

# RETIREMENT ESTIMATE FORM

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

RETIREMENT PLAN: \_\_\_\_\_ CSRS \_\_\_\_\_ OFFSET \_\_\_\_\_ FERS  
COVERED UNDER SPECIAL RETIREMENT (FF/LEO): \_\_\_ YES \_\_\_ NO

DATE OF RETIREMENT: \_\_\_\_\_

AT RETIREMENT, DO YOU WANT:

HEALTH BENEFITS: \_\_\_\_\_ YES \_\_\_\_\_ NO  
PLAN NUMBER: \_\_\_\_\_

LIFE INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, REDUCE AT AGE 65 (BASIC AND OPTIONAL ONLY)  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, REDUCE:  
\_\_\_\_\_ 50% \_\_\_\_\_ 75%

SPOUSE ANNUITY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, ELECT:  
\_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL (MUST GIVE %)

IF YOU HAD ANY OF THE FOLLOWING:

DID YOU PAY YOUR TEMPORARY TIME: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF NO, DO YOU PLAN TO PAY:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

DID YOU PAY YOUR MILITARY DEPOSIT: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF NO, DO YOU PLAN TO MAKE A DEPOSIT:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

DID YOU WITHDRAW RETIREMENT CONTRIBUTIONS?  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, DID YOU MAKE A REDEPOSIT (CSRS ONLY)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

CSRS ONLY:  
UNUSED SICK LEAVE: \_\_\_\_\_ HRS