

REQUEST FOR A RETIREMENT ESTIMATE

Complete the questions on the next two pages, then scan/email or fax both pages along with your Social Security Earnings Record.

To get a copy of your SSA Earnings Record– Go to:
<https://www.socialsecurity.gov/mystatement/>

RETIREMENT SPECIALISTS:

Service Area: Bureau of Indian Affairs

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Service Area: Office of the Assistant Secretary - Indian Affairs (ASIA) and Office of Justice Services (OJS)

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Service Area: Bureau of Indian Education

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REQUEST FOR RETIREMENT ESTIMATE FORM

	you will NOT be given the opportunity to make this payment after retirement.			
	Provide Military service dates: FROM: _____ TO: _____			
	a. Has a deposit for military service/time been made?			
	b. Are you receiving retired military pay?			
	c. Is your Military retirement based on combat incurred injury or disease?			
	d. Will you be waiving your military retirement pay?			
8.	To continue health benefits into retirement, you must have had FEHB coverage for the 5 years immediately preceding your retirement, or from your first opportunity to enroll (this includes Tricare for military). Do you meet this requirement?			
	If eligible, do you want to continue FEHB health benefits coverage during retirement? YES _____ NO _____ (Note: Estimate is based on TODAY'S rate.)			
	If yes, what is your FEHB enrollment code: _____			
9.	Do you want to continue FEDVIP –Vision/Dental enrollment into retirement?			
10.	Do you have a living former spouse(s) from whom you were divorced? (FERS - You will be required to submit a complete copy of the divorce decree with your retirement application.)			
11.	To continue life insurance coverage into retirement, you must have had coverage for the 5 years immediately preceding your retirement. If eligible, your annuity estimate will include a deduction for Federal Employee Group Life Insurance. Do you meet this requirement? YES _____ NO _____ Current FEGLI Options/Code on last SF-50: _____ Before retiring, you will be required to select a reduction level for your BASIC insurance. Please check the reduction level you would like for your retirement computation. ____ 75% reduction (at age 65 basic insurance will decrease by 2% per month until it reaches 25% of the original amount; least expensive option). ____ 50% reduction (at age 65, basic insurance will decrease by 1% per month until it reaches 50% of original amount.) ____ NO reduction (no change in amount of basic coverage regardless of age; most expensive option) OPTIONAL INSURANCE – Option A – Do you want to take into retirement if you are eligible? ____YES ____NO Option B – How many multiples do you wish to keep in retirement? _____ # of Options with NO REDUCTION _____ # FULL REDUCTIONS Option C – How many multiples do you wish to keep in retirement? _____ # of Options with NO REDUCTION _____ # FULL REDUCTIONS			
12.	The estimated Federal Taxes to be withheld: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Number of Exemptions Claimed			
13.	If filing under either CSRS Offset or FERS retirement, please submit a copy of your most recent Social Security statement to aid in the computation of your annuity supplement. https://www.socialsecurity.gov/mystatement/			