



Chartered Federal Employee Benefits Consultants
Federal Employee Survey Form

Employee Name: _____

OPT Driver's License: _____ Issue/ Expires: _____ Social Security: _____ Birth State: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Work:** _____

Email: _____

Birthdate: _____ **Federal Employee Service Computation Date: (SCD):** _____

Spouse Name: _____ **Birthdate:** _____

OPT Driver's License: _____ Issue/ Expires: _____ Social Security: _____ Birth State: _____

Children	Name	Address	Phone	Career	Health 1-5
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

Parents	Name	Address	Phone	Career	Health 1-5
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Creditable Service:

Do you have any part time on or after 04/06/1986?
Date: From _____ to _____
Part time salary \$ _____, avg hrs worked _____

Do you have any temporary service(paid social security only)?
Date: From _____ to _____
Did You make a deposit for that time? _____
What amount \$ _____ Date deposit made? _____

Did you have a break in service? _____
Date: From _____ to _____
Amount withdrawn? _____ Did you redeposit amount? _____
Amount deposited? _____

Military Service? _____
From: _____ to _____
Did You make a deposit for that time? _____
If you are under CSRS, will be eligible for social security at age 62? _____

Planned date of retirement? _____
First Eligible date of retirement? _____
No Reduction date of retirement? _____

Which retirement system?
CSRS _____ FERS _____ Transferee Date of Transfer _____

Employee Service:
Regular ___ Postal ___ ATC ___ VA ___ Customs ___ LEO ___

Retirement Option:

Voluntary _____ Early Out _____ Mandatory _____

CSRS/CSRS offset? Title 38 nurses (VA) Sick leave: Hours Now _____

Csick leave per pay period _____ 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 continuous states, night differential

and environmental pay for wage grade. AOU and LEAP for Law Enforcement

FEDERAL EMPLOYEES GROUP LIFE (FEGLI) Permanent amt if full reduction \$ _____ (no cost after 65)

Bi-wkly Cost Do you have any of the following?

\$ _____ Basic _____ What reduction at age 65? None 50% 75%

\$ _____ Option A _____

\$ _____ Option B _____ 1/2/3/4/5x salary, Reduction after 65? _____

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

Children _____

How long has it been since you reviewed your policies? _____

Face Amount Mr _____ Mrs _____

Beneficiary Mr _____ Mrs _____

Cash Value Mr _____ Mrs _____

Company Mr _____ Mrs _____

Premium Mr _____ Mrs _____

THRIFT SAVINGS PLAN % of Salary _____ % \$ _____ /pay

Current Balance:

Roth? _____

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

S \$ _____ I \$ _____

L Income Fund \$ _____ L 2010 \$ _____

L 2020 \$ _____ L2030 \$ _____ L2040 \$ _____

How is it invested?

G _____ % F _____ % C _____ %

S _____ % I _____ %

L Income Fund _____ % L 2010 _____ %

L 2020 _____ % L2030 _____ % L2040 _____ %

Notes:

Average rates of return

G _____ % F _____ % C _____ %

S _____ % I _____ %

How do you want to withdraw:

Lump sum _____

Monthly payments: _____

Life Expectancy _____

Annuity _____

Year withdrawals will start _____

Allocations at withdrawal:

G _____ % F _____ % C _____ %

S _____ % I _____ %

Financials

Are you able to save money or do you need all your income to live on? _____

Monthly Household budget (housing, utilities, food, insurances, payments) _____/mo

Monthly Retirement Income Needs _____/mo or _____ % of today's wages

Debt	Total	Payment	Interest Rate	mos/yrs left
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Car	_____	_____	_____	_____
Car	_____	_____	_____	_____
School Loans	_____	_____	_____	_____
Other	_____	_____	_____	_____

How do you own your assets?

Personal House Value _____ Owe _____ Interest Rate _____ Payment _____ Yrs Left

Savings account _____ Annuities _____ Fixed Variable EIA

Real Estate _____ Stocks _____

Mutual Funds _____ Bonds _____

Life Insurance Cash Value _____ Money Markets _____

CD'S _____ IRA'S _____

Rental Properties _____ Vacation House _____

Other _____ 401k _____

Why did you choose these types of investments? _____

Are you satisfied with the returns on your investments? _____

Where do you want your money to go? Nursing Home? _____ Charity? _____ IRS/Taxes? _____ Your family? _____

Are you concerned about the rising tax rates?

Are you concerned about the rising tax rates?

Would you like to decrease your taxes? _____

Are you planning on staying in this house in retirement? _____

Will you downsize? _____

Will the children want the house or will they sell upon your passing? _____

His Monthly Income while Working: Her Monthly Income while Working:

Work (gross) _____ Work (gross) _____
 Work (net) _____ Work (net) _____

Deductions:

Deductions:

_____ FICA	_____ FICA
_____ Federal	_____ Federal
_____ State	_____ State
_____ Local	_____ Local
_____ Health	_____ Health
_____ Life	_____ Life
_____ TSP	_____ TSP
_____ Other	_____ Other

Tax Bracket _____ % Tax Bracket _____ %

His Monthly Income at Retirement: Her Monthly Income at Retirement:

Pension _____	Pension _____
Social Security _____	Social Security _____
Other _____	Other _____
Total _____	Total _____

Tax Bracket _____ %

LONG TERM CARE

Employee Name: _____ AGE _____
 Spouse Name _____ AGE _____
 Daily Benefit Amount \$ _____ Benefit period: _____
 Waiting period: _____ Inflation rider: _____
 Waiver of Premium: _____ Return of premium: _____
 Federal plan: ___Y ___ N Private plan ___Y Waiver of Premium: _____ Return of premium: _____

Most people have 5 concerns regarding LTC: Remaining independent, having choices, protecting assets, being a burden to your children and staying at home. What are your concerns?

FEHB - Bi-weekly cost \$ _____

Other Health Coverage _____

His Health _____

Height _____ Weight _____

His RX _____

Height _____ Weight _____

His Family History _____

Her Health _____

Her RX _____

Her Family History _____

Consultation

Who do you consult when making a financial decision?

What Legal documents do you have in place? Last time reviewed _____ year

_____ Will Trust POA Finance & Property POA Health Living Will HIPPA compliant?

I have provided an accurate picture of my current medical and financial situation in this Confidential Needs Analysis.

I understand that any recommendations are based on these responses.

Date: _____ Signature: _____

Date: _____ Signature: _____

Date/Time for Follow-up appointment: _____

Homework - Client

