

Request for Retirement Estimate

To receive a retirement estimate, please complete this form and Route it through GEARS to the benefits group box at "AZNG HRO Benefits". If you have any questions, call a benefits specialist at DSN 853-4806/2057 or COMM 602-629-4806 or 602-267-2057.

Name: _____ DOB: _____

SSN: _____ Daytime Phone Number: _____

Are you married? Y N Projected Retirement Date: _____

Retirement code. *Check one*
FERS, FERS-RAE, FERS-FRAE

Type of Retirement? *Circle one.*

Voluntary, Involuntary, Early, Disability, Deferred, Special, Other _____

Have you bought back any Military service after December 31, 1956? Y N
If **Yes**, include Paid in full letter.

Would you like to elect either Full or Partial Survivor Benefits for Spouse? (Default is Full)
Full Partial

Do you file your taxes as Single Or Married?

How many Exemptions do you file with? _____

How many Sick Leave Hours do you have? _____

Have you ever taken a refund of your retirement contributions? Y N
If **Yes**, have you paid back the refund to OPM? Y N

Please provide us with your E-Mail address to have your estimate emailed to you.

Email: _____

Do you have any other questions/comments at this time?

***Please allow 2-3 weeks for delivery of your estimate.*