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.
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This is in response to your request for providing a monthly	survivor benefit of \$ for your spouse.
As explained in our previous letter, you may elect a survivor make your election within two (2) years of your marriage. It reflect the benefit payable to your spouse upon your death.	r annuity for a spouse you married after retirement. You must f you make this election, your annuity will be reduced to
There will be two reductions to your annuity. The first reduction may be eliminated should your current marriage e	
so that the payback is spread out over the average life expected reduced for the current survivor election and the actuarial reresult in an annuity overpayment. Therefore it is to your adv	This is called an "actuarial" reduction because it is designed stancy of a person your age. If your annuity has not been eduction by the effective date, the excess annuity paid may
Taken together, the reductions to provide a survivor benefit \$ to \$	will reduce your current gross annuity from
Note: You have covered your spouse under your Federal Er able to continue the health insurance after your death unless	nployees Health Benefits enrollment. Your spouse will not be you elect some level of a monthly survivor annuity.
We encourage you to complete and return the decision for annuity benefit will increase the cost of providing a survivo	
If you want to provide a survivor benefit, please complete as can be of further assistance to you, please let us know.	nd return the enclosed application within the time limit. If we
	Sincerely,
	Benefits Specialist Retirement Operations (724) 794-2005, Ext