**Annuity Calculation Request Form**

***Authority for Collection of Information:***5 U.S.C 1302, 2951, 3301, 3372, 4118, and 8347, and Executive Order 9397, as amended.

***Principal Purpose(s) for Which Information Collected is to be Used:***This Form collects your personally identifiable information (PII) to be used by USAID to process your request for a calculation of your annuity benefits, which also requires calculation of possible benefits from other sources, including military retired pay.

***Routine Uses:***Information in your records may be disclosed outside of USAID to other federal, state, and local government agency’s as necessary to calculate you annuity benefits.  This information may also be disclosed in accordance with any current and future blanket routine uses established for the systems of records applicable to this collection.  Use and disclosure of your information outside of USAID may also occur in accordance 5 U.S.C. 552a(b) of the Privacy Act of 1974.

***Whether Disclosure is Mandatory or Voluntary and Effect on Individual of Not Providing Information:***Providing the information required by the USAID Annuity Request Form is voluntary.  However, failure to provide the requested information may result in USAID not being able to calculate your annuity benefits.

***System of Records Notices:***

OPM/GOVT-1, General Personnel Records (77 FR 73694, December 11, 2012)

**Civil Service**

 **Foreign Service**

 **Name** (please print):       Last **4 of SSN#:**

**Telephone**:       **Work**:

**Date of Birth**:      /     /      **Email**:

**Projected Retirement Date**:      /     /

**Type of Retirement**: Optional       Disability       Discontinued Service

**Marital Status**: Married [ ]  Single [ ]  Divorced [ ]

**Survivor Annuity**: Full [ ]  Partial [ ]  None [ ]

**Will you carry FEHB into retirement** (eligibility will be determined): Yes [ ]  No [ ]

**Will you carry FEGLI into retirement:** 75% reduction [ ]  50% reduction [ ]  no reduction [ ]

**Frozen Sick Balance**: sick leave at time of transfer from CSRS/FSRDS or CSRS-offset/FSRDS-offset, or FERS/FSPS:

**Deposit Service** (on/after April 7, 1986): Yes [ ]  No [ ]  If yes, please provide dates: From

To

**Do you have prior military service**? Yes [ ]  No [ ]

**Are you receiving Military retired pay**? Yes [ ]  No [ ]

**If your answer is yes, have you paid a deposit for your military service that was performed after December 31, 1956**? Yes [ ]  No [ ]

Note: By law, retirement benefits are prorated for part-time service performed on or after April 7, 1986. Prior to April 6, 1986, part-time service is based on employee’s length of service, or full time service.

**Employees, who will be under the age of 62 at retirement, must include a copy of their social security statement with this form. The statement can be downloaded by visiting www.ssa.gov.**

**Service History** (creditable federal government service)

**Agency** **Dates of Service** (start & end date)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Please submit your request to annuityestimates@usaid.gov**