

Department of Defense Education Activity
 Human Resources Regional Service Center
 Services and Information Branch, Benefits Unit
 4040 N. Fairfax Drive
 Arlington, VA 22203-1634

REQUEST FOR RETIREMENT ANNUITY COMPUTATION

Name: (last, first, middle) (official name of record)		Date of request:	
Daytime phone (DSN and commercial):		District/School:	
Address to send estimate: (street, apartment, or P.O. Box)		City/State/Zip Code:	
1. SSN:	<u>Date of Birth:</u>	2. Projected retirement date (within 5 years):	
		*complete date required (ex: 06/30/2011)	
3. Retirement system:		4. Type of retirement:	
<input type="radio"/> CSRS <input type="radio"/> FERS <input type="radio"/> CSRS Offset		<input type="radio"/> Voluntary <input type="radio"/> Disability <input type="radio"/> (DSR/VERA)	
5. Sick leave accumulated hours/days: (CSRS only)		6. Survivor annuity: <input type="radio"/> NO <input type="radio"/> YES	
		If yes, <input type="radio"/> Full or <input type="radio"/> Partial	
7. Any part-time service? <input type="radio"/> NO <input type="radio"/> YES			
8. Any non-deduction service? (temporary and/or indefinite appointments for which retirement deductions were not withheld from pay) <input type="radio"/> NO <input type="radio"/> YES			
If yes, was deposit made? <input type="radio"/> NO <input type="radio"/> YES			
9. Any service for which retirement deductions were refunded? <input type="radio"/> NO <input type="radio"/> YES			
If yes, has redeposit been made? <input type="radio"/> NO <input type="radio"/> YES			
If redeposit has not been made . . . Date of refund (if known): _____			
Amount of refund (if known): _____			
10. Any military service? <input type="radio"/> NO <input type="radio"/> YES			
Are you retired military? <input type="radio"/> NO <input type="radio"/> YES			
Have you made a deposit for military service after 1956? <input type="radio"/> NO <input type="radio"/> YES			
Would you like us to compute the annuity based on:			
<input type="radio"/> Civilian service only <input type="radio"/> Combining military and civilian service <input type="radio"/> Both ways			
11. Do you wish to continue your health benefits? <input type="radio"/> NO <input type="radio"/> YES			
12. Do you wish to continue FEGLI (Life Insurance)? <input type="radio"/> NO <input type="radio"/> YES			
At the 75% reduction? (least expensive, at age 65 basic insurance decreases 2% per month until it reaches 25% of original amount) <input type="radio"/> NO <input type="radio"/> YES			
OR 50% reduction? (at age 65 basic insurance decreases 1% per month until it reaches 50% of original amount) <input type="radio"/> NO <input type="radio"/> YES			
OR No reduction (most expensive, there is no change in the amount of basic coverage regardless of age) <input type="radio"/> NO <input type="radio"/> YES			
13. If you have Option B and/or Option C coverage, do you wish to continue coverage IN FULL after age 65? <input type="radio"/> NO <input type="radio"/> YES			
COMMENTS:			

FAX FORM TO: 703-588-5380; Department of Defense Education Activity, Benefits Unit OR email Benefits@hq.dodea.edu and to your DISTRICT HR STAFF