United States

Office of Personnel Management
Washington, DC 20415

Form approved OMB Number: 3206-0174

	Date	
•	CSA No.	
This is in response to your request for providing a monthly su	rvivor benefit of \$	for your spouse.
As explained in our previous letter, you may elect a survivor a make your election within two (2) years of your marriage. If y reflect the benefit payable to your spouse upon your death.		
There will be two reductions to your annuity. The first reduction reduction may be eliminated should your current marriage end	_	
The second reduction is permanent, even if your marriage end between the reduced annuity rate and the annuity rate paid T so that the payback is spread out over the average life expecta reduced for the current survivor election and the actuarial reduced result in an annuity overpayment. Therefore it is to your advantages to your remaining lifetime and the the amount is \$	his is called an "actuarial" red ncy of a person your age. If y action by the effective date, that atage to return the election for	luction because it is designed our annuity has not been he excess annuity paid may rm RI 20-63 as soon as
Taken together, the reductions to provide a survivor benefit w \$ to \$	ill reduce your current gross a	annuity from
Note: You have covered your spouse under your Federal Empable to continue the health insurance after your death unless your	•	
We encourage you to complete and return the decision form annuity benefit will increase the cost of providing a survivor	<u> </u>	9
If you want to provide a survivor benefit, please complete and can be of further assistance to you, please let us know.	return the enclosed application	on within the time limit. If we
	Sincerely,	
	Legal Administrative Special (202) 606	ist