

Survivor Annuity Election for a Spouse

Your full name (Please print)	Your claim number CSA
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Please Provide the Following Information About Your Spouse

Spouse's full name (Please print)	Spouse's Social Security Number
Spouse's date of birth	Date of marriage (Your election must be received within two years of this date)

Election: I elect a reduced annuity to provide a survivor annuity for my spouse named above. I have read and understand the information in the accompanying letter and pamphlet.

(Choose one of the following as a base for computing the survivor annuity.)

- Use the maximum amount now available. Use the same amount for which my annuity is now reduced.
- Use the amount that will currently provide a survivor annuity rate of \$ _____ per month. (Specify a whole dollar amount.)

Important: You Cannot Revoke or Reduce Your Election After We Have Received a Valid Election.

Your signature (Do not print)	Date	Daytime telephone number ()
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Privacy Act Statement

Title 5, U.S. Code, authorizes solicitation of this information. The data you furnish on the election letter will be used to determine your eligibility to receive a reduced annuity and to give a survivor annuity to your spouse.

This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law.

Provision of this information is voluntary; however, failure to supply all of the requested information may result in our inability to reduce your annuity for your spouse.

We also request that you provide your spouse's Social Security Number so that it may be used as an individual identifier in the Civil Service Retirement System. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701.

Public Burden Statement

We think the election takes an average 45 minutes per response to complete, including the time for reviewing instructions, getting the needed data and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management, Reports and Forms Coordinator (3206-0174), Washington, DC 20415-7900. The OMB Number, 3206-0174, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.