

CONFIDENTIAL

**FEDERAL EMPLOYEE
BENEFIT ANALYSIS
QUESTIONNAIRE**

EMPLOYEE BENEFIT ADVISORS

BENEFIT CONSULTANTS TO GOVERNMENT & INDUSTRY

ATLANTA • CHICAGO • WASHINGTON, D.C.

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Dear Federal Employee,

Thank you for choosing Employee Benefit Advisors to assist you with your federal retirement planning. We will strive to provide you with the highest quality service to meet your retirement needs.

To complete your analysis it may require that we compile information from multiple sources; we request your patience and assistance in obtaining all of the necessary documentation we will need to prepare a comprehensive analysis.

Our top priority is to deliver an accurate and detailed review of your federal benefits while at the same time safeguarding your personal information. We take your privacy very seriously and maintain all information in a strictly confidential manner.

We look forward to providing your personalized Federal Employee Benefit Analysis and wish you a happy and prosperous retirement.

Sincerely,

Ronald K. Weeks
Managing Director

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Please provide the following:

- **Completed “Federal Employee Benefit Analysis Questionnaire”**

This form is required for all persons requesting a Federal Employee Benefit Analysis.

- **Copy of your most recent “Earnings & Leave Statement”**

- **Copy of a Social Security “Estimate & Earnings Statement”**

This statement is required for all personnel that are under FERS, Offset, Transfer or who have received enough credits to be subject to the “Windfall Elimination Provision” (WEP) or who think they will earn enough credits before or after retirement from federal service which would make them subject to WEP. If you do not have a copy of this statement you may request one from the Social Security Administration. You will need to process the “Personal Earnings and Benefit Estimate Statement” (PEBES) request Form - SSA-7004 which you can obtain from our website www.ebainc.net/governmentforms/php or call 1-877-688-5505.

Mail completed form to:
Social Security Administration
Wilkes Barre Data Operations Center
PO Box 7004
Wilkes Barre, PA 18767-7004

- **Copy of your most recent “Personal Action Form”** - (i.e., SF-50, AO-250. etc.)

- **Copy of current TSP Balances**

Federal Service Deposit or Redeposit

If you have **not** already made a deposit or redeposit and you wish to make a deposit you will need to submit SF 2803 for CSRS employees and SF 3108 for FERS employees.

Military Service Deposit

If you have **not** already made a deposit for previous military service you will need to submit RI 20-97 along with a copy of your DD 214.

****Special Note:** If you have **not** already made a deposit or redeposit for federal service or military service we recommend you speak with one of our analysts to assist you with the best course of action.

DO YOU HAVE QUESTIONS?**Call Us Toll-Free 1-877-688-5505**

Date: _____ ____/____/____	Seminar Location: _____	How did you here about EBA? _____
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PERSONAL INFORMATION

Employee: _____ Last First MI	Spouse: _____ Last First MI
DOB: ____/____/____ Age: _____	DOB: ____/____/____ Age: _____
Home Address: _____ _____ _____	Work Address: _____ _____ _____
City State Zip	City State Zip
Home Phone: ()	Employer: _____
Cell Phone: ()	Job Title: _____
Home Fax: ()	Work Phone: ()
Email: _____	Work Fax: ()
Number of Dependent Children (under 18 years): _____	Best Time to Contact: _____AM _____PM
Child(ren) Ages: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

EMPLOYMENT INFORMATION

Service Computation Date: ____/____/____	Date of Retirement: ____/____/____ Age: _____
Date of Hire: ____/____/____	Date of Retirement: ____/____/____ Age: _____
Retirement System: CSRS <input type="checkbox"/> FERS <input type="checkbox"/> Offset <input type="checkbox"/> Transfer <input type="checkbox"/> If Transfer (under new FERS, after transferring from CSRS, what is the date of transfer and the amount of sick leave at the time of transfer?) Date: ____/____/____ and _____ hours	Employment Type: Regular <input type="checkbox"/> ATC <input type="checkbox"/> LE <input type="checkbox"/> FF <input type="checkbox"/> Other: _____ If special duty then specify start date as an ATC/LE/FF. Date: ____/____/____
Current Pay Grade: _____ Step: _____	Current Annual Salary w/ Locality: \$ _____
Locality Area: _____	Annual Salary 1 Year Prior: \$ _____
Expected Annual Salary Increase: _____%	Annual Salary 2 Years Prior: \$ _____

MILITARY SERVICE INFORMATION

Active Duty: Date of Enlistment ____/____/____ Date of Separation ____/____/____	Have you bought-back your military time? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DO YOU HAVE QUESTIONS?

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**IF A SPECIAL SITUATION EXISTS, PLEASE PROVIDE DETAILS ON THE BACK PAGE
(PART-TIME SERVICE, BREAKS IN SERVICE, ETC.)**

- 1) Have you at any time quit the Federal Government or had temporary service? YES NO
- 2) If yes, have you already processed either the SF-2803 (CSRS) or the SF-3108 (FERS) to request the necessary deposit or re-deposit information? If yes, please provide a copy of OPM's response. If no, contact one of our analysts.

RETIREMENT INFORMATION

Federal Employee's Health Benefits (FEHB) Bi-weekly Cost: \$ _____

CSRS Sick Leave Hours to be Saved Each Pay Period (hours - bi-weekly): 0 1 2 3 4

CSRS Sick Leave Saved to Date (hours): _____ Monthly Social Security Benefit at Age 62: \$ _____

SPOUSE'S SURVIVOR BENEFIT PLAN (SBP) - Select the desired amount of Survivor's Benefit

CSRS Survivor Benefit Plan: (100% to 0%) _____% FERS Survivor Benefit Plan: 50% 25% 0%

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)

FEGLI Coverage (check all that apply): None Basic Option A (Standard Coverage) - \$10,000

Option B (Optional Coverage)

Multiply of Basic Pay rounded to the next \$1,000: 1 2 3 4 5 Times

Option C (Family Coverage)

Multiply of \$5,000 for your spouse and \$2,500 each eligible child: 1 2 3 4 5 Times

FEGLI Bi-weekly Total Cost: \$ _____

Basic: \$ _____ Option A: \$ _____ Option B: \$ _____ Option C: \$ _____

THRIFT SAVINGS PLAN (TSP)

Do you participate in TSP? YES NO Bi-weekly Contribution: \$ _____ or _____%

Total Balance: \$ _____ Catch-up Contribution: \$ _____ or _____%

General Funds	C Fund	F Fund	G Fund	I Fund	S Fund
Current Balance (\$)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contribution Allocation (%)	_____%	_____%	_____%	_____%	_____%
L-Series Funds	L Income	L 2010	L 2020	L 2030	L 2040
Current Balance (\$)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contribution Allocation (%)	_____%	_____%	_____%	_____%	_____%

When do you plan to take distribution? Age _____ How do you plan to distribute? Lump Sum Monthly

