

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 unreduced annuity rate, I am providing the information below.

The reason my marriage ended is: ☐ Spouse 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 health benefits coverage, I can change to self-only at any time.

☐ Change my coverage to self-only.

(Note: Check this block if you want to make the change. A former spouse is no longer a family member and is not eligible for coverage under your family enrollment.)

Signature (do not print)	Date (dd/mm/yyyy)	Telephone no. (include area code)
Name (last, first, middle initial)	Email address	

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 by Title 5, USC, Sections 8339(j)(5)(A) (B) and 8419(b) which allow Civil Service annuity reductions for the purpose of providing a survivor annuity to terminate after the death of the spouse or former spouse. **Purpose:** OPM uses RI 20-120 to re-compute the annuity without the reduction and to provide the pertinent information necessary for recalculation. **Routine Uses:** The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third-parties when it is necessary to process your designation. For example, matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. **Consequences of Failure To Provide Information:** If this information is not collected, annuitants could be paid less than the law provides.

Public Burden Statement

The public reporting burden to complete this information collection is estimated at 30 minutes per response, including reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Personnel Management, RS Publications Team at RSPublicationsTeam@OPM.gov. Current information regarding this collection of information – including all background materials – can be found at <https://www.reginfo.gov/public/do/PRAMain> by using the search function to enter either the title of the collection: *Request for Change to Unreduced Annuity* or OMB Control Number 3206-0245.