



# Now you have completed the worksheet; you are ready to call *PostalEASE*.

1. Have the following information ready when you call *PostalEASE*.
  - Your Social Security Number (SSN),
  - Your USPS Personal Identification Number (PIN),
  - Your completed *PostalEASE* Allotments/Net To Bank worksheet (on the other side of this page), including the routing number for each financial institution and the account number/s you will be transferring earnings to (the account must already be established).
2. Call *PostalEASE* toll-free at 1-877-4PS-EASE (1-877-477-3273).
  - When prompted, select *PostalEASE*, then enter your SSN and your USPS PIN.
  - Follow the script and prompts to complete the transaction using the information from your completed *PostalEASE* Allotments/Net To Bank Worksheet (on the other side of this page).
3. After completing your entries, you will hear and should note the following:
  - Confirmation number: \_\_\_\_\_
  - Your choices will be processed on this date: \_\_\_\_\_
  - Your choices will be reflected in your paycheck that is dated: \_\_\_\_\_
  - It is recommended that you keep this information and your *PostalEASE* Allotments/Net To Bank Worksheet.

NOTE: Should you have any trouble using *PostalEASE*, or if you are unable to use the telephone because you are deaf, hard of hearing, or for a medical reason, you may contact your local personnel office for assistance.

## PRIVACY ACT STATEMENT

The collection of this information is authorized by USC 401, 1003 and 5 USC 8339. This information will be used to transfer your salary or portion thereof, to financial organizations for credit to your designated account. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to Postal Supervisors that relates to postal supervisors; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirements system for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary; however, if this information is not provided, your desires may not be met. Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for the purpose of conducting computer-matching programs under the Act. These programs, include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.

## Enrollment Check List

- 1.) Enrollment form completed for the desired plans.  
Dental Plan: \_\_\_\_\_
- 2.) If you have selected the optional vision make sure that is available in your area.
- 3.) Your rates calculated from your selected plan(s) and your union affiliation and status:  
Rates for APWU Union member (biweekly): \_\_\_\_\_  
If retired (monthly): \_\_\_\_\_  
Rates for Associate member (biweekly): \_\_\_\_\_  
If retired (monthly): \_\_\_\_\_
- 4.) PostalEASE allotment worksheet instructions:
- Check "Begin an Allotment"
  - Your 9 digit Financial Institution Routing Number: **121000248**
  - Your Account Number to Be Credited: Enter the **seven numbers of your social security number followed by 4911425445**
  - Type of account: Checking
  - Amount of new or changed allotment: Enter the total rate from your selected plans per pay period(monthly for retirees).
  - Have your SSN# and pin available before calling PostalEASE(1-877-477-3273). If you don't have your pin number, it may be obtained from payroll.
  - Please ensure that your checking account is being deducted through PostalEASE, to ensure the earliest effective date possible.
- 5.) Remember to check your forms for completeness.  
Including:
- Dentist selected
  - Signed and dated form
- 6.) Your email address: \_\_\_\_\_  
To best keep you informed of account status and effective date.
- 7.) Mail enrollment form and checklist to:

Northwest Plan Administrators  
1805 Tabor St.  
Eugene, OR 97401  
<http://www.postalunionbenefits.com>