

My Federal Benefits Analysis

Employee Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Retirement Annuity

Employee's Projected Retirement Date: _____

Retirement System (circle one): **CSRS / FERS / TRANSFER** If Transfer, Transfer Date: _____

Employee Type (circle all appropriate): **REGULAR / POSTAL / AIR CONTROL / LAW / FIRE**

Retirement Type (circle one): **REGULAR / OPTIONAL / MANDATORY**

Employee's Federal Agency: _____

Employee's Service Computation Date (SCD) (to include military time): _____

CSRS Sick Leave Hours to be Saved Each Pay Period (Hours - biweekly): **0 / 1 / 2 / 3 / 4**

CSRS Sick Leave Saved To Date (Hours) _____

Employee's Current Annual Salary \$ _____

Include locality pay for GS in the 48 continuous states, night differential and environmental pay for wage grade. AJO and LEAP for Law Enforcement.. Physicians and Dentists under Title 38 at the VA, special pay)

Deposit Service

Do you have active military service? From _____ to _____

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

Are you eligible for Social Security at age 62? Yes/No

Do you have any non-deduction (temporary time/casual) service? Y/N Dates: From _____ to _____

Amount of Deposit Owed: _____ Have you made a deposit for this service? Yes/No

Redeposit Service

Did you ever have a break in service? Dates: From _____ to _____

Did you withdraw your annuity contributions? Yes/No How much did you withdraw? \$ _____

Have you re-deposited these contributions? Yes/No

Do you have any part time work after 4/7/86

Average hours per week ____ Average Salary per Year _____

Survivor Benefit Desired: (1) CSRS: 0% to 100% ____% (2) FERS: **0%**____, **25%**____ or **50%**____

Monthly Social Security Benefit at Age 62 (FERS, Transfer, CSRS Offset) \$ _____

Thrift Savings Plan – Savings and Withdrawal

Current Savings in Funds: C: \$ _____, F: \$ _____, G: \$ _____, I: \$ _____,
S: \$ _____, L: \$ _____

Investing:

Percent of Salary to invest each year:

2008: _____% *Maximum: CSRS & FERS- IRS limit*

Catch-up Contribution (eligible starting in year age 50 is reached):

2008: \$ _____ (*\$0 to \$5,000*)

Percent Invested in Each Fund: C: ____%, F: ____%, G: ____%, I: ____%, S: ____%, L Income: ____%

L 2020: _____% L 2030: _____% L 2040: _____% L 2050: _____%

Withdrawal:

Withdrawal to start at age: Year: _____, Month: _____

Withdrawal (mark one): (a) Lump Sum: ____, (b) Monthly Amount: ____, or (c) Annuity: ____

If (b) Monthly Amount, then Allocate \$ into Fund:

C: ____%, F: ____%, G: ____%, I: ____%, S: ____%, L Income: ____%

INSURANCE

Federal Employees Group Life Insurance Coverage

Basic: **Yes / No** If Yes, Reduction at age 65 (*pick one*): **None, 50%, 75%** Option A: **Yes / No**
Option B: **Yes / No** If Yes, How Much? **1 / 2 / 3 / 4 / 5** Times Reduce After Age 65? **Yes / No**
Option C:

1. Spouse Covered: **Yes / No** If yes, How Much? **1 / 2 / 3 / 4 / 5** Times Coverage
Reduce After Age 65? **Yes / No**

2. Dependents Covered: **Current Age:** ____ **Age:** ____ **Age:** ____ **Age:** ____
Coverage Eligible after Age 22: **Yes / No** **Yes / No** **Yes / No** **Yes / No**

Federal Employees Health Benefits Program

Biweekly Health Insurance Cost: _____ Average Annual Cost Increase (%) ____

Long Term Health Care

Name of Person to be Insured: _____ **Age:** ____

Daily Benefit Amount: _____ (\$50 to \$300 in \$25 increments (e.g., \$50, \$75, \$100, etc.)

Benefit Period (3 or 5 years): _____ **Waiting Period** (30 or 90 days): _____

Inflation Protection (please check only one):

____ Automatic Compound Inflation (ACI) Option ____ Future Purchase Option

LTC Definitions:

Age: Age of Person at the time when insurance becomes effective.

Daily Benefit Amount: The maximum amount a plan will pay in any single day.

Benefit Period: The amount of time your insurance will last if the full daily benefit is paid every day.

Waiting Period: The amount of time you must pay for covered services before the insurance will begin to pay.

Inflation Protection: Two options that will increase benefits to help pay for increased costs of care:

(1) **Automatic Compound Inflation (ACI) Option:** An inflation protection option that increases your benefits automatically by 5% compounded annually with no increase in premium (at this time).

(2) **Future Purchase Option:** An inflation protection option that increases your benefits every other year with an increase in premiums.



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