Office of Personnel Management
Retirement and Insurance Group

CSRS
Civil Service
Retirement System
1920

FEGLI
Federal Employees
Group Life Insurance
1954

FEHB
Federal Employees
Health Benefits Program
1959

FERS
Federal Employees
Retirement System
1986

Benefits Administration Letter

Number: 95-702   *Date:* February 3, 1995

SUBJECT   Updated FERS Transfer Model

Enclosed with this letter is a diskette with an updated version of the FERS transfer model. The model is a program that allows employees who have an opportunity to transfer to FERS to input data about what they project their future careers to be to make some comparisons between CSRS and FERS benefits. The purpose of the model is to provide employees with additional information they can use in deciding whether to transfer to FERS. However, since it is a projection off into the future that requires making assumptions that may or may not turn out to be accurate, the numbers produced by the model should not be taken as projected benefits. Instead, they should be taken as something that allows employees to evaluated the relative benefits of the two retirement systems as they apply to the data the employee has provided.

While the program is basically the same as the original transfer model, it does have a number of help screens that should allow most users to use it without additional assistance. There also is a users guide that can be printed from the diskette.

We encourage you to distribute the program throughout your agency. The diskette can be copied. It is also available on *OPM Mainstreet*. You can order additional copies from this office for $10.00 per copy. An order form is attached.

Reginald M. Jones, Jr.
Assistant Director
 for Retirement Policy Development

Attachment

FERS Transfer Disk
ORDER FORM

FERS

**Federal Employees
Retirement System**

YES, please send me copies of the *FERS Transfer Disk @* $10.00 each.

TOTAL Number of copies ordered. _____

The total cost of my order is $_____ .

Name _____
Organization _____
Street Address _____
City, State, Zip _____
Phone _____
Fax _____

Please enclose a check payable to OPM <u>with order form</u>.

Send all order forms and checks to:

Attn: FERS Transfer Disk
Office of Retirement Policy Development
P.O. Box 57
U.S. Office of Personnel Management
Washington, D.C. 20044

If you are a **Federal** Agency and would prefer to be billed, please provide the following information:
Agency Location Code (ALC) - _____
Agency Accounting Data - _____
(include all accounting information required for proper billing, such as Document/Purchase Order/Requisition No., Index/Dept. code)