



Are you ready for your Retirement?

Greetings Civil Service Employee:

The DCHR Benefits and Retirement Administration is prepared to assist you with your transition. This computation will provide you with an estimate of the money you will receive.

In order to assist with your request, you must meet the retirement criteria.

Civil Service

Records of Federal Government Service years can be obtained by written request from the Federal Records Center.

1. Full Name (maiden, alias, etc.)
2. Date of Birth
3. Social Security Number
4. Agencies and addresses where previously employed

Submit above information to: D.C. Human Resources, Benefits & Retirement Administration
 441 4th Street, N.W. 330 South
 Washington, DC 20001

You are retirement eligible if:

Retirement Eligibility Table

AGE	Years of Service	Type of Retirement
55	30	Regular
60	20	Regular
62	5 or More	Regular
Any Age	5 or More	Disability
*50	20	Early Out
*Any Age	25	Early Out
* Subject to Policy and Authorization		

*Projected computation will not be honored if you are not within two years of eligibility.



Benefits & Retirement Administration
Retirement Computation Request

(Please Print)

Name: _____ DOB: _____ Date: _____

Address: _____ City/ State/ Zip code: _____

Title: _____ SS#: _____ Total years: _____

Agency: _____ Series/ Grade/ Salary: _____

Type of Retirement (please check one): ___ Regular (Age & Service) ___ Disability ___ Other _____

Proposed Date of Retirement: _____ (please attach DD214)

Service Agency

Total Years of Service

Table with 5 columns: Service Agency (checkbox), From, To, Total Years (Years), Total Years (Months). Rows for DC Government, Military, and Federal.

(Please attach DD214)

Have you received a refund for retirement deductions for any service claimed above?

Yes No

Dates of service for which refunds was made _____

Have you purchased any additional service toward retirement or made redeposit for any federal service?

Yes No

Years: _____ Months: _____ Days: _____ Date of Record: _____

(Attach proof of purchase)

Have you been on worker's compensation, maternity leave and/or leave without pay? If yes, please provide date(s): _____

Yes No

Do you have Benefits? Health / Life Benefits No Benefits

Health Plan Name: _____

Date of Request: _____ Signature: _____

Return From to: DC Human Resources, Benefits & Retirement Administration
441 4th Street, N.W., Suite 330 South
Washington, DC 20001
(202) 442-9700