

United States
Office of Personnel Management
Civil Service Retirement System
Boyers, PA 16017

Form approved:
OMB number 3206-0174

Date
CSA

This is in response to your request for information on providing a survivor annuity for your spouse. Please read the enclosed booklet and the information below carefully before making your election.

A. Filing Time Limit: You must file your election (a) within 2 years after the date of your marriage or (b) within 2 years after the date a former spouse lost entitlement to a survivor annuity benefit for which your annuity was reduced as explained in the booklet.

B. If You Elect The Maximum Survivor Benefit Available For Your Spouse: Your annuity will be adjusted as explained below.

1. Your current gross monthly annuity rate is \$_____.

2. If applicable, there will be two reductions in your annuity to provide the survivor benefit. The first reduction is \$_____ for the regular cost of the survivor benefit. This reduction may stop if your spouse loses entitlement. The second reduction represents the amount your annuity would have been reduced for a survivor benefit (plus interest) since your retirement. This second reduction applies only to periods when your annuity was not reduced for an equal or greater survivor benefit than you are electing now. Refer to the enclosed booklet for information about this second reduction. As of _____ this amount is \$_____ and the monthly reduction to pay it back is \$_____. This reduction is permanent; it will NOT stop if your spouse loses entitlement. The reductions in your annuity may increase if you delay your election.

3. The above reductions to provide a survivor benefit will reduce your gross monthly annuity to \$_____.

4. Your spouse's gross monthly survivor annuity rate including all cost-of-living adjustments (COLA's) since your retirement will be \$_____. Future COLA's will be applied to this rate. This is the maximum survivor benefit now available for your spouse.

C. Filing Instructions: If you want to provide the maximum available survivor benefit, please complete the enclosed election form and return it to the *U.S. Office of Personnel Management, Retirement Operations Center, ATTN: PRM-STOP, P.O. Box 45, Boyers, PA 16017-0045* within the filing time limit. See the enclosed booklet for information about the documents you may need to submit with your election.

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D. If You Want To Elect A Smaller Survivor Benefit: The reduction in your annuity will be smaller, in rough proportion to the smaller survivor benefit you elect. If you want to know the exact cost before you make your election, do not complete the election form. Instead, please specify below the monthly amount you want your spouse to receive. Enter your claim number, sign and date this response, and return it to the address shown in Part C. We will provide you with the information in another election letter.

I request information on providing a spouse survivor annuity of \$ _____ per month.
(Specify a whole dollar amount.)

Claim number	
Signature (Do not print)	Date

E. If You Decide Not To Provide A Survivor Benefit: Please indicate your decision below, provide your claim number, signature, and date and return this letter to the address shown in Part C.

I have decided not to provide a survivor benefit for (Print name of person below)

Name	
Claim number	
Signature (Do not print)	Date

Sincerely,

Benefits Specialist
Retirement Operations Center
(724) 794-2005, Ext. _____

- Enclosure: RI 20-63 - Survivor Annuity Election for a Spouse
 RI 20-63A - Information on Electing a Survivor Annuity for Your Spouse
 RI 20-63B - Information on Electing a Survivor Annuity for Your Spouse When You Are Providing a Former Spouse Survivor Annuity