

Retirement System Information

LAW ENF. ____CBPCBP-LEO____FIRE____FAA____

Employment & Pay Information

Service Comp Date (Special cat.)____/____/____

Annual pay w/ Locality_____

Service Comp Date (SCD)____/____/____

Job title_____Pay Grade and Step_____

Firefighter Shift _____

Agency_____Branch_____

Other time (yrs /mos) _____

Military Time - IS MIL TIME INCLUDED IN SCD? YES ____ NO ____

Branch_____Date Entered ____/____/____Date Discharge____/____/____Last Rank____

Retired Military Yes NoMo. Military Retirement check \$ ____CRSC Yes No

SBP Elected Yes NoVA %____VA Amount \$ ____CRSC Amt \$ ____

Planned Retirement Information

What date do you plan to retire

What age will you be at retirement

____/____/____

Federal Employees Group Life Insurance (FEGLI)

FEGLI code_____Basic - Y NOption A - Y NOption B (1-5) ____ xOption C (1-5) ____ x

Outside Life Insurance Y NAmount \$ _____VGLI Yes No

Thrift Savings Plan (TSP)

Percent or Amount contributing per pay period \$ _____

Traditional Balance \$ _____Roth Balance \$ _____

G %	F %	C %	S %	I %	L Income %	L 20__ %	L 20__ %	L 20__ %	L 20__ %

Outside or Spouse IRA Yes NoOutside or Spouse IRA Balance \$ _____

Employee Data Information

Name (Last, First)	Date of birth	Spouse Name (Last, First)	Date of Birth
Cell Phone:	Work Phone:	Spouse Job / Employer	Spouse Salary
Personal Email:	Work Email:		
Street Address:		Children/Grandchildren Ages	
Questions or Notes:			

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