

**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**