

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 providing	g the		
The reason my marriage ended is:	ise 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 decree, including all property settlements.					
☐ A court-certified copy of my annulment.					
I understand that if I have self and family heat 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 the 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.