

Request for a Retirement Estimate (For current employees only)

This is a questionnaire to begin the estimate process;
it is **NOT** an application for retirement.

Complete the next page and **FAX it to 505-563-5305**

Remember to include a copy of your Social Security Earnings Record. We are looking for the page with the year to year earnings listed!

To get a copy of your SSA Earnings Record, go to: <https://www.socialsecurity.gov/mystatement/>

Each estimate requires time to research and calculate we appreciate your patience. It may take a minimum of 4 weeks before a completed estimate packet is mailed hard copy to you. **For status inquiries or general questions, leave a message at 505-563-5451 or email benefits@bie.edu**

Is this your second (or third or fourth) Request for Retirement Estimate?

STOP! Schedule a consultation to review the first estimate.

- Estimates are ballpark figures and do **not** significantly change from year to year.
- Consultations can be over the phone or in HRO-Albuquerque, NM. See instructions in your completed packet for how to schedule a consultation.
- If you just want a Retirement Application packet, send an email to **benefits@bie.edu**

Why provide an email address?

- We send notifications when we receive your request **and** when we complete the request.

How will I get my completed Estimate?

- We **only** mail hard copy completed estimates to your correspondence address on file.
- The files are too large to be sent via email or fax.

PRIVACY ACT STATEMENT

Authority: 5 USC 301 and 5 USC

Purpose: The principal purpose for collecting the information is to identify employee, to research service records, and to determine eligibility for retirement.

Routine Use: The information will be used to identify employee for data research in Personnel, Payroll, and Retirement records.

Disclosure: Voluntary; however, failure to provide the requested information may result in inability to provide completed estimate and/or retirement application packet.

Request for Retirement Estimate Form

Name (please print)					
Date of Birth:		Last 4 of Social Security		XXX-XX-	
Contact phone #		Mailing address			
Email Address (for notifications only)					
When I want to retire? (Please provide NO MORE than 2 dates)					
Type of Retirement (circle one)		Voluntary		Disability	
I am married (check one)		Yes	No		
I have former spouse(s) who may be entitled to annuity			Yes	No	
I worked other federal jobs/other periods (include military service by attaching DD214)					
Agency		In which state?		What years?	
I left the government and pulled out my retirement contributions				Yes	No
What year?			I paid it back	Yes	No
I retired once before		Yes	No	What year?	
I work at a BIA school that went grant and kept federal benefits				Yes	No
I have included copies of my contracts for all years under grant school.				Yes	No

NOTE: The estimates provided are not intended to represent actual amounts. Office of Personnel Management (OPM) has sole authority and responsibility for adjudicating retirement claims.