



4 Square Financial
Literacy Partners, Inc.

Federal Benefits Data Collection Form

Helpful Sources of Data for Completing This Form:

Employee Stated Data (ESD)	Personal information provided.
Leave and Earning Statement (LES)	Log in to your account at https://www.employeeexpress.gov
Thrift Savings Plan Statement (TSP)	Log in to your account at https://www.tsp.gov
Social Security Statement (SS)	Get an estimate at http://www.ssa.gov/oact/quickcalc/
Personal Statement of Benefits (PSB)	Log in to your account at https://www.employeeexpress.gov
Record of Military Service (DD214)	Provided upon leaving military.

SEMINAR ATTENDING (City/State) _____ SEMINAR DATE: _____

Retirement Eligibility

Employee's Name: _____ DOB: ____/____/____ ESD

Spouse's Name: _____ DOB: ____/____/____ ESD

Address: _____ City/State/Zip: _____ ESD

Contact Phone: _____ Best time to reach you: _____ ESD

E-mail Address: _____ Associate: _____ ESD

Federal Agency: _____ Office Location: _____ ESD

Marital Status: Single Married Divorced Anniversary Date: ____/____/____ ESD

Children: Yes / No If Yes, names and DOB: _____ ESD

Retirement Service Computation Date (RSCD): ____/____/____ PSB/LES Includes Military Buyback

The RSCD is the date used to determine retirement eligibility and used in the computation of the basic retirement annuity. This is not the same as the "SCD for Leave" typically found on the LES. The RSCD only includes periods of service which someone contributed to the CSRS or FERS retirement system (i.e. a regular career appointment, military time which a deposit was made, non-deduction service for which a deposit was made, etc).

Retirement System (check one):
 CSRS
 CSRS Offset
 * If a CSRS Offset, date first became CSRS Offset: _____ ESD
 FERS
 FERS Transfer* LES/PSB
 * If a FERS Transfer, Transfer Date: _____ ESD

Employee Type (check one):
 Firefighter PSB
 Law Enforcement PSB
 Other: _____ ESD

Retirement Type (check one):
 Regular = Traditional retirement (most people fall into this category, including ATC leaving federal service prior to mandatory retirement age (56), and those FERS retiring under "Minimum Retirement Age (MRA + 10").
 Optional = Offered an "Early out" because of reductions-in-force (RIF), or agency reorganization.
 Mandatory = Special Provisions (ATC) who wish to stay until forced to retire. Air Traffic Controllers must retire by age 56. ESD

Desired Retirement Date: ____/____/____ ESD
 FERS end of (birth) month, CSRS up to 3rd of the month

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Military Service

Do you have active duty military service? Yes / No From _____ To _____ ESD/DD214

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

Did you retire under an active duty military retirement? Yes / No ESD

Do you have reserve military service? Yes / No From _____ To _____ ESD/DD214

Have you made a deposit for your reserve active duty military service? Yes / No ESD

Do you expect to retire under a reserve military retirement (Chapter 67, Title 10)? Yes / No ESD

DD214 included? Yes / No

Federal Part-Time Work

Do you have any federal civilian part time work after 4/7/86? Yes / No ESD

If yes, start date of part time work: _____ End date: _____

Average hours per week _____ Average Salary per Year \$ _____ ESD

Temporary Civilian Service

Do you have any non-deduction (temporary time) service? Yes / No ESD

Dates: From _____ To _____ Amount of Deposit Owed (if known): \$ _____ ESD

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

Breaks in Civilian Service

Did you ever have a break in service? Yes / No ESD

Did you withdraw your annuity contributions? Yes / No ESD

Date of Withdrawal: _____ Amount of Withdrawal: _____ ESD

Have you re-deposited these contributions? Yes / No ESD

Dates of Service Time Withdrawn: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Sick Leave

CSRS/FERS Sick Leave saved to date (hours) _____ LES

CSRS/FERS Sick Leave hours **EARNED** each pay period (hours - biweekly): 0 1 2 3 4 ESD

CSRS/FERS Sick Leave hours **TO SAVE** each pay period (hours - biweekly): 0 1 2 3 4 ESD

High Three Average

Employee's Current Annual Salary \$ _____ LES/PSB

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

Typically, the salary on the LES includes base pay and locality pay for General Schedule employees in the 48 continuous states; You must also include Night differential and environmental pay for Wage Grade employees.

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Survivor Benefit

Estimated High 3 Increase per year: _____% ESD

Should be the same percentage entered on the High Three Form (Employee's Expected Annual Salary Increase (%) Each Year: ____%)

Annual Cost of Living Annuity Adjustment in Retirement: _____% ESD

CSRS: 0% to 100% _____% (100% = 55% annuity) FERS: 0%_____, 25%_____, or 50%_____ ESD

A federal employee must elect at least a minimum survivor benefit (CSRS 1%; FERS 25%) to retain federal health benefits for their surviving spouse when the federal retiree dies.

Social Security – FERS Supplement/CSRS Offset

Monthly Social Security Benefit Estimate at Age 62 \$ _____ SS

This is an estimate only and assumes continues employment at current income to age 62.

Social Security Start Age: _____ ESD

Annual Social Security Cost-Of-Living-Adjustments (FERS, Transfer, and CSRS Offset only) _____% ESD

To run an estimate, please visit: <http://www.ssa.gov/oact/quickcalc/>

Thrift Savings Plan

Current Fund Balance:

L: \$ _____ C: \$ _____ F: \$ _____ G: \$ _____ I: \$ _____ S: \$ _____ TSP/ ESD

Check one: L Income L2020 L2030 L2040 L2050 Total All Funds: \$ _____ TSP/ ESD

Amount of salary to invest bi-weekly: \$ _____ (dollar amt) or _____% (percentage) (IRS Limit for 2017: \$18,000/yr) ESD/LES

Catch-up Contribution): \$ _____ (IRS Limit for 2017: \$0 to \$6,000/year) ESD

An employee is eligible to make catch-up contributions starting in the year they reach age 50.

Percent to invest in each fund: Where do future contributions go? (must total 100%)

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

Assumed Annual Rates of Return for each fund: C: _____%, F: _____%, G: _____%, I: _____%, S: _____% ESD

For reference, this website includes information on the TSP funds, including performance history for each fund: <http://www.tsp.gov/rates/monthly-history.html>

Withdrawal Age: Years Old _____, Months Old _____ ESD

Age at which TSP funds will: (1) be totally withdrawn, (2) monthly withdrawal will start, or (3) government TSP annuity will be purchased. Once retired, a public safety member (includes ATC) may start withdrawing TSP funds penalty free should they retire in the year in which they turn age 50. Please check with your tax advisor first. This is the provision HR2146 effective 12/31/2015. However, if they transfer those funds prior to 59½ an outside investment, penalties may apply for withdrawing prior to age 59 ½. Please consult your tax advisor to see how penalty free withdrawals might be taken under IRC Section 72(t).

Withdrawal type (check one): Lump Sum (IRA transfer/rollover) ESD

Annuity ESD

Monthly Amount* ESD

If *Monthly Amount is selected, then Calculate monthly income by (one of the three methods):

_____ # of payments (i.e. 360 payments until account reaches zero) ESD

_____ Dollar amount (i.e. \$2500/mo for 480 payments) ESD

_____ Life expectancy (i.e. amount and timeframe calculated by IRS tables) ESD

Reallocation of all funds into the TSP funds at beginning of withdrawal (must total 100%):

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

The L Income Fund is 80% conservative and 20% aggressive (F: 6%, G: 74%, C: 12%, I: 5%, S:3%)

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Federal Employees Group Life Insurance

FEGLI COVERAGE Basic: Salary rounded to next thousand + \$2,000 Option A: \$10,000 Option B: Round salary to next thousand x multiplier Option C: Multiples of \$5,000 for spouse & \$2,500 per child	FEGLI ELIGIBILITY FEGLI coverage in retirement is only available if enrolled for either: a) 5 full years prior to retirement date, b) the full period if employed less than 5 yrs, or
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Current FEGLI bi-weekly premium: \$ _____ (regular) + \$ _____ (optional) = TOTAL \$ _____ LES/ESD

Basic: Yes / No LES/ESD

If Yes, how much of a reduction in death benefit starting age 65 (mark one)?: None ____, 50% ____, 75% ____, ESD
If employee does not know if they will take a reduction at age 65, suggest running a "No Reduction" analysis to show continuing coverage.
This gives a baseline for exploring alternative options.

Option A: Yes / No LES/ESD

Option B: Yes / No LES/ESD

Multiples to take into retirement? 0 1 2 3 4 5 Times Salary Coverage LES/ESD

Reduce at age 65? Yes / No ESD

Option C: 1. Spouse Covered: Yes / No LES/ESD

Multiples to take into retirement? 0 1 2 3 4 5 (multiples of \$5,000, spouse \$2,500 kids) ESD

Option C: Dependents Covered: ? Yes / No

Name: _____ Current Age: ____ Coverage Eligible after Age 22: Yes/ No ESD

Name: _____ Current Age: ____ Coverage Eligible after Age 22: Yes/ No ESD

Name: _____ Current Age: ____ Coverage Eligible after Age 22: Yes/ No ESD

(Special needs children with disabilities recognized by the Office of Personnel Management (OPM))

Do you have any other Life Insurance? Yes / No

Carrier: _____ Type: _____ Amount: _____

Carrier: _____ Type: _____ Amount: _____

Carrier: _____ Type: _____ Amount: _____

Federal Employees Health Benefit Program (FEHBP)

FEHBP ELIGIBILITY FEHBP coverage in retirement is available when: 1) Must retire on an immediate annuity (can not defer annuity payments unless MRA +10), and 2) Must be continuously enrolled under FEHB for 5 years of service immediately preceding retirement

Current Biweekly Health Insurance Cost: \$ _____ LES/PSB

Average Annual Cost Increase: % _____ ESD

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Long Term Care Insurance (LTC)

Start coverage at age: _____ ESD

Plan Type: A B C D Customize

Daily Benefit Amount: \$100 \$150 \$200 \$250 \$300 \$350 \$400 ESD

Benefit Period: 2 years 3 years 5 years or Unlimited ESD

Waiting Period: 30 days 90 days ESD

Inflation Protection: ACI 4% ACI 5% FPO ESD

View Premiums: Monthly Bi-Weekly

Premium Amount: \$ _____ ESD Your Maximum Lifetime Benefit: \$ _____ ESD

Inflation Protection:

Automatic Compound Inflation (ACI) Option: An inflation protection option that increases your benefits automatically by 4% or 5% compounded annually with no increase in premium
 Future Purchase Option (FPO): An inflation protection option that increases your benefits every 3rd year with an increase in premiums

Do you have any other LTC Insurance? Yes / No Company: _____ Amount: _____

Comments:

Please fax completed form to **949-247-3570** along with a current:

- Earnings & Leave Statement
- TSP Statement
- Social Security Statement
- DD214 Record Of Military Service (if applicable)

Thank You.