



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

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form pursuant to Title 5, U. S. Code, Chapter 83, Sections 8337 and 8339, and Chapter 84, Section 8452. Disability retirement benefits are provided for individuals who performed service as law enforcement officers, firefighters, nuclear materials carriers, Customs and Border Patrol officers, members of the Capitol and the Supreme Court police, Congressional employees, and air traffic controllers. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to review the computations of disability annuities to include the formula provided in law for individuals who have performed the aforementioned services. OPM, Retirement Services reviews the annuity computation and, if the respondent is entitled to an increased benefit, the benefit is authorized. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at www.opm.gov/privacy. **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, failure to provide this information may result in the noncompliance of the provisions of title 5, U.S.C Title 5, U. S. Code, Chapter 83, Sections 8337 and 8339, and Chapter 84, Section 8452. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 20-123.

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. 20415-0001. 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.