



Department of the Navy Civilian Benefits Center

Request For Retirement Annuity Computation

You may request a retirement annuity estimate if you are within five years of retirement. Please submit only one request in a 12 month period unless there are extenuating circumstances. Requests may include up to two retirement dates for comparison purposes. Environmental pay and/or shift differential is not included in estimates but will be included by the Office of Personnel Management in your final annuity computation after you retire.

Once you complete this form mail or fax it to the Civilian Benefits Center at the address on the back of this form. You can expect to receive your estimate within 30 calendar days from the date your request was received by the Civilian Benefits Center.

Name: (last, first, middle)		Last 4 Digits of SSN:	Date of request:
Contact Telephone Number:		Send my computation by: <input type="checkbox"/> Email (fastest) <input type="checkbox"/> FAX <input type="checkbox"/> Mail Based on your choice, complete the appropriate information below	
Email:			FAX:
Street Address:			
City/State/Zip Code:			

1. Projected Retirement Date: (Date must be within five years of request – N/A for disability retirement)	2. What is your retirement system? <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> CSRS Offset Please check box below if you are under a special provision: <input type="checkbox"/> Air Traffic Controller <input type="checkbox"/> SES <input type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement Officer
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3. What type of retirement computation? <input type="checkbox"/> Optional <input type="checkbox"/> Disability <input type="checkbox"/> Discontinued Service (DSR) <input type="checkbox"/> Deferred <input type="checkbox"/> Postponed (FERS only) <input type="checkbox"/> MRA+10 (FERS only)	4. Are you married? <input type="checkbox"/> No <input type="checkbox"/> Yes, then: Do you want a survivor annuity for your spouse? (Note: You must elect a survivor annuity for your spouse to keep federal employees health insurance, unless your spouse is a federal employee with his/her own entitlement to federal coverage.) <input type="checkbox"/> No <input type="checkbox"/> Yes, then either: <input type="checkbox"/> Maximum amount <input type="checkbox"/> Minimum amount (\$_____)
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5. a. Hours of Sick leave: _____	b. Hours of Annual leave: _____	6. Did you perform any part-time service (less than 40 hours a week) after April 6, 1986? <input type="checkbox"/> No <input type="checkbox"/> Yes
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7. Have you ever been a temporary employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, have you made a deposit for this service? <input type="checkbox"/> No <input type="checkbox"/> Yes	8. Have you ever worked Non-Appropriated Fund (NAF) Service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, are you currently receiving a NAF annuity? <input type="checkbox"/> No <input type="checkbox"/> Yes
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9. Have you ever separated from a federal position? No Yes
If yes, did you receive a refund of your contributions? No Yes, amount of refund: \$ _____ Date _____
If you received a refund, did you repay the contributions? No Yes

10. Have you ever retired from a Federal civilian position? No Yes, if so when _____

11. Have you served on active duty with the military? No Yes
If yes, have you made a deposit for military service performed after 1956? No Yes
Did you retire from active duty with the military? No Yes, base computation on: Civilian service only
 Combining military/civilian service
 Both ways

12. I would like federal tax calculated using filing status (Choose one and indicate # of exemptions)
 married w/ _____ exemptions or single w/ _____ exemptions

Civilian Benefits Center Address Listing

Mail or fax this form to the appropriate servicing Civilian Benefits Center Site Office listed below. To determine your servicing Site Office, please refer to block 48 on your SF-50, Notification of Personnel Action and match it to the corresponding 4-digit number below:

2412

HRSC Northeast
ATTN: Civilian Benefits Center
111 S. Independence Mall East
Philadelphia, PA 19106-2598

Fax: (215) 408-4403 DSN: 243-4403

2413, 2416, 2436, 4336 and All Senior Executive Service Employees

HRSC East
ATTN: Civilian Benefits Center
NNSY, Building 17
Portsmouth, VA 23709-5000

Fax: (757) 396-7826 DSN: 386-7826

2414

HRSC Southwest
ATTN: Civilian Benefits Center
525 B Street, Suite 600
San Diego, CA 92101-4418

Fax: (619) 615-5548 DSN: 245-5548

2417

HRSC Southeast
ATTN: Civilian Benefits Center
9110 Leonard Kimble Road
Stennis Space Center, MS 39522-0002

Fax: (228) 813-1304 DSN: 446-1304

Once you have faxed or mailed this form to the Civilian Benefits Center, you can obtain the status of your request by calling the Benefits Line at 888-320-2917. Select menu option #4 to speak to a Customer Service Representative (CSR). CSRs are available from 7:30 a.m. to 7:30 p.m., Monday through Friday, Eastern Time (except Federal holidays). The TTY number for deaf and hard of hearing is 866-328-9889.

How to Apply For Retirement

At least 120 days prior to your retirement notify your supervisor that you plan to retire. Your supervisor will initiate an electronic Request for Personnel Action, ask you to sign a copy of the form and send it to the Civilian Benefits Center. Your supervisor does not have to submit the Request for Personnel Action if you are applying for disability retirement.

You must complete the retirement application and submit it to the Civilian Benefits Center at least 120 days prior to your retirement date. You may download the retirement package from the Civilian Human Resources Web site at <http://www.public.navy.mil/donhr/Benefits/retirement/Pages/Default.aspx> or you may call the Benefits Line at 888-320-2917 and request that a package be mailed to you.

As part of your financial planning for retirement, you should remember that as soon as the Office of Personnel Management (OPM) receives your retirement records, you will be placed in an interim pay status so you will have income while OPM processes your application. The interim check is 70 – 80% of your full annuity. You may remain in an interim pay status for 6-8 months before OPM finishes processing your application.

PRIVACY ACT STATEMENT

"Privacy Act Notice. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process the actions you request on this Web site."