

- Retirement Estimate Request Worksheet - Print Version

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.

Privacy Act Statement

Authority: 5 U.S.C. 301, 2951, 8347; 5 U.S.C. Chapters 11, 83, 84, 99; Executive Orders 9397, as amended, and 9830, as amended.

Purposes: The information collected is used by Human Resource Benefits personnel to respond to an employee's retirement estimate request. The SSN is requested because it is necessary for matching and retrieval of the employee's personnel record; the SSN is not maintained or stored.

Routine Uses: None. Information gathered on the Retirement Estimate Request Worksheet is not disclosed outside DLA / DoD.

Disclosure: Voluntary; however, failure to provide the requested information will prohibit the calculation of a retirement estimate request.

Rules of Use: Rules for collecting, using, retaining, and safeguarding this information are contained in their respective Privacy Act systems of records notices OPM/Govt-1, General Personnel Records and DPR 34, Defense Civilian Personnel Data System. Both Privacy notices may be found at <http://dpclo.defense.gov/privacy/SORNs/SORNs.html>.

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: _____

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

Insurance questions continue on next page

Insurance Information (continued)

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 System (Online Worksheet).

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

<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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