Department of Defense Education Activity
Personnel Center, Operations Branch
Benefits Unit
4040 N. Fairfax Drive
Arlington, VA 22203-1634

REQUEST FOR RETIREMENT ANNUITY COMPUTATION

Name: *(last, first, middle)*	***Date of request:***
Daytime phone (DSN and commercial) and Fax:	***School:***
Address to send estimate: *(street, apartment, or P.O. Box)*	***City/State/Zip Code:***

1. SSN:	**2.** Projected retirement date (within 5 years):
3. Retirement system: o CSRS o FERS o CSRS Offset	**4.** Type of retirement: o Voluntary o Disability o Other (DSR/VERA)
5. Sick leave accumulated hours/days: *(CSRS only)*	**6.** Survivor annuity: o NO o YES If yes, o Full or o Partial

7. Any part-time service? o NO o YES

8. Any non-deduction service? (temporary and/or indefinite appointments for which retirement deductions were not withheld from pay) o NO o YES
If yes, was deposit made? o NO o YES

9. Any service for which retirement deductions were refunded? o NO o YES
If yes, has redeposit been made? o NO o YES
If redeposit has not been made . . . Date of refund *(if known)*: _____
Amount of refund *(if known)*: _____

10. Any military service? o NO o YES
Are you retired military? o NO o YES
Have you made a deposit for military service after 1956? o NO o YES

Would you like us to compute the annuity based on:
o Civilian service only o Combining military and civilian service o Both ways

11. Do you wish to continue your health benefits? o NO o YES
12. Do you wish to continue FEGLI (Life Insurance)? o NO o YES
At the **75% reduction?** (least expensive, at age 65 basic insurance decreases 2% per month until it reaches 25% of original amount) o NO oYES
OR **50% reduction?** (at age 65 basic insurance decreases 1% per month until it reaches 50% of original amount o NO o YES
OR **No reduction** (most expensive, there is no change in the amount of basic coverage regardless of age) o NO o YES

13. If you have Option B and/or Option C coverage, do you wish to continue this coverage **IN FULL** after age 65? o NO o YES

COMMENTS:

Mail form to: **Department of Defense Education Activity, Benefits Unit, 4040 N Fairfax Drive, Arlington, VA 22203-1634**