



Date: ____/____/____
____ Set up new appointment
____ Sent email or mailed w/est

Date: _____

Name: _____ D.O.B. _____

Work Location: _____ Craft: _____

Referring Agent / Acquired how: _____

Spouse: _____ Spouse D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell: _____ Cell/HM: _____

C.S.R.S. or F.E.R.S. Hire Date: _____ CYS: _____ Retirement Date: _____
(Before 12-31-84) or (After 1-1-84)

Annual Salary: _____ High 3 Salary: _____

Military Buy Back: _____ years

TSP Balance: \$ _____ TSP Bi-weekly Contribution: _____

Sick Time Hours: _____ Annual Leave: _____

Social Security at 62: _____ 65: _____ 66: _____ 67: _____

Three Paychecks:

_____ F.E.R.S. or C.S.R.S. Monthly Annuity (Pension)

_____ Social Security

_____ F.E.R.S. Supplement

_____ Income from T.S.P.