



**Department of Navy
Civilian Benefits Center**

**Request For Retirement
Annuity Computation**

You may request a retirement annuity estimate if you are within five years of retirement. We ask that you submit only one request in a 12 month period unless there are extenuating circumstances. Requests may include up to 2 retirement dates for comparison purposes. We are unable to include environmental pay and/or shift differential in estimates.

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:
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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
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Email:	FAX:
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Street Address:

City/State/Zip Code:

<p>1. RETIREMENT DATE: (Date must be within five years of request – N/A for disability retirement)</p>	<p>2. What retirement system are you in? <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</p>
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<p>3. What type of retirement computation?</p> <p><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)</p>	<p>4. Are you married? <input type="checkbox"/> No <input type="checkbox"/> Yes, then:</p> <p>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.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, then either: <input type="checkbox"/> Maximum amount <input type="checkbox"/> Minimum amount (\$_____)</p>
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<p>5. a. Hours of Sick leave: _____</p> <p>b. Hours of Annual leave: _____</p>	<p>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</p>
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<p>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</p>	<p>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</p>
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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: married w/ _____ exemptions **OR**
 single w/ _____ exemptions
(Choose one and indicate # of exemptions)

For additional retirement information, visit the Civilian Benefits Center Web site at <http://www.public.navy.mil/donhr/Benefits/retirement/Pages/Default.aspx>. On this site, you can download a Retirement package and view comprehensive information about retirement.

Once you have faxed or mailed your request for an estimate, 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 toll-free Teletypewriter (TTY) number for deaf and hard of hearing is 866-328-9889.

CIVILIAN BENEFITS CENTER (CBC) ADDRESS LISTING

Please **mail or fax** this form to the appropriate site listed below. To determine your servicing CBC and their fax number, please refer to block 48 on your SF-50, Notification of Personnel Action and match it to the corresponding 4-digit number below:

<p>2412</p> <p>HRSC Northeast ATTN: Civilian Benefits Center 111 S. Independence Mall East Philadelphia, PA 19106-2598</p> <p>Fax: (215) 408-4403 DSN: 243-4403</p>	<p>2413, 2416, 2436 All Senior Executive Service Employees</p> <p>HRSC East ATTN: Civilian Benefits Center Norfolk Naval Shipyard, Building 17 Portsmouth, VA 23709-5000</p> <p>Fax: (757) 396-7826 DSN: 386-7826</p>
<p>2414</p> <p>HRSC Southwest ATTN: Civilian Benefits Center 525 B Street, Suite 600 San Diego, CA 92101-4418</p> <p>Fax: (619) 615-5548 DSN: 245-5548</p>	<p>2417</p> <p>HRSC Southeast ATTN: Civilian Benefits Center 9110 Leonard Kimble Road Stennis Space Center, MS 39522-0002</p> <p>Fax: (228) 813-1304 DSN: 446-1304</p>

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."