

## 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.

### Biographical Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

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: \_\_\_\_\_  
*Month* *Day* *Year*

Alternative Retirement Date: (Optional) \_\_\_\_\_  
*Month* *Day* *Year*

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

### 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: \_\_\_\_\_  
Month Day Year

Have you ever received severance pay?  Yes  No

*If yes, then...* Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month Day Year Month Day Year

Have you ever received Voluntary Separation Incentive Pay (VSIP)?  Yes  No

*If yes, then...* Amount received: \$ \_\_\_\_\_

Date received: \_\_\_\_\_  
Month Day Year

### 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: (      )

Additional Comments for the Benefits Team *(Optional)*

**End of Request**

**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> and click link for the Retirement Estimate Request Worksheet (Online).

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**Instructions for Completing Your Retirement Request**

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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**

<i>Columbus</i>	DLA Human Resources Services Attn: Benefits Team 3990 East Broad Street Building 11, Section 4 Columbus, OH 43213-0919	<i>Benefits FAX:</i> 614-692-6004 <i>Benefits team:</i> 614-692-0204 (DSN: 850) <i>Toll Free:</i> 1-877-352-4762 <i>TDD (Ohio Relay):</i> 1-800-750-0750
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<i>New Cumberland</i>	DLA Human Resources Services Attn: Benefits Team 2001 Mission Drive, Suite 3 New Cumberland, PA 17070-5042	<i>Benefits FAX:</i> 717-770-5852 <i>Benefits Team:</i> 717-770-6112 (DSN: 770) <i>Toll Free:</i> 1-888-352-3373 <i>TDD (Pennsylvania Relay):</i> 1-800-654-5984
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**DoD Employees serviced by DLA**

DLA Human Resources Services Attn: Benefits Team 3990 East Broad Street Building 306 Columbus OH 43213-2526	<i>Benefits FAX:</i> 614-693-1674 <i>Benefits Team:</i> 614-692-0233 (DSN: 850) <i>Toll Free:</i> 1-866-378-1171 <i>TDD (Ohio Relay):</i> 1-800-750-0750
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