Form approved OMB Number: 3206-0174

United States Office of Personnel Management

Retirement Operations Center P. O. Box 45 Boyers, PA 16017-0045

	Date	
•	CSA No.	
This is in response to your request for prov	viding a monthly survivor benefit of \$	for your spouse.
As explained in our previous letter, you ma	ay elect a survivor annuity for a spouse you man	ried after retirement. You must
make your election within two (2) years of	your marriage. If you make this election, your	
reflect the benefit payable to your spouse to	<mark>ipon your death.</mark>	
There will be two reductions to your annui	ity. The first reduction will be for the regular co	st of the survivor benefit. The
•	current marriage end. This reduction is currently	
		4 41 00
*	f your marriage ends. This reduction is based or unuity rate paid This is called an "actuarial" re	
	average life expectancy of a person your age. If	
	nd the actuarial reduction by the effective date,	
	re it is to your advantage to return the election for	
* * *	ing lifetime and there is no unpaid balance due	
the amount is \$		•
,	a survivor benefit will reduce your current gross	annuity from
\$ to \$		
Note: You have covered your spouse unde	er your Federal Employees Health Benefits enro	llment. Your spouse will not be
• •	your death unless you elect some level of a mor	*
·	the decision form as soon as possible. A delay	
annuity benefit will increase the cost of pr	<mark>roviding a survivor annuity benefit for your ne</mark>	w spouse.
If you want to provide a survivor benefit, p	please complete and return the enclosed applicate	ion within the time limit. If we
can be of further assistance to you, please l	* **	
	Sincerely,	
	and the same of th	
	Benefits Specialist	
	Retirement Operations	
	(724) 794-2005, Ext	