

Date
Civil Service Claim Number CSA
File Reference

FORMER SPOUSE SURVIVOR ANNUITY ELECTION

This is in response to your request for information on providing a survivor annuity for your former spouse. Please read the enclosed pamphlet and the information below carefully before making your election.

A. Filing Time Limit: You must file your election (a) within 2 years after the date your marriage to the former spouse ended by divorce or annulment or (b) within 2 years after the date another former spouse lost entitlement to a survivor annuity benefit for which your annuity was reduced as explained in Chapter IX of the pamphlet.

B. If You Elect The Maximum Survivor Benefit Available For Your Former Spouse: Your annuity will be adjusted as explained below. Please see Part IV of the pamphlet for additional information.

1. Your current gross monthly annuity rate is \$_____.
2. If applicable, there will be two reductions in your annuity to provide the survivor benefit. The first reduction is \$_____ for the regular cost of the survivor benefit. This reduction may stop if your former spouse loses entitlement. The second reduction represents the amount your annuity would have been reduced for the survivor benefit (plus interest) since your retirement. As of _____ this amount is \$_____ and the monthly reduction to pay it back is \$_____. This reduction is permanent; it will NOT stop if your former spouse loses entitlement. The reductions in your annuity may increase if you delay your election.
3. The above reductions to provide a survivor benefit will reduce your gross monthly annuity to \$_____.
4. Your former spouse's gross monthly survivor annuity rate including all cost-of-living adjustment (COLA's) since your retirement will be \$_____. Future COLA's will be applied to this rate. This is the maximum survivor benefit now available for your former spouse.

C. Filing Instructions: If you want to provide the maximum available survivor benefit, please complete the other side of this letter and return it to the *U.S. Office of Personnel Management, Retirement Operations Center, ATTN: PRM-STOP, P.O. Box 45, Boyers, PA 16017-0045* within the filing time limit. See Part IX of the enclosed pamphlet for information on the documents you may need to submit with your election.

D. If You Want To Elect A Smaller Survivor Benefit: The reduction in your annuity will be smaller, in rough proportion to the smaller survivor benefit you elect. If you want to know the exact cost before you make your election, do not complete the other side of this letter. Instead, please specify the monthly amount you want your former spouse to receive below, provide your signature and date, and return this letter to the address shown in Part C above. We will then provide you with the information and send you another application.

I request information on providing a former spouse annuity of \$_____ per month. *(Specify a whole dollar amount.)*

Signature	Date (mm/dd/yyyy)
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E. If You Decide Not To Provide A Survivor Benefit: *(See Part X of the enclosed pamphlet.)* Please indicate your decision below, provide your signature and date, and return this letter to the address shown in Part C above.

I have decided not to provide a survivor benefit for *(enter name of person)*.

I have decided not to provide a survivor benefit for <i>(enter name of person)</i> .	
Signature	Date (mm/dd/yyyy)
Signature of Benefits Specialist (412) 794-2005	

FORMER SPOUSE SURVIVOR ANNUITY ELECTION, continued

Part 1: To Be Completed by Retiree

1. Your name (<i>last, first, middle</i>)		2. Are you now married? (<i>If yes, complete item 2.a and see note below.</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.a Name of current spouse (<i>last, first, middle</i>)	3. Former spouse's name (<i>last, first, middle</i>)	4. Former spouse's Social Security Number	
5. Former spouse's mailing address			
<p>6. Election: I elect a reduced annuity to provide a survivor annuity for my former spouse named in block 3 above. I have read and understand the information on the front of this letter and in the accompanying pamphlet.</p> <p>(Choose one of the following as a base for computing the former spouse survivor annuity.)</p> <p><input type="checkbox"/> Use the maximum amount now available. <input type="checkbox"/> Use the same amount for which my annuity is now reduced.</p> <p><input type="checkbox"/> Use the amount that will currently provide a survivor annuity rate of \$_____ per month. (<i>Specify a whole dollar amount, not more than the survivor rate shown in item 4 of Part B on the front of this letter.</i>)</p>			
Important: You Cannot Change or Reduce Your Election After We Have Received a Valid Election.			
7. Your signature (<i>do not print</i>)		8. Date (<i>mm/dd/yyyy</i>)	9. Daytime telephone number (<i>including area code</i>)
<p>Note: Married retirees must have their current spouse's written consent to this election. If you are married, have your current spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The certifier must complete Part 3. The current spouse consent requirement may be waived under certain conditions. See Part II of the enclosed pamphlet for more information. If you want to request a waiver, attach an explanation to this application.</p>			

Part 2: To Be Completed by Current Spouse if Retiree Is Married

I freely consent to the survivor annuity election described above. I understand that my consent is final and cannot be revoked.	
1. Name (<i>type or print</i>)	2. Signature (<i>do not print</i>)

Part 3: To Be Completed by A Notary Public Or Other Person Authorized to Administer Oaths

<p>I certify that the person named in Part 2 presented identification (or was known to me), signed or marked this form, and acknowledged that the consent was freely given in my presence on the _____ day of _____ (month)</p> <p>_____ at _____ (year)</p>	
Seal	1. Signature (<i>do not print</i>)
	2. Name and title of certifier (<i>type or print</i>)
	3. Expiration date of commission if Notary Public

Refer to the enclosed pamphlet for the Privacy Act and Public Burden Statements.