

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
USCG RETIREMENT ESTIMATE REQUEST

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 8336, 8414; 5 CFR 831.114, 842.213; and Executive Order 9397.
Purpose: To determine an individual's eligibility for the U.S. Coast Guard Voluntary Separation Incentive Payments/Voluntary Early Retirement Authority program.
Routine Uses: Information will be used by U.S. Coast Guard Human Resources personnel to determine an individual's eligibility for early retirement, life insurance and health benefits. Any external disclosures of data within this record will be made in accordance with OPM/GOVT-1, General Personnel Records, 77 Federal Register 73694, December 11, 2012.
Disclosure: Furnishing this information is voluntary; however, failure to provide the information may impede your request for voluntary early retirement.

1. Name	1a. DOB
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2. Last 4 Digits of SSN	2a. CSRS CSRS OFFSET FERS	3. Daytime Phone Number
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4. Are You Married?	4a. If Yes, will you elect a survivor benefit?	5. Retirement Date
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6. Type of Retirement

7. Voluntary Involuntary Early Disability Deferred Special (LEO/FF/ATC)	8. Military Service From: To:
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	YES	NO
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9. Receive military retired pay?		
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a. Because of combat-incurred disability?		
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b. Retirement from Reserves (Title 10)?		
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c. Do you wish to waive and combine military retired pay?		
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10. Have you made a deposit for any military service after December 31, 1956?		
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11. Will you be eligible for Social Security when you are age 62?		
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12. Have you ever taken a refund of your retirement contributions?		
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a. If yes, have you paid back the refund to OPM?		
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13. Have you paid a deposit for any Temporary (FICA Only) service?		
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14. If eligible, will you continue health and life insurance into retirement?		
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15. Would you like to receive your estimate via your global email address?		
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16. If you would like your estimate sent through US mail or to your home email address, provide the address below:		

Date of Request	Date Completed by Benefits Specialist
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