

## Request for Case Review for Enhanced Disability Annuity Benefit

Your full name	
If you are receiving a survivor annuity, full name of the former federal employee who performed the service	
Claim number (beginning with CSA or CSF)	
Your daytime telephone number	Your email address

My annuity benefit includes credit for service performed under the Civil Service Retirement System (CSRS) or the Federal Employees' Retirement System (FERS) as: (check all that are appropriate)

Law Enforcement Officer
Firefighter
Nuclear Materials Courier performed with the Department of Energy on or after October 1, 1977
Customs and Border Protection Officer on or after July 6, 2008
Member of the Capitol Police
Member of the Supreme Court Police
Congressional Employee
Member of Congress
Air Traffic Controller
We will respond to your request in writing to your address of record.
Retirement Operations

## Public Burden Statement

We estimate providing this information takes an average 5 minutes per response, including the time for reviewing instructions, getting the needed data, and reviewing the requested information. 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, Retirement Services Publications Team, (3206-0254), Washington, D.C. 20415-3430. The OMB number, 3206-0254, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.