

# Federal Benefits Data Collection Form

**Helpful Sources of Data:** (1) Leave and Earning Statement (**LES**), (2) Thrift Savings Plan Statement (**TSP**), (3) Social Security Statement (**SS**), (4) Personal Statement of Benefits (**PSB**), (5) Record of Military Service (if applicable – DD214)

## ANNUITY

### Retirement Eligibility **LES/PSB**

#### Select Retirement System

- CSRS  
 FERS (Includes FERS RAE & FERS FRAE)  
 xFERS

#### Select Employee Type

- Regular  
 Other

#### Select Other Category

- Firefighter  
 Law Enforcement  
 Air Traffic Controller

#### Select Retirement Type

- Regular  
 Optional  
 Mandatory

Employee's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Service Computation Date (SCD): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Desired Retirement Date: \_\_\_\_\_

If an xFER, Transfer Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Creditable Service **LES**

#### Sick Leave

Hours Saved/Pay Period: **0/1/2/3/4** Hours Saved To Date (Hrs) \_\_\_\_\_

#### Breaks in Civilian Service (only if applicable)

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

#### Military Service (if applicable)

From \_\_\_\_\_ To \_\_\_\_\_ **DD214**

### High Three Average **LES/PSB**

Current Annual Salary \$ \_\_\_\_\_

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; Administrative Uncontrollable Overtime (AUO) and Law Enforcement Availability Pay (LEAP) for Law Enforcement; and Special Pay for Physicians and Dentists under Title 38 at the VA

Expected Annual Salary Increase: Each Year: \_\_\_\_\_% Past: \_\_\_\_\_%

### Deposit (Temporary Service & No Retirement Contributions Were Made) **ESD**

Have there been any periods of work when retirement contributions were not made? **Yes / No**

From \_\_\_\_\_ To \_\_\_\_\_ Amount of Deposit Owed: \$ \_\_\_\_\_

When was/will be Deposit Paid? \$ \_\_\_\_\_

## **Redeposit ESD**

Did you ever leave Civilian Service & take your retirement funds with you? **Yes / No**

From \_\_\_\_\_ To \_\_\_\_\_ Amount of Redeposit Owed: \$ \_\_\_\_\_

Date withdrawal received \_\_\_\_\_ Have/will you re-deposit these contributions? Yes / No

## **Annuity Calculation/Delayed Retirement/Survivor Benefit**

Estimated High 3 Increase per year: \_\_\_\_%

What % increase would you have if you were to continue working?

Annual Cost of Living Annuity Adjustment: \_\_\_\_% **ESD**

Survivor Benefit: **CSRS:** 0% to 100% \_\_\_\_% **FERS:** 0% 25% 50%

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

## **Social Security – FERS Supplement ss**

What age will you begin taking Social Security? \_\_\_\_\_

Monthly Social Security Benefit \$ \_\_\_\_\_

Annual Social Security Cost-Of-Living-Adjustments \_\_\_\_%

see: <http://www.ssa.gov/OACT/COLA/colaseries.html>

## **Social Security – CSRS Offset ss**

What age will you begin taking Social Security? \_\_\_\_\_

Monthly Social Security Benefit \$ \_\_\_\_\_

Annual Social Security Cost-Of-Living-Adjustments \_\_\_\_%

see: <http://www.ssa.gov/OACT/COLA/colaseries.html>

## **THRIFT SAVINGS PLAN**

### **Thrift Savings Plan → Contributions TSP**

Existing Savings: **TRADITIONAL**

L: \$ \_\_\_\_\_ G: \$ \_\_\_\_\_ F: \$ \_\_\_\_\_ C: \$ \_\_\_\_\_ S: \$ \_\_\_\_\_ I: \$ \_\_\_\_\_

Biweekly Contribution: **TRADITIONAL** \$ \_\_\_\_\_ or \_\_\_\_\_% Catch-up: \$ \_\_\_\_\_

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

L: \_\_\_\_\_% G: \_\_\_\_\_% F: \_\_\_\_\_% C: \_\_\_\_\_% S: \_\_\_\_\_% I: \_\_\_\_\_%

L Fund (circle one): L2020, L2030, L2040, L2050

Existing Savings: **ROTH**

L: \$ \_\_\_\_\_ G: \$ \_\_\_\_\_ F: \$ \_\_\_\_\_ C: \$ \_\_\_\_\_ S: \$ \_\_\_\_\_ I: \$ \_\_\_\_\_

Biweekly Contribution: **ROTH** \$ \_\_\_\_\_ or \_\_\_\_\_% Catch-up: \$ \_\_\_\_\_

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

L: \_\_\_\_\_% G: \_\_\_\_\_% F: \_\_\_\_\_% C: \_\_\_\_\_% S: \_\_\_\_\_% I: \_\_\_\_\_%

L Fund (circle one): L2020, L2030, L2040, L2050

## Thrift Savings Plan → Growth (Traditional & Roth)

Assumed Annual Rates of Return for each fund: G: \_\_\_\_\_% F: \_\_\_\_\_% C: \_\_\_\_\_% S: \_\_\_\_\_% I: \_\_\_\_\_%

Withdrawal Age: Years Old \_\_\_\_\_ Months Old \_\_\_\_\_

## Thrift Savings Plan → Withdrawal (Traditional & Roth)

Withdrawal type (mark one): Lump Sum \_\_\_\_\_ Monthly Amount \_\_\_\_\_ Annuity \_\_\_\_\_

If \*Monthly Amount: selected one of the two methods:

\_\_\_\_\_ Specific Dollar amount (i.e. \$2500/mo for 480 payments)  
*Use if you have a specified dollar amount and time you want it to last*

\_\_\_\_\_ Life expectancy (i.e. amount and time-frame calculated by IRS tables)  
*Use to establish a baseline by using IRS life expectancy tables*

If Annuity is selected:

Is there a Joint Annuitant? **Yes / No** If so, Joint Annuitant's age: \_\_\_\_\_

Annuity Interest Rate: \_\_\_\_\_

## INSURANCE

### FEGLI LES

Postal Employee? **Yes/No**

Biweekly Premium: \_\_\_\_\_

<input type="checkbox"/> Basic	<input type="checkbox"/> Option A	<input type="checkbox"/> Option B	<input type="checkbox"/> Option C	
Reduce Benefit at Age 65? <input type="radio"/> No <input type="radio"/> 50% <input type="radio"/> 75%		B Multiplier <input type="radio"/> 1 Time <input type="radio"/> 2 Times <input type="radio"/> 3 Times <input type="radio"/> 4 Times <input type="radio"/> 5 Times Reduce Benefit at Age 65? <input type="checkbox"/> No	Cover Spouse <input type="checkbox"/> C Multiplier <input type="radio"/> 1 Time <input type="radio"/> 2 Times <input type="radio"/> 3 Times <input type="radio"/> 4 Times <input type="radio"/> 5 Times Reduce Benefit at Age 65? <input type="checkbox"/> No	Cover Children <input type="checkbox"/> Dependent Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Support Dependent After Age 22? <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes

### FEHB LES/PSB

Biweekly Health Insurance Premium: \$ \_\_\_\_\_

Average Annual Increase: \_\_\_\_\_% (Trend is approx 4-8%)

### Long Term Care

Start coverage at age: \_\_\_\_\_ Plan Type: \_\_\_\_\_ Daily Benefit Amount: \$ \_\_\_\_\_

Benefit Period: **2 years, 3 years, 5 years or Unlimited** Inflation Protection: **ACI 5%, ACI 4% or FPO**

View Premiums: **Monthly/Biweekly** Premium Payment: \$ \_\_\_\_\_ Maximum Lifetime Benefit: \$ \_\_\_\_\_

# RETIREMENT ANALYZER

## Income From Other Sources

TSP Rollover (if TSP monies were rolled over): \_\_\_\_\_  
Spouse's Income: \_\_\_\_\_  
Spouse's Retirement Savings: \_\_\_\_\_  
Spouse's Social Security: \_\_\_\_\_  
Rental Property Income: \_\_\_\_\_  
Job/s in Retirement: \_\_\_\_\_

## Income Analysis (Leave and Earnings/pay stub deductions):

Retirement \$ _____	Flexible Spending Account \$ _____
Social Security - OASDI \$ _____	Medicare \$ _____
Federal Tax \$ _____	Allotment \$ _____
State Tax \$ _____	Other \$ _____
Dental \$ _____	Other \$ _____
Vision \$ _____	

## Expenses From Other Sources

Living Expenses (total): \_\_\_\_\_ Living Expenses (detailed):  
Mortgage/Rent: \_\_\_\_\_ Credit: \_\_\_\_\_  
Auto: \_\_\_\_\_ Other: \_\_\_\_\_

## Income From Government Sources

No Data Entry

## Expenses From Government Sources

Any tax increase in retirement? \_\_\_\_\_

## Income & Expenses From Govt Sources

No Data Entry

## Income & Expenses From Other Sources

No Data Entry

## Income & Expenses From All Sources

No Data Entry