



Federal Employee Benefits Analysis Questionnaire

Employee Name: _____

Address _____

City _____

State _____ Zip Code _____

Home Phone: _____

Email: _____

Spouses' Name: _____

Spouses' Birth Date: _____

Retirement Annuity

Retirement System (*circle one*): **CSRS / FERS / TRANSFER**

If Transfer, Transfer Date: _____

Employee Type (*circle one*): **REGULAR / POSTAL [FEGLI] / AIR CONTROL / LAW / FIRE**

Retirement Type (*circle one*): **REGULAR / OPTIONAL / MANDATORY**

Employee's Birth Date: _____

Employee's Service Computation Date (SCD) (to include military time):

_____ Employee's Desired Retirement Date: _____

CSRS Sick Leave Hours to be Saved Each Pay Period (*Hours - biweekly*): **0 / 1 / 2 / 3 / 4**

CSRS Sick Leave Saved To Date (*Hours*) _____

Employee's Current Annual Salary \$ _____

Include locality pay for GS in the 48 continuous states, night differential and environmental pay for wage grade. AUO and LEAP for Law Enforcement.. Physicians and Dentists under Title 38 at the VA, special pay)

Employee's Expected Annual Salary Increase (%) Each Year _____ %

Do you have active military service? From _____ To _____

Have you made a deposit for your military service? Yes/No

Are you eligible for Social Security at age 62? Yes/No

Do you have any non-deduction (temporary time/casual) service? Y/N Dates: From _____ To _____

Amount of Deposit Owed: _____

Have you made a deposit for this service? Yes/No

Did you ever have a break in service? Dates: From _____ To _____

Did you withdraw your annuity contributions? Yes/No

How much did you withdraw? \$ _____

Have you re-deposited these contributions Yes/No

Do you have any part time work after 4/7/86

Average hours per week _____ Average Salary per Year _____

Survivor Benefit Desired: CSRS: 0% to 100% ____%; FERS (mark one): **0%**____, **25%**____ or **50%**____

Monthly Social Security Benefit at Age 62 (FERS, Transfer, CSRS Offset) \$ _____
Annual Social Security COLA (FERS, Transfer, CSRS Offset) _____ %

Thrift Savings Plan – Savings and Withdrawal

Current Savings in Funds: C: \$ _____, F: \$ _____, G: \$ _____,
I: \$ _____, S: \$ _____, L: \$ _____

Investing:

Percent of Salary to invest each year:

2006: _____%

Maximum: CSRS & FERS- IRS limit

Catch-up Contribution (eligible starting in year age 50 is reached):

2006: \$ _____
(\$0 to \$5,000)

Percent Invested in Each Fund: C: _____%, F: _____%, G : _____%,
I: _____%, S: _____%, L Income: _____% L 2010: _____%
L 2020: _____% L 2030: _____% L 2040: _____%

This is the percentage of the total to invest in each fund. The amounts entered must total 100%

Expected Rates of Return for each fund C: _____%, F: _____%,
G: _____%, I: _____%, S: _____%

Withdrawal:

Withdrawal (mark one): (a) Lump Sum: _____, (b) Monthly Amount: _____, or (c) Annuity: _____

If (b) Monthly Amount, then Allocate \$ into Fund:

C: _____%, F: _____%, G: _____%, I: _____%, S: _____%
%, L Income: _____%

Withdrawal to start at age: Year: _____, Month: _____

INSURANCE

Federal Employees Group Life Insurance Coverage

Basic: **Yes / No** If Yes, Reduction at age 65 (pick one): **None, 50%, 75%**

Option A: **Yes / No**

Option B: **Yes / No** If Yes, How Much? **1 / 2 / 3 / 4 / 5** Times

Reduce After Age 65? **Yes / No**

Option C:

1. Spouse Covered: **Yes / No** If yes, How Much? **1 / 2 / 3 / 4 / 5** Times Coverage

Reduce After Age 65? **Yes / No**

2. Dependents Covered: **Current Age:** _____ **Age:** _____ **Age:** _____ **Age:** _____
Coverage Eligible after Age 22: **Yes / No** **Yes / No** **Yes / No** **Yes / No**

Federal Employees Health Benefits Program

Biweekly Health Insurance Cost: _____

Average Annual Cost Increase (%) _____

Long Term Health Care

Name of Person to be Insured: _____

Age: _____ **Daily Benefit** Amount: _____ (\$50 to \$300 in \$25 increments (e.g., \$50, \$75, \$100, etc.)

Benefit Period (3 or 5 years): _____ **Waiting Period** (30 or 90 days): _____

Inflation Protection (please check only one):

_____ Automatic Compound Inflation (ACI) Option

_____ Future Purchase Option

LTC Definitions:

Age: Age of Person at the time when insurance becomes effective

Daily Benefit Amount: The maximum amount a plan will pay in any single day

Benefit Period: The amount of time your insurance will last if the full daily benefit is paid every day

Waiting Period: The amount of time you must pay for covered services before the insurance will begin to pay

Inflation Protection: Two options that will increase benefits to help pay for increased costs of care:

(1) **Automatic Compound Inflation (ACI) Option:** An inflation protection option that increases your benefits automatically by 5% compounded annually with no increase in premium (at this time)

(2) **Future Purchase Option:** An inflation protection option that increases your benefits every other year with an increase in premiums.