RETIREMENT ESTIMATE REQUEST FORM

Time frames for estimate processing:

1 estimate request per calendar year (may include up to 4 dates)

If employee is within 5 years of retirement – estimate will be completed within 120 days of request If employee has 5 or more years until retirement – estimate will be completed within 180 days of request

NAME:		PHONE:	DATE OF REQUEST:	
	RETIREMENT PLAN			FERS* (For FERS only,
SPECIAL F	RETIREMENT (FF/LEO):YES NO (Req eted. Providing copies o	uests for Special R	etirement may take longer if no stories, coverage letters from
DATE(S) C	OF RETIREMENT (List u	p to 4 dates):		
ESTIMATI	ED SICK LEAVE BALA	NCE:	(leave blank if you	u want to use current balance)
FOR YOU	R ESTIMATE, DO YO	U WANT:		
SUF	RVIVOR ANNUITY:	YES NO		
If yes, FULL PARTIAL (If CSRS, give \$\$ amount)				
HEA	ALTH BENEFITS:	YESNO PLAN	NUMBER:	(e.g. 105)
LIF	E INSURANCE:	YESNO		
	Basic If	yes, reduced: N	one50%	75%
	Option A			
	Option B	f yes, reduced:	Full No re	eduction
	Option C I	f yes, reduced:	Full No re	eduction
FED	DERAL TAX WITHHOL Single (including l		arried Number	er of withholding allowances
IF YOU H	AD ANY OF THE FOL	LOWING (if yes, do yo	ou have a copy of t	the Paid in Full receipt?):
DID	YOU PAY YOUR TEM	IPORARY TIME (FICA	A): YES	NONA
DID	YOU PAY YOUR MIL	ITARY DEPOSIT:	YES NO	NA
DID	YOU WITHDRAW RE	TIREMENT CONTRIB	UTIONS AND TH	EN MAKE A REDEPOSIT?
	YES	Date of Withdrawa	alNO	
DATE RE	CEIVED IN HR	RECEIVED RV.	CO	MPI FTFD•