

PRE-RETIREMENT INFORMATION FERS CSRS ARMY AIR VOL DSR DISAB. DEFER. Date _____

Personal Information		SSN	
Name _____		Date of Birth _____	
Home Address _____		Home Telephone _____	
		Cell Telephone _____	
Projected Date of Retirement _____		Work Telephone _____	
Federal tax withholding rate Married ___ Single ___ # Exemptions ___		Last Military Day _____	
Benefits Information		Supv. Name & Ext.	
Health Insurance and Life Insurance			

Do you plan to continue Health Insurance - FEHB ? Yes ___ No ___ Have you been enrolled for the last 5 years? Y N

Do you plan to continue Life Insurance - FEGLI ? Yes ___ No ___ Have you been enrolled for the last 5 years? Y N

Do you have: Long Term Health Care Insurance? Y N Dental Insurance? Y N Vision Insurance? Y N

SECURITY MUTUAL	You must cancel coverage or inform carrier after your last day as a technician.	
NGAUS	You must cancel coverage or inform carrier after your last day as a technician.	

Family Information			
___ Married ___ Single ___ Divorced (on _____)		Date of Marriage _____	
Spouse's Full Name _____		Place of Marriage _____	
Spouse's Date of Birth _____		BY: Clergy or Justice of the Peace _____	
Spouse's SSN _____		Other _____	

Did you ever have a FORMER SPOUSE? Is he/she entitled to receive part of your retirement annuity? Yes ___ No ___ Date of Divorce _____

Survivor Benefit election: ___ FULL ___ PARTIAL ___ NONE (CSRS ONLY ___ %)

Unmarried Dependent Children			
1. Full Name _____	D.O.B. _____	2. Full Name _____	D.O.B. _____
3. Full Name _____	D.O.B. _____	4. Full Name _____	D.O.B. _____

Are/Were any dependent children DISABLED before age 18? Yes ___ No ___ NAME: _____

Other Information	Highest Military Rank Attained: _____
Have you ever made a military or civilian buyback? ___ When? ___ What time was bought back? ___	
If not, do you intend to complete the deposits before retirement? Y N Have you started the paperwork yet? Y N	
Have you ever made a voluntary contribution? (CSRS only) Y N When? ___ CSD # _____	
Have you ever received VA benefits? Y N Date received _____ to _____ Claim Number _____	

HRO USE ONLY: VOIDED CHECK _____ FORMS SIGNED _____ CERTIFICATE _____ SF-52 _____ MAILED _____

DSR / DISABILITY: 30-DAY LETTER _____ DISCHARGE ORDERS _____ SSA LETTER _____ 3112A, B & C with attachments _____

WORK EMAIL:

HOME EMAIL: