

United States
Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045

OMB Approval 3206-0174

| |
|---------|
| Date |
| CSA No. |

Important: Please Read This Entire Notice - As It Will Affect Your Annuity/Survivor Benefits.

You may elect a survivor annuity for a spouse you married after retirement. ***You must make your specific written survivor election within 2 years of your marriage.*** Your election cannot be effective sooner than 9 months after your marriage. ***Since you were not married at retirement,*** the election and reduction must be effective on the first day of the month after the 9-month period beginning on the date of the marriage.

If you make this election, your annuity will be reduced to reflect the benefit payable to your spouse upon your death. There will be two reductions in your annuity.

The first reduction is the regular cost of providing a survivor benefit and may be eliminated should your marriage end.

The second reduction is ***permanent*** even if the marriage ends. This reduction is based on your age and on the amount that your annuity would have been reduced to provide survivor benefits during any period(s) when it was not reduced for an equal or greater survivor election, plus 6 percent interest compounded annually. Under the provisions of Public Law 103-66, the ***only*** way to pay this amount is through an "*actuarial*" reduction in your annuity. This is called an "*actuarial*" reduction because it is designed to spread the repayment out over the average life expectancy of a person your age. There is no unpaid balance due after your death.

You were married on _____ (mm/dd/yyyy); therefore, your election for a survivor benefit and the reduction to provide this benefit is effective _____ (mm/dd/yyyy). The current maximum survivor benefit is \$_____.

As of the effective date, your gross monthly annuity is \$_____. The first reduction is \$_____. The cost for any period(s) when your annuity was not reduced is \$_____, and the actuarial reduction to pay it back is \$_____. Taken together the two reductions reduce your gross monthly annuity to \$_____.

If your annuity is not reduced by _____ (mm/dd/yyyy), the excess annuity paid will result in an overpayment. Therefore, it is to your advantage to return your specific written election to provide a survivor annuity as soon as possible.

We computed the above costs assuming you want to elect the maximum possible benefit. You do have the option of electing a smaller survivor annuity benefit, which would proportionately reduce the cost figures provided in this letter. If you want to know the exact cost of a smaller benefit, enter the amount you would want your spouse to receive each month on the enclosed **request form**. Return the request form to the following address: *Office of Personnel Management, Retirement Operations Center, Attn: PRM - STOP, PO Box 45, Boyers, PA 16017.*

If you are requesting information on the cost for a smaller benefit, be sure to use the enclosed **request form**. An election **cannot** be revoked or changed once we receive a valid survivor annuity election form.

If you decide not to provide a survivor benefit for your spouse, you **must complete** the bottom portion of the enclosed RI 20-63 and return it to our office before the second anniversary of your marriage.

If we have not received your specific written survivor election by the second anniversary of your marriage, your request for survivor benefits will be dismissed.

If your marriage terminates and you want to provide a survivor benefit for a former spouse, you must file a specific written election with OPM within 2 years after the date of termination of your marriage.

If we can be of further assistance, please let us know.

Sincerely,

Legal Administrative Specialist
(724) 794-2005, Ext. _____

Enclosure: RI 20-63 - Survivor Annuity Election for a Spouse

Request Form

(Use this form to request cost information on electing less than the maximum survivor benefit.)

CSA No.

I am requesting cost information for a gross monthly survivor benefit of \$_____.

(Please specify a whole dollar amount [i.e. \$25, \$50, \$75, \$100] and sign and date below.)

Print your full name

Signature

Date