

RESTORATION TO FULL ANNUITY APPLICATION PROCESS

(Three Signed Originals to be Submitted to The Department of State/Office of Retirement)

By law an annuity which is reduced under this section or any similar provisions of law to provide a survivor benefit for a spouse shall, if the marriage of the participant to such spouse is dissolved, be recomputed and paid for each full month during which the annuitant is not married, as if the annuity had not been so reduced. In the event of remarriage, there is no reduction unless there is a valid election of survivor benefits for the new spouse. Any recomputation is subject to any reduction required by a spousal agreement or court order to provide benefits for a former spouse.

In order to apply for restoration to full annuity benefits, please complete the forms listed below and return them along with a certified copy of the death certificate or divorce decree as appropriate.

If you are enrolled for health insurance and have no other eligible family members, we will need a Health Benefits Registration Form, SF 2809, to change your coverage from self and family to self-only. If you are already enrolled for self-only, no change is required. However, because of your change in marital status, you may change to a self-only enrollment in another plan. If you have no health insurance, you may not enroll because of the general regulation that prohibits retirees from joining the Federal Health Benefits Program.

We have also listed SF-2823, Designation of Beneficiary, for your life insurance, and DS-5002, Designation of Beneficiary, for the Foreign Service Retirement System, which you may wish to complete. Please return TWO copies of both forms to us for certification; the duplicates will then be returned to you.

The recomputation to full annuity and, if applicable, the health benefits change are effective the first of the month following the termination of marriage.

FORMS NEEDED

DS-5073 Statement of Eligibility for Restoration to Full Annuity
SF 2809 (Only if enrolled for Family and Self)
SF 2823
DS-5002

RETURN COMPLETED FORMS TO

U.S. Department of State
Office of Retirement (HR/RET)
Room H-620, SA-1
2401 E Street NW
Washington, DC 20522-0108

Telephone Number (202) 261-8960
Facsimile Number (202) 261-8988
E-Mail Address RETServices@state.gov



U.S. Department of State
Bureau of Human Resources/Office of Retirement

**RESTORATION TO FULL ANNUITY
STATEMENT OF ELIGIBILITY
FOR PERIODS DURING WHICH UNMARRIED**

(Three Signed Originals to be Submitted to The Department of State/Office of Retirement)

Full Name Of Annuitant <i>(Last, First, Middle)</i>											
Birth Date <i>(mm-dd-yyyy)</i>	Social Security Number										
Annuitant's Address <i>(Apartment Number, Street)</i>											
Address <i>(City, State, ZIP Code)</i>											
Telephone Number	Facsimile Number										
Effective Date of Retirement <i>(mm-dd-yyyy)</i>	E-Mail Address										
Retired From <i>(Please Check One)</i> : <input type="checkbox"/> State <input type="checkbox"/> AID <input type="checkbox"/> Agriculture <input type="checkbox"/> Commerce <input type="checkbox"/> ICA/USIA <input type="checkbox"/> Peace Corps <input type="checkbox"/> Other _____											
<p>Under the law, an annuity which is reduced for survivor benefits may be restored to the rate without reduction for survivor benefits if the marriage is terminated by death or divorce, and further provided the former spouse is not entitled to a survivor annuity under Section 814, 820, 861, or 862 of the Foreign Service Act of 1980, as amended. The new rate is effective the first of the month after the one in which the marriage is terminated.</p>											
I have read the above information and I do hereby elect to have my annuity restored to the full amount.											
Signature of Annuitant	Date <i>(mm-dd-yyyy)</i>										
<p>Since my retirement, I have been unmarried during the following periods of time:</p> <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: center;"><u>From Date</u></th> <th style="text-align: center;"><u>To Date</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> </tr> <tr> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> </tr> <tr> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> </tr> <tr> <td style="text-align: center;">_____ <i>(mm-dd-yyyy)</i></td> <td style="text-align: center;">_____ <i>(mm-dd-yyyy or PRESENT)</i></td> </tr> </tbody> </table>		<u>From Date</u>	<u>To Date</u>	_____ <i>(mm-dd-yyyy)</i>	_____ <i>(mm-dd-yyyy or PRESENT)</i>						
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**RESTORATION TO FULL ANNUITY
STATEMENT OF ELIGIBILITY
FOR PERIODS DURING WHICH UNMARRIED**

(Three Signed Originals to be Submitted to The Department of State/Office of Retirement)

Full Name Of Annuitant <i>(Last, First, Middle)</i>	
Birth Date <i>(mm-dd-yyyy)</i>	Social Security Number

SELECT/COMPLETE ONE OF THE FOLLOWING STATEMENTS *(Please Check One):*

I was not married at the time of my retirement and have not been married since _____
Date *(mm-dd-yyyy)*

I was married previous to the time of my retirement to _____
(Former Spouse's First Name, Middle Initial, Last Name)
on _____ and the marriage was terminated by _____
Date *(mm-dd-yyyy)* *(Cause)*
and he/she is not eligible for survivor benefits.

I was married to _____ was widowed on _____
(Former Spouse's First Name, Middle Initial, Last Name) Date *(mm-dd-yyyy)*
and a certified copy of the Death Certificate was previously or is now being submitted.

I was married to _____ on _____
(Spouse's First Name, Middle Initial, Last Name) Date *(mm-dd-yyyy)*
and I am still married to him/her. I have not elected survivor benefits for my current spouse.

Signature of Annuitant	Date <i>(mm-dd-yyyy)</i>
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NOTES

- A) IF MARRIED (UNLESS PREVIOUSLY PROVIDED TO HR/RET) CERTIFIED COPIES OF THE MARRIAGE CERTIFICATE AND YOUR CURRENT SPOUSE'S BIRTH CERTIFICATE MUST ACCOMPANY THIS STATEMENT.
- B) IF NO LONGER MARRIED (UNLESS PREVIOUSLY PROVIDED TO HR/RET) THIS STATEMENT MUST ALSO BE ACCOMPANIED BY A DOCUMENT VERIFYING THE DISSOLUTION OF THE MARRIAGE (DEATH CERTIFICATE, DIVORCE DECREE/AGREEMENT, COURT ORDER, ANNULMENT).

RETURN ALL COMPLETED FORMS TO

U.S. Department of State
Office of Retirement (HR/RET)
Room H-620, SA-1
2401 E Street NW
Washington, DC 20522-0108

Telephone Number (202) 261-8960
Facsimile Number (202) 261-8988
E-Mail Address RETServices@state.gov

Warning: Any intentional false statement in this election or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001).