Form approved: OMB No.: 3206-0245

Claim number	
CSA	

U.S. Office of Personnel Management Retirement Operations Center Post Retirement Attention: Y-Adjustment P.O. Box 45 Boyers, PA 16017-0045

Request for Change to Unreduced Annuity

In order to change my benefit to the unreduce information below.	ed annuity rate, I	am providinç	g the
The reason my marriage ended is: Spou	use Died	Divorce	☐ Annulment
The date my marriage ended is:			
I have enclosed: (Check one block below.) A copy of the death certificate.			
☐ A court-certified copy of my divorce decre☐ A court-certified copy of my annulment.	ee, including all pro	operty settle	ments.
I understand that if I have self and family hea only at any time.	Ith benefits covera	age, I can ch	nange to self-
Change my coverage to self-only.			
(Note: Check this block if you want to make t family member and is not eligible for coverage			
Signature (do not print)	Date (dd/mm/yyyy)	Telephone no.	(include area code)
Name (last, first, middle initial)	Email address		

Public Burden Statement

We estimate this form takes an average of 30 minutes per response to complete. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0245), Washington, D.C. 20415-3430. The OMB number 3206-0245 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.