

REQUEST FOR RETIREMENT CALCULATION

Please complete the information below and return by fax to 301-504-1540 or mail to:

USDA, ARS, HRD, REE Services Branch
Retirement & Benefits Staff
5601 Sunnyside Avenue
Beltsville, Maryland 20705-5107

If you have any questions concerning this form, please call 301-504-1526 or contact your servicing Benefits Specialist found at: www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/retirement/ASSIGN.htm
Thank you.

NAME: _____

SSN: _____

WORK/HOME (WHERE YOU CAN BE REACHED DURING THE DAY)

PHONE NUMBER: _____

DATE OF RETIREMENT: _____

TYPE OF RETIREMENT:

1. OPTIONAL _____ 2. DISABILITY _____ 3. DEFERRED _____ 4. DISCONTINUED SERVICE _____

SICK LEAVE BALANCE AS OF DATE OF RETIREMENT _____

ARE YOU MARRIED: YES _____ NO _____

HAVE YOU EVER TAKEN A REFUND OF YOUR RETIREMENT CONTRIBUTIONS:

YES _____ NO _____

IF YES, WHAT YEAR _____

IF YES, HAVE YOU PAID BACK THE REFUND TO THE OFFICE OF PERSONNEL MANAGEMENT:

YES _____ NO _____

HAVE YOU PAID A DEPOSIT FOR ANY NON-DEPOSIT SERVICE (THIS IS SERVICE WHEN YOU WERE NOT ELIGIBLE TO PAY INTO THE RETIREMENT SYSTEM UNDER APPOINTMENTS SUCH AS NOT TO EXCEED (TEMPORARY) OR TERM:

YES _____ NO _____

DO YOU HAVE ANY MILITARY SERVICE: YES _____ NO _____

IF YES, HAVE YOU PAID THE POST-56 DEPOSIT: YES _____ NO _____

IF YES, ARE YOU RETIRED MILITARY: YES _____ NO _____

IF YES, DO YOU PLAN ON WAIVING YOUR MILITARY RETIRED PAY IN ORDER TO RECEIVE CREDIT UNDER THE CIVILIAN FEDERAL SERVICE:

YES _____ NO _____ NOT SURE _____

If you have a copy of your social security earnings statement and are covered under CSRS/Offset or FERS, please provide a copy with this request.

PLEASE PROVIDE A "HOME" MAILING ADDRESS:

Would you like the forms necessary to file for retirement mailed with this calculation? YES _____ NO _____

