

Pre Retirement Worksheet

Name: _____

Street Address & City: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

EIN Number: _____

Copy of Retirement Estimate: _____

Copy of DD 214 if you are a Veteran: _____

Copy of Marriage License if married: _____

Spouse Name: _____

Spouse Street Address & City: _____

Spouse Date of Birth: _____

Spouse Social Security Number: _____

Spouse Phone Number: _____

Divorce Court Papers if you are divorce: _____

Dates of all Federal Employment Time: _____

Dates of Military Time: _____

OWCP Case Number(s): _____

Retirement Date: Should be last three days of month for FERS.

Retirement Date: Should be first three days of the month for CSRS employees.

Annual leave: Maximum Carry over is 440 hours.

Direct Deposit Information:

Credit Union or Bank Name _____

Credit Union or Bank Address _____

Credit Union or Bank Phone Number _____

Routing Number _____

Account Number _____

Life Insurance Decision: Life Insurance is Tern insurance and expenses as we get older. Most people take the basis which you pay for until 65 years old and then it decreases by 75%.

Do you have Option A _____ Option B _____ Option C _____

Health Plan will carry over and should not be dropped.

Survivors benefits: _____

Do you have Federal Dental and Vision Care? _____

Do you have Federal Long Term Care Insurance? _____

Dates of all Federal Employment and was it covers by FERs or Civil Service?

_____.

Service Computation Date _____

Many of the Retirement Forms are on line.

HR Shared Service Center (HRSSC) - Contact Information - Be sure to download your OPF.

HRSSC Hours of Operation: Monday – Friday, 7 a.m. ET – 8:30 p.m. ET

HRSSC 1-877-477-3273, Option 5

***HRSSC
(TDD/TTY) 1-866-260-7507*

PostalEASE 1-877-477-3273, option 1

Please have Employee Identification Number and USPS PIN available.

HRSSC	HRSSC
Benefits/Compensation	Retirements/Separations
PO Box 970400	PO Box 970500
Greensboro NC	Greensboro, NC
27497-0400	27497-0500