Print Version - Retirement Estimate Request Worksheet

**Instructions:** Print, complete, and mail or fax this worksheet to receive an estimate of your retirement annuity. Please see the Detailed Instructions at the end of this worksheet for the mailing address and other help.

**Important:** A Benefits Specialist can verify some, but not all, of this information in your Official Personnel file. To receive the best estimate possible, please be careful to complete all the sections with accurate information.

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**Biographical Information**

Full Name: ____________________________

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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Social Security Number: ____________________________

Retirement System (Check one): □ CSRS □ CSRS Offset □ CSRS Special □ CSRS Offset Special □ Other □ FERS □ FERS Special □ FERS ATC □ FERS Reserve Tech □ FICA □ None

Your Activity: ______________________________________

Activity City: __________________ Activity State: ______ Activity Country: __________

Projected Retirement Date: __________

Alternative Retirement Date: (Optional) __________

Retirement Benefit Type (Check one): □ Deferred □ Disability □ Discontinued Service □ Special Group (LEO/FF) □ Voluntary Early □ Voluntary - Optional □ Minimum Retirement Age plus 10 years of Service

If your activity is currently offering Voluntary Separation Incentive Pay (VSIP), do you want a VSIP computation? □ Yes □ No

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**Insurance Information**

**Health Insurance**

Will you elect to take health insurance into retirement? □ Yes □ No

**Dental Insurance**

Do you have dental coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP)? □ Yes □ No

If Yes, then... Will you elect to take this dental coverage into retirement? □ Yes □ No

If Yes, please complete the following...

Dental Plan Type: □ Self □ Self plus one □ Self plus family

Plan Name: ____________________________

Plan Location State: ______ Zip Code: ________________

Insurance questions continue on next page
Insurance Information (continued)

**Vision Insurance**

Do you have **Vision** coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP)? □ Yes □ No

*If Yes, then...* Will you elect to take this Vision coverage into retirement? □ Yes □ No

*If Yes, please complete the following...*

- **Vision Plan Type:** □ Self □ Self plus one □ Self plus family
- **Plan Name:** ___________________________
- **Plan Location** State: _______ Zip Code: ______________

**Life Insurance**

Will you elect to take Life Insurance into retirement? □ Yes □ No

*If Yes, then...* Select reduction for your Basic Option: □ No reduction □ 75% reduction □ 50% reduction

*If you elect to continue your Optional FEGLI coverage into retirement, please select from the following:*

- **Continue:** Option A – Standard? □ Yes □ No
  - Option B – Additional? □ Yes □ No
  - Number of multiple to continue (Enter 1, 2, 3, 4, or 5): ____________
  - Reduction: □ No reduction □ Full reduction

- **Option C – Family?** □ Yes □ No
  - Number of multiple to continue (Enter 1, 2, 3, 4, or 5): ____________
  - Reduction: □ No reduction □ Full reduction

**Marital Status and Survivor Elections**

Are you married? □ Yes □ No

*If Yes, then...* Do you want to provide a Survivor Annuity for your current spouse? □ Yes □ No

*If yes, and you are in a FERS Retirement Plan...* Select a FERS Survivor Annuity Benefit amount: □ Full benefit □ One half benefit

*If yes and you are in a CSRS Retirement Plan...* Select a CSRS Survivor Annuity Benefit amount: □ Full benefit
  - □ A percentage of the full annuity ______ %
  - □ An annual dollar amount $_____/year
  - □ A monthly survivor annuity $_____/month

Do you have a court order awarding a survivor annuity to a former spouse, from whom you were divorced on or after May 7, 1985? □ Yes □ No

Do you want to provide a survivor annuity for a former spouse? □ Yes □ No

Do you want to elect an Alternative Form of Annuity? □ Yes □ No

Do you want Federal Tax Withholding deducted? □ Yes □ No

*If yes, then...* Filing Status: □ Single □ Married □ Married, withhold at higher Single rate

Number of Exemptions: __________
Military Service

Were you in the military?  □ Yes  □ No

Did you serve on active duty after 1956?  □ Yes  □ No
  If yes, then...  Have you made the deposit for this service?  □ Yes  □ No
  If yes, then...  Do you have a copy of the receipt?  □ Yes  □ No
  If no, then...  Do you plan to make the deposit?  □ Yes  □ No

If you are a military retiree, do you plan to waive your military retired pay in order to combine this service with your civilian service?  □ Yes  □ No

Is there a copy of your Military Discharge (DD 214) in your official personnel folder (OPF)?  □ Yes  □ No

Other Service and Pay

Have you performed part-time service after April 6, 1986?  □ Yes  □ No

Have you worked on an intermittent appointment?  □ Yes  □ No

Have you worked under a temporary appointment?  □ Yes  □ No
  If Yes, then...  Have you paid the deposit for that service?  □ Yes  □ No

Have you worked as a NAF (non-appropriated fund) employee?  □ Yes  □ No

During the past 3 years, have you had more than 6 months of Leave Without Pay (LWOP) in a given calendar year for reasons unrelated to an approved workers’ compensation claim or military service?  □ Yes  □ No

Have you ever resigned from a federal job, applied for and received a refund of your retirement contributions?  □ Yes  □ No
  If yes, then...  Amount withdrawn:  $__________________
  Date you received the money:  ____________

Have you ever received severance pay?  □ Yes  □ No
  If yes, then...  Starting Date:  ____________  Ending Date:  ____________

Have you ever received Voluntary Separation Incentive Pay (VSIP)?  □ Yes  □ No
  If yes, then...  Amount received:  $__________________
  Date received:  ____________

Contact Information

Please enter a contact number where an HR Specialist can reach you:  (____ )

Please indicate how you would like the estimate returned to you and provide the necessary information (Check one):

□ Address:

Street Address  City  State  Zip Code

□ Work email:

□ Personal email:

WARNING:  We are unable to send encrypted emails to personal email accounts. By requesting this to be sent to a personal account, you are consenting to have your personal information sent unencrypted.

□ Fax:  (____ )
NOTE: The fastest way to obtain an estimate is to complete this worksheet online. Go to the DLA HR Retirement Web page at [http://www.hr.dla.mil/resources/benefits/retire.asp](http://www.hr.dla.mil/resources/benefits/retire.asp) and click link for the Retirement Estimate Request Worksheet (Online).

### Instructions for Completing Your Retirement Request

1. Carefully complete all the sections and questions.
2. Be certain to provide a phone number where the HR Specialist can reach you in case of questions.
3. Add any additional comments.
4. Send the form to your HR Customer Service unit:

#### DLA Employees

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<tr>
<th>Location</th>
<th>DLA Human Resources Services</th>
<th>Attn: Benefits Team</th>
<th>Benefits FAX:</th>
<th>Benefits team:</th>
<th>Toll Free:</th>
<th>TDD (Ohio Relay):</th>
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<tr>
<td><strong>Columbus</strong></td>
<td>DLA Human Resources Services</td>
<td>Attn: Benefits Team</td>
<td>Benefits FAX:</td>
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<td>TDD (Ohio Relay):</td>
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<tr>
<td></td>
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#### DoD Employees serviced by DLA

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<th>Benefits Team:</th>
<th>Toll Free:</th>
<th>TDD (Ohio Relay):</th>
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<tr>
<td></td>
<td></td>
<td>3990 East Broad Street</td>
<td></td>
<td>614-693-1674</td>
<td>1–866–378–1171</td>
<td>1–800–750–0750</td>
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<tr>
<td></td>
<td></td>
<td>Building 306</td>
<td></td>
<td>614-692-0233 (DSN: 850)</td>
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Worksheet last updated: June 2012