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: __________

ORG: ______ RETIREMENT PLAN; ______ CSRS ______ OFFSET ______ FERS* (For FERS only, include a copy of the SSA Earnings Statement for a more accurate FERS Supplement Calculation)

SPECIAL RETIREMENT (FF/LEO): ___ YES ___ NO (Requests for Special Retirement may take longer if no work history has already been completed. Providing copies of previous work histories, coverage letters from FLERT and/or covered position descriptions will assist the Specialist with processing your request.)

DATE(S) OF RETIREMENT (List up to 4 dates): __________ __________ __________ __________

ESTIMATED SICK LEAVE BALANCE: _____________ (leave blank if you want to use current balance)

FOR YOUR ESTIMATE, DO YOU WANT:

SURVIVOR ANNUITY: _____ YES _____ NO
If yes, ______ FULL ______ PARTIAL (If CSRS, give $ amount)

HEALTH BENEFITS: ___ YES ___ NO PLAN NUMBER: ______ (e.g. 105)

LIFE INSURANCE: _____ YES _____ NO
______ Basic If yes, reduced: _____ None _____50% _____75%
______ Option A
______ Option B If yes, reduced: ______ Full _____ No reduction
______ Option C If yes, reduced: ______ Full _____ No reduction

FEDERAL TAX WITHHOLDINGS:
__ Single (including head of household) __ Married ____ Number of withholding allowances

IF YOU HAD ANY OF THE FOLLOWING (if yes, do you have a copy of the Paid in Full receipt?):

DID YOU PAY YOUR TEMPORARY TIME (FICA): ____ YES ____ NO ____ NA

DID YOU PAY YOUR MILITARY DEPOSIT: _____ YES _____ NO _____ NA

DID YOU WITHDRAW RETIREMENT CONTRIBUTIONS AND THEN MAKE A REDEPOSIT?
_____ YES _____________ Date of Withdrawal _____ NO

DATE RECEIVED IN HR: _______ RECEIVED BY: __________ COMPLETED: __________

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