Form approved:
OMB No.: 3206-0245

Claim number
CSA

U.S. Office of Personnel Management
Retirement Operations Center
Post Retirement
Attention: Y-Adjustment
P.O. Box 45
Boyers, PA 16017-0045

Request for Change to Unreduced Annuity

In order to change my benefit to the unreduced annuity rate, I am providing the information below.

The reason my marriage ended is: ☐ Spouse Died ☐ Divorce ☐ Annulment

The date my marriage ended is: _____

I have enclosed: *(Check one block below.)*

☐ A copy of the death certificate.
☐ A court-certified copy of my divorce decree, including all property settlements.
☐ A court-certified copy of my annulment.

I understand that if I have self and family health benefits coverage, I can change to self-only at any time.

☐ Change my coverage to self-only.

(Note: Check this block if you want to make the change. A former spouse is no longer a family member and is not eligible for coverage under your family enrollment.)

Signature *(do not print)*	Date *(mm/dd/yyyy)*	Telephone no. *(include area code)*
Name *(last, first, middle initial)*	Email address	

Public Burden Statement

We estimate this form takes an average of 30 minutes per response to complete. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0245), Washington, D.C. 20415-3430. The OMB number 3206-0245 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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