

Pre-Retirement Counseling Form

EMPLOYEE DATA:

NAME: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH: _____

DEPENDENT CHILDREN (AGES): _____

TELEPHONE NUMBER: (W) _____ (H) _____

ADDRESS: _____

FEDERAL AGENCY: _____

CSRS SICK LEAVE BALANCE: _____

CSRS OFFSET

FERS

FERS TRANSFER (DATE OF TRANSFER) _____

TOTAL SOCIAL SECURITY QUARTERS: _____

SERVICE COMPUTATION DATE (SCD): _____

ANTICIPATED RETIREMENT DATE (ARD): _____

SALARY: _____ GS/LEVEL: _____

BENEFITS DATA:

HEALTH BENEFITS CODE: _____ DENTAL/VISION: _____

FEGLI BASIC

➤ OPTIONAL COVERAGE: A \$10,000 __B__ x C FAMILY__x

OTHER LIFE INSURANCE: _____

FEDERAL LTC INSURANCE PROGRAM _____

THRIFT SAVINGS PLAN DATE ENROLLED: _____ CONTRIBUTION % _____

G FUND _____ F FUND _____ C FUND _____ I FUND _____ S FUND _____

L2020 _____ L2030 _____ L2040 _____ L2050 _____

CURRENT TRADITIONAL TSP BALANCE: _____

CURRENT ROTH
TSP BALANCE: _____

TOPICS TO BE DISCUSSED IN DETAIL:

- | | |
|--|--|
| <input type="checkbox"/> CSRS/FERS COMPARISON | <input type="checkbox"/> MILITARY TIME |
| <input type="checkbox"/> WINDFALL ELIMINATION | <input type="checkbox"/> DEPOSIT/RE-DEPOSIT |
| <input type="checkbox"/> BUY OUTS/EARLY OUTS | <input type="checkbox"/> LONG-TERM CARE |
| <input type="checkbox"/> SURVIVOR BENEFITS | <input type="checkbox"/> GOVERNMENT PENSION OFFSET |
| <input type="checkbox"/> SOCIAL SECURITY (ESTIMATOR) | <input type="checkbox"/> FEGLI |
| | <input type="checkbox"/> THRIFT SAVINGS PLAN |

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- IRA (ROTH, TRADITIONAL)
- OTHER (PLEASE WRITE ON BACK)