

Retirement System Information**Are you a CSRS or FERS employee?****DATE:** _____**CSRS(Hired before 1984)****CSRS OFFSET****FERS(Hired POST 1984)**If you were hired before 1984 and are now a FERS employee, when did you change to a new retirement system? _____

Regular Federal LEO FAA Firefighter Postal CBP onboard pre-2008 CBP onboard post-2008

Employment & Pay Information**Service Computation Date (Leave)** ____/____/____ **SCD (Retire)** ____/____/____ **SCD (Special Category)** ____/____/____**AGENCY** _____ **BRANCH** _____**JOB TITLE** _____ **LOCATION** _____**What is your pay type, grade and step?** **GS** **WG** **Other** _____ **Grade** _____ **Step** _____

If you are not sure, what is your Annual Pay including Locality? \$ _____ Firefighters - What shift schedule? 84 72 60 56

What locality are you attached to? _____ CBP - Max Overtime % 100 75 50 25 Law Enforcement LEAP or AUO%**Does your SCD include any other time?** **Yes** **No** Temp ____ NAF ____ OTHER ____If yes, how many yrs and months? **YEARS** _____ **MONTHS** _____**Military Time Information****How many years of service?** _____ **Did you buy back your Military time back?** **YES** **NO**Date you entered military? ____/____/____ Date of discharge? ____/____/____ **BRANCH** _____**Are you retired military?** **Yes** **No** Rank at retirement? (E5, E6, E7, other) _____ Monthly military retirement check? \$ _____If YES, Did you elect: the SBP (Survivor Benefit Plan) **YES** **NO** VABenefit? \$ _____VGLI (Veterans Group Life) **YES** **NO** Amount: \$ _____**Planned Retirement Information****At what age or what date do you plan to retire?** Age _____ or ____/____/____ (date)

Type of Retirement – Regular VSIP VERA RIF OTHER

Federal Employees Group Life Insurance Information (FEGLI)Basic - **YES** **NO**Option A - **YES** **NO**Option B - **YES** **NO**

1 2 3 4 5

Option C - **YES** **NO**

1 2 3 4 5

Do you have private Life Insurance? **YES** **NO**

FEGLI Code _____

*Code may be found under deductions on LES.

Thrift savings Plan (TSP)

What percentage or fixed amount are you contributing

to: Traditional TSP ? _____ Roth TSP? _____

Current Traditional TSP balance:**Current Roth TSP balance:****Individual Funds****G %****F %****C %****S %****I %****L FUNDS****Income** ____'25____% '30____% '35____% '40____% '45____% '50____% '55____% '60____% '65____%Do you have other investment accounts? **YES** **NO**

Type (401K, IRA) -

Employee Data Information

Name Last, First

Date of Birth

Spouse – Last, First

Date of Birth

Street Address

Child(ren) Ages

City, State, Zip

Contact phone number

Preferred Email

Is your spouse a Federal Employee?

YES (Fill out another data Sheet) **NO**

If no, who is your spouse employed by?

Title

Salary

Questions or Notes:

Information practices: Any information we obtain is private and confidential. We do not disclose information to other persons or organizations. It is used for calculating benefits and to provide information or assistance as you request.

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