



REQUEST FOR RETIREMENT ANNUITY ESTIMATE

Instructions: Please read and answer the following questions thoroughly to include checking all applicable boxes. Unanswered questions may delay processing. **Print and Fax back your request form to 202.586.6395 or drop request to GM-169.** The request will be assigned to your servicing retirement specialist. They will confirm receipt of your request.

SECTION A

Request Submitted _____

Name (last, first, middle)

Last four SSN

Date of Birth

Organization

Office Telephone Number

Fax Number

Prospective Retirement Date

Service Computation Date (SCD)

Sick Leave Balance

Pay Period Ending (PPE)

SECTION B (have you served in the following appointments)

Intermittent Service Yes____ No____ LWOP over 30 days Yes____ No____

Temporary Service Yes____ No____ Break in Service Yes____ No____ Part-Time Yes____ No____

SECTION C (creditable service)

Have you ever left Federal Service: Yes____ No____

If so, was your retirement refund paid to you: Yes____ No____ *If yes, give date/amount* _____

Did you pay back your refunded service: Yes____ No____

SECTION D (military service)

Military Service Yes____ No____ Is your DD214 in your OPF Yes____ No____ n/a____

Did you retire: Yes____ No____ n/a____ *If yes, did you waive military ret. Pay: Yes____ No____*

If you did not retire, did you make a military deposit Yes____ No____

SECTION E (do you want the following info included in your retirement estimate)

FEHB: Yes____ No____ Waived____ *If yes, provide FEHB code* _____

FEGLI: Yes____ No____ Waived____ *If yes, provide FEGLI code* _____

Fed. Tax Withholdings: Yes____ No____ *If yes, how many exemptions:* _____

Are you married: Yes____ No____ *If yes, Survivor Benefits for your spouse: Yes____ No____*

SECTION F (retirement options)

Retirement coverage: CSRS____ CSRS Offset____ FERS____

Ret. Election: Voluntary____ VERA____ Buyout____ DSR____ Deferred____ Disability____ MRA +10____