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.	
•	CSA NO.	
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 survive make your election within two (2) years of your marriage. reflect the benefit payable to your spouse upon your death	If you make this election, your an	
There will be two reductions to your annuity. The first red reduction may be eliminated should your current marriage	_	
The second reduction is permanent, even if your marriage between the reduced annuity rate and the annuity rate paid so that the payback is spread out over the average life expereduced for the current survivor election and the actuarial result in an annuity overpayment. Therefore it is to your appossible. This reduction is for your remaining lifetime and the amount is \$	This is called an "actuarial" reduction of a person your age. If your eduction by the effective date, the dvantage to return the election for	our annuity has not been e excess annuity paid may m RI 20-63 as soon as
Taken together, the reductions to provide a survivor benef \$ to \$	it will reduce your current gross a	nnuity from
Note: You have covered your spouse under your Federal lable to continue the health insurance after your death unle		•
We encourage you to complete and return the decision for annuity benefit will increase the cost of providing a surv	_ ·	_
If you want to provide a survivor benefit, please complete can be of further assistance to you, please let us know.	and return the enclosed application	on within the time limit. If we
	Sincerely,	
	Legal Administrative Speciali (724) 794-2005, Ext	st