HOURS ON DATE

3. DID YOU USE EMERGENCY PAID LEAVE UNDER THE AMERICAN RESCUE PLAN ACT (ARPA) (ABSENCE CODE 077) BETWEEN 3/11/2021 AND 9/30/2021?  YES  NO

IF YES: NUMBER OF HOURS \_\_\_\_\_

4. 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: \_\_\_\_\_

5. 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

6. DO YOU HAVE ANY PART-TIME FEDERAL CIVILIAN SERVICE SINCE 4/1/1986?  YES  NO

IF YES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ AGENCY: \_\_\_\_\_

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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

IF YES, PLEASE PROVIDE A COPY OF YOUR CIVIL SERVICE DEPOSIT ACCOUNT STATEMENT (RI36-23)

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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

IF YES, PLEASE PROVIDE A COPY OF YOUR CIVIL SERVICE DEPOSIT ACCOUNT STATEMENT (RI36-23)

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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 \_\_\_\_\_

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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  NONE

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

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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 \_\_\_\_\_

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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

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13. DO YOU HAVE ACTIVE MILITARY SERVICE?  YES  NO

IF YES, DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

IF YES, MILITARY DEPOSIT PAID?  YES  NO

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14. ARE YOU RETIRED MILITARY?  YES  NO

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

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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 \_\_\_\_\_

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REMARKS:

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**NOTE: FERS EMPLOYEES REQUESTING AN ESTIMATE FOR A RETIREMENT DATE BEFORE REACHING AGE 62, AND CSRS-OFFSET EMPLOYEES SHOULD SUBMIT A COPY OF YOUR MOST RECENT SOCIAL SECURITY STATEMENT TO AID IN THE COMPUTATION OF THE ANNUITY SUPPLEMENT (FERS) OR THE OFFSET AMOUNT (CSRS-OFFSET)**

**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.**

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## 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.

<b>CSRS Optional Retirement Eligibility</b>	<b>FERS Optional Retirement Eligibility</b>
<u>Age plus Service Years</u> 55 with 30 years, or 60 with 20 years, or 62 with 5 years	<u>Age plus Service Years</u> MRA with 30 years, or 60 with 20 years, or 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.

<b>CSRS Early Optional Eligibility</b>	<b>FERS Early Optional Eligibility</b>
<u>Age plus Service Years</u> 50 with 20 years, or Any age with 25 years, (2% penalty per year under 55)	<u>Age plus Service Years</u> 50 with 20 years, or 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. 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.
3. If you used any Emergency Leave under the American Rescue Plan Act (ARPA) during COVID-19 in the months between 3/11/2021 and 9/30/2021, check yes and provide the number of hours used.
4. Provide information if you transferred to FERS.
5. Indicate if you want to provide your spouse with survivor annuity, and if so, your election of full survivor benefits or another election.
6. Part-time service may have an effect on the computation of your annuity. CSRS employees who have part-time service on or after April 7, 1986, and FERS employees who were employed on a part-time work schedule will have their annuities prorated based on the part-time work schedule. If you have part-time service, please indicate the agency where you worked and the dates of this service.
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.