

FEDERAL EMPLOYEE QUESTIONNAIRE

1. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Email Address: _____
2. Date of Birth: _____
Sex: F _____ M _____
Married: Yes _____ No _____
3. Employment Grade/Salary: _____
Facility: _____
Address: _____
City, State, Zip: _____
\$: _____
Phone: _____
Position/Occupation: _____
4. Service Computation Date: _____
CSRS _____ FERS _____ CSRS TO FERS _____
If FERS, Transfer Date: _____
Retirement Date: 1. _____
2. _____
5. Retirement Value: _____
This Year: _____
Pay Period Number & Amount: _____
6. Sick Leave Hours: _____
At Retirement: _____
7. Military Service: Yes / No
Dates: _____
Payback Done or Started: Yes / No
8. Part Time, Sub Carrier Time:
Yes / No Date _____
Payback Done or Started: Yes / No

9. Prior Civil Service: Yes / No
_____ Years _____ Months
10. Social Security: Yes / No
Number of Quarters: _____

Year By Year Report: Yes / No
11. Thrift Savings Plan: Yes / No
Amount: _____ % _____
Date Started: _____
Current Balance: _____
Plans: G\$ _____ F\$ _____
C\$ _____ S\$ _____ I\$ _____
G% _____ F% _____ C% _____ S% _____ I% _____
12. Savings Bonds: Yes / No
BI/WK Amount: \$ _____
Total Value: \$ _____
13. FEGLI: Yes / No
Basic Death Amount: \$ _____
Option A. Yes / No Amount: \$ _____
Option B. Yes / No Amount: \$ _____
Option C. Yes / No Amount: \$ _____
14. Smoker/Tobacco Use: Yes / No
15. Health Insurance: Yes / No
Plan # _____ Cost \$ _____
16. Allotment Currently out of Check:

Amount	Paid To
1. \$ _____	_____
2. \$ _____	_____

** PLEASE ENCLOSE A COPY OF A RECENT PAY STUB, FORM 50, ANNUAL STATEMENT OF BENEFITS, TSP STATEMENT, SOCIAL SECURITY REPORT, AND USPS RETIREMENT PRINTOUT **

LEWIS P. LINKUGEL 1-877-253-1366 or 5831 South 58th, Suite D, LINCOLN, NE 68516

EMAIL: lewis@postalbenefits.com / WEBSITE: www.postalbenefits.com

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1. **Spouse's Name:** _____
 Date of Birth: _____
 Occupation/Company: _____
 Address: _____

2. Children: Yes / No
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____

3. Spouse Pension Plan: Yes / No
 Retirement Date: _____

4. Spouse IRA's: Yes / No
 Deductible IRA: Yes / No Amount: \$ _____
 Roth IRA: Yes / No Amount: \$ _____
 Education IRA: Yes / No Amount: \$ _____
 Custodian: _____

5. Private Life Insurance: Yes / No
 Yours:
 Company: _____
 Type: _____ Issue Date: _____
 Company: _____
 Type: _____ Issue Date: _____
 Spouse:
 Company: _____
 Type: _____ Issue Date: _____
 Company: _____
 Type: _____ Issue Date: _____

6. Mutual Funds/Stocks: Yes / No
 Name: _____ Amount \$: _____
 Name: _____ Amount \$: _____
 Name: _____ Amount \$: _____

- Name: _____ Amount \$: _____
7. Real Estate: Yes / No
 Description: _____
 Value: _____ Mortgage _____
 Description: _____
 Value: _____ Mortgage _____

 8. Miscellaneous Investments: Yes / No
 Description: _____
 Amount/Value: _____
 Description: _____
 Amount/Value: _____

 9. Disability Insurance: Yes / No

 10. Long Term Care: Yes / No

 11. Other Retirement Plans or IRA's: Yes / No
 Yours:
 Company: _____
 Type: _____ Issue Date: _____
 Company: _____
 Type: _____ Issue Date: _____
 Spouse:
 Company: _____
 Type: _____ Issue Date: _____
 Company: _____
 Type: _____ Issue Date: _____

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