



Retirement Services

UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT PROGRAMS  
BOYERS, PA 16017

## Annuity Statement

Name of Annuitant
NIANNA N RICE
5319 N DAMEN AVE
FLOOR 2
CHICAGO IL 60625

Date Printed
Jan 16, 2025
Annuitant Claim Number
A95454550

**Payment Dated:** Feb 3, 2025

The following information is provided in response to your request for verification of your retirement benefits under the Civil Service Retirement System or the Federal Employees Retirement System.

Deductions/Additions		
Code	Description	Amount
	Gross Amount of Annuity	\$1,721.00
111	Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$245.18
46	Basic LI Premium Until 65 (if ret after 1/1/90)	-\$31.90
42	Federal Dental Insurance	-\$92.00
43	Federal Vision Insurance	-\$29.12
20	Checking/Saving Allotment Deduction	-\$245.00
	Net Amount of Annuity	\$1,077.80

Comments
YOUR FEDERAL INCOME TAX WITHHOLDING HAS CHANGED OR HAS BEEN TERMINATED.
YOUR HEALTH INSURANCE PREMIUMS HAVE CHANGED.
YOUR PREMIUMS HAVE INCREASED FOR FEDERAL DENTAL INSURANCE. DIRECT QUESTIONS TO BENEFEDS AT 1-877-888-3337.
YOUR PREMIUMS HAVE INCREASED FOR FEDERAL VISION INSURANCE. DIRECT QUESTIONS TO BENEFEDS AT



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1-877-888-3337.

*The annuity of a retired member terminates on the day the member dies or the date of other terminating events provided by title 5, U.S. Code, Section 8345(c), et seq.*

Sincerely,

**Nicholas Ashenden**  
Deputy Associate Director  
Retirement Operations