

TECHNICAN RETIREMENT ESTIMATE REQUEST

NAME: _____ **ORGANIZATION:** _____

SSN: _____ **DOB:** _____

Retirement System (if known): CSRS CSRS OFFSET FERS

Type of Retirement (if known): VOLUNTARY DISC SERVICE DISABILITY OTHER

DATE OF RETIREMENT _____ **AGE AT RETIREMENT** _____

Do you have Temporary Civilian service? YES NO

If yes, has deposit been made? YES NO

Please provide documentation for any civilian time (including temporary time) that has already been bought back

Do you have Military Active Duty? YES NO

If yes, has military deposit been made? YES NO

Please provide documentation as well as your DD214(s) for any Military Time you have bought back.

Enrolled in FEGLI for past 5 years or since eligible? YES NO

Enrolled in FEHB for past 5 years or since eligible? YES NO

Name of FEHB Insurance Company _____

Request applicable retirement forms provided with estimate: YES NO

Please send the estimate to: _____

PHONE NUMBER _____ FAX NUMBER _____

RETURN THIS FORM OR FAX TO:

**Office of the Adjutant General
ATTN: CAJS-J1-HR-CS Box 37
PO Box 269101
Sacramento, CA 95826**

**CAGNET: 6-3439
DSN: 466-3439
COM: 916-854-3439**