

FEDERAL BENEFITS COUNSELORS

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EMPLOYEE DATA COLLECTION REPORT

Name **Address** **DOB** **Age**
(mm/dd/yyyy)

Work Phone and
Ext.

Mobile Phone

E-mail Address

Serv. Comp
Date
(mm/dd/yyyy)

Retire Date
Est.
(mm/dd/yyyy)

Base An
Income
At Retire

Unused Annual
Leave Hours At
Retirement - Est

Accrued Sick
Leave Hours At
Retirement- Est

FERS

CSRS

CSRS
Offset

Federal
Department

Bi Weekly Health
Insurance Cost

High Three Estimate At
Retirement (If Known).

Social Security- If you are FERS and
plan to retire before age 62? What is your
estimated **Annual** payment at age 62?

What is your estimated
Annual Social Security
at Retirement

TSP

TSP - Gross \$ Value

Fund L - \$ Value

Fund C - \$ Value

Fund S - \$ Value

Fund I - \$ Value

Fund F - \$ Value

Fund G - \$ Value

Have You ever Made a
Withdrawal (not a loan)?

List Other Retirement Household Accounts such as 401K, IRA, Mutual Funds, CDs, Savings/Checking,
Pensions, Real Estate, Spousal Accounts. Provide Schedule

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FEGLI

FEGLI - Federal Employee Group Life Insurance.
Regarding Option B only. Provide multiple 0-5.
FEGLI includes 4 options - this is an Option B question.

FEGLI Option B.
0-5 Multiple ?

Do You have
FEGLI Basic

Do You have
Private Life
Ins

If Yes - How Much and with which Life
Insurance Company

Do You
Need Life
Ins.

Do You Have
Long Term
Care Ins.

Family

Spouse Name- If Applicable	Spouse DOB (mm/dd/yyyy)	Spouse Age	Is Spouse Employed
	<input type="text"/>		
Is Spouse a Fed Employee	Spouse Annual Income	Spouse - Est Soc. Sec. At Retirement	Ages of Children- (Include Adult Children)

Home and Auto

Do You Own A Home	Monthly Mortgage If Any	Home Insurance Company	Auto Insurance Company	Umbrella Policy
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Additional Information / Comments?

Date

**Please e-mail completed form to
melfenbein@federalbenefitscounselors.com**