

CONFIDENTIAL QUESTIONNAIRE

Employee Name: _____

Address: _____

Phone# _____

Email: _____

Federal Employee Birth Date: _____

Spouse's Name: _____

Spouse's Birth Date: _____

Federal Employee's Service Computation Date: (SCD) _____

CREDITABLE SERVICE:

Do you have any part time on or after 4/7/86?

Dates: From _____ to _____

Part-time salary \$ _____ % time worked

Do you have any temporary service (paid social security only)?

Dates: From _____ to _____

Did you make a deposit for that time? _____

What was the amount? _____

Date deposit made _____

Did you have a break in service? _____

Dates: From _____ to _____

Amount withdrawn \$ _____

Did you re-deposit the amount? _____

What was the amount? _____

Do you have military service? _____

Dates of military From: _____ to _____

Did you make a deposit for the military service? _____

If you are under CSRS, will be eligible for Social security at
age 62? _____

PLANNED DATE OF RETIREMENT: _____

Date _____

Which Retirement System are you under?

CSRS FERS FERS Transferee Date of Transfer: ___/___/_____

Employee Service:

Regular Postal Air Traffic Controller/Leo/FF

Retirement Option:

Voluntary Early Out Mandatory

CSRS/CSRS offset/ Title 38 Nurses (VA) Sick Leave: Hours now _____

Sick leave per pay period _____ hours

FERS Transferee hours at time of transfer: _____ hours

Will you provide a survivor benefit at time of retirement? _____

CSRS: Full _____ 55% _____ (base)

FERS: Full _____ 50% _____ 25%

Current Annual Salary: \$ _____ Expected % Increase _____%

Include locality pay for GS in the 48 continuous state, night differential and environmental pay for wage grade. AUO and LEAP for Law Enforcement

Estimated Social Security Benefits at age 62

(CSRS offset FERS Transferee) \$ _____

Estimated Social Security Cola _____%

FEDERAL EMPLOYEE GROUP LIFE INSURANCE;

Do you have any of the following:

Basic _____ What reduction after age 65? None, 50% 75%

Option A _____

Option B _____ 1/2/3/4/5 x salary Reduction after age 65? _____

Option C _____: Spouse _____ 1/2/3/4/5 Reduce after 65? _____

Children _____

THRIFT SAVINGS PLAN

Current balance:

G\$ _____ F\$ _____ C\$ _____

S\$ _____ I\$ _____ L Income \$ _____

L 2010\$ _____ L 2020\$ _____ L 2030\$ _____ L 2040\$ _____

Date _____

Annual %/dollar amount of contribution to TSP: _____

How invested:

G _____% F _____% C _____% S _____% I _____%
L Income _____% L 2010 _____% L 2020 _____% L 2030 _____%
L 2040 _____% L2050 _____%

Catch Up:

\$ _____

How do you want to withdraw:

Lump sum _____
Monthly payments \$ _____
Life Expectancy _____
Annuity _____
Year withdraws will start: _____
Allocations at withdrawal:

G _____% F _____% C _____%
S _____% I _____%

OFFICE OF PERSONNEL MANAGEMENT LONG TERM CARE:

Employee Name _____

Employee Age _____

Daily Benefit Amount \$ _____

Benefit Period _____

Waiting Period _____

Inflation Rider:

Automatic Option _____

Future Purchase Option _____

CONFIDENTIAL

Date _____

Savings _ Current Balances

Checking Account Balance _____

Savings Account Balance _____

Personal CDs _____

Brokerage/investment Accounts _____

Other Savings _____

401 (K) and/or IRA Balances _____

Roth IRA Balance _____

Other Pension _____

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