

SDFM Aviation Chapter

August Lunch and Learn

Name _____

Employing Agency _____

Address _____

City _____ State _____

Home _____ Cell _____

Work _____ Email _____

Best time to contact _____

Age _____ Years of service _____ Expected retire date _____

Base pay \$ _____ TSP contribution _____ % TSP balance \$ _____

FEGLI Option A ☐ Yes ☐ No

FEGLI Option B 1 2 3 4 5

FEGLI Option C 1 2 3 4 5

☐ Interested in personal benefits and retirement review

☐ Interested in personal benefits and retirement training class for staff

Office position _____ Number of staff _____

☐ Interested in chapter training class

Chapter position _____ Number of members _____