

Information for Retirement Estimate

2015

Name	Spouse? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	
Special Retirement? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Firefighter <input type="checkbox"/> _____	
Phone	Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS
Email	Transfer to FERS? <input type="checkbox"/> CSRS Offset <input type="checkbox"/>
Date of Birth	If so, date
Service Comp Date	Amount of SSA at Age 62:
Date(s) of Retirement:	Current Sick Leave Balance:
Military Time (to/From)	Paid In? Yes/No Pre Interest Amount?
Temporary Time (to/From)	Paid In? Yes/No Pre Interest Amount?
Part Time or Casual/PTF/PMR Service?	Dates/Hours: (Mo/Day/Yr) format
Withdrawn Time (to/from)	Paid back? Yes/No Amount Withdrawn?
Multiple Agency Work?	List Agencies and To/From dates
If Retiring in the next three years, list last 3 years salary amounts and dates of salary change (include locality pay): (Mo/Day/Yr) format	If Retirement is more than 3 years out, List current salary (including locality) and anticipated pay increase percent for raises: Current Salary:
Do not use W-2s or Income Tax records	% Pay Increases:
	Date of Last Within Grade:
	Current Grade and Step:
Helpful if I can see your last pay stub to	
Check deductions	

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Survivor Benefit Desired:

(1) CSRS: 0% to Full %: _____% or _____ amount per month for survivor.

(2) FERS (mark one): 0%, 25% or 50%

Former Spouse Eligible for Survivor Annuity or Divorce in Progress? Yes No

Sick Leave Hours to be Saved Each Pay Period (Hours - biweekly):

0 1 2 3 4

CSRS Sick Leave Saved at time of transfer (Hours) _____

FEHB Costs per pay period _____ Plan Number _____ Tricare ? Yes No

Federal Employees Group Life Insurance Coverage

Basic: Yes No If Yes, Reduction at age 65 (pick one): None, 50%, 75%

Option A: Yes No

Option B: Yes No If Yes, How Much? 1 2 3 4 5 Times
Reduce After Age 65? Yes No

Option C:

1. Spouse Covered: Yes No

If yes, How Much? 1 2 3 4 5 Times Coverage

Reduce After Age 65? Yes No

2. Dependents Covered: **Current Age:** _____ **Age:** _____ **Age:** _____ **Age:** _____

Coverage Eligible after Age 22: **Yes / No** **Yes / No** **Yes / No** **Yes / No**

Thrift Savings Plan – Savings and Withdrawal

Current Savings in: C Fund: \$ _____, F Fund: \$ _____, G Fund: \$ _____

S Fund: \$ _____ I Fund: \$ _____ L Fund: \$ _____ (Name) _____

Investing:

Percent of Salary Invested each Year: _____% or Flat Dollar Amount per Pay Period _____

Percent Invested in Each Fund: C Fund: _____%, F Fund: _____%, G Fund: _____%

S Fund: % _____ I Fund: % _____ L Fund % _____ Fund name _____

Catch up Contributions: Year _____ Amount _____ Year _____ Amount _____

Withdrawal (if known):

Withdrawal (to start): Month _____, Year _____ or approximate age _____ (must start by the year after you turn 70.5)

Withdrawal choice (mark one): Lump Sum: _____, Series of Payments: _____, or

Annuity: _____

Set Amount of _____ Set Number of Payments _____

Payments Based on Life Expectancy Tables