

Federal Benefits Data Collection Form For Air Traffic Controllers and FAA Employees

Helpful Sources of Data:

Leave and Earning Statement (LES)
Thrift Savings Plan Statement (TSP)
Social Security Statement (SS)
Personal Statement of Benefits (PSB)
Record of Military Service (if applicable) (DD214)
Employee Stated Data (ESD)

Retirement Annuity (Annuities _ 1. Retirement Eligibility Form)

Employee's Name:	Date of Birth:	(ESD)
Spouse's Name:	Date of Birth:	(ESD)
Address:	City/State/ZIP:	(ESD)
Retirement System (check one): FERS FERS To	CSRS cSRS Offset (LES	/PSB)
If FERS Transfer, Transfer Date:	(ESD)	
Employee Type (check one):	fic Controller Other FAA Employee	3
Retirement Type (check one): Regular	Optional	Mandatory
Optional = Offered an "Early out" because of reductions-in-for Mandatory = Special Provisions (LEO/FF/ATC) who wish to state and Air Traffic Controllers must retire by ag Retirement Service Computation Date (RSCD): The RSCD is the date used to determine retirement eligibility an "SCD for Leave" typically found on the LES. The RSCD only inclusivation in the control of the contro	y until forced to retire. Law Enforcement Officers & Fire fighte 56. (PSB) Indused in the computation of the basic retirement annuity. To suddes periods of service which someone contributed to the CS	This is not the same as the IRS or FERS retirement
Military Service (Annuities _ 1. Retirement	Eligibility Form SCD)	
Do you have active duty Military service? Yes	No From: To:	(ESD/DD214)
Have you made a deposit for your active Military	service? Yes No (ESD)	
Did you retire under an active duty Military retire	ement? Yes No (ESD)	
Do you have reserve Military service? Yes	No From: To:	(ESD/DD214)
Have you made a deposit for your reserve Military	y service? Yes No (ESD)	
Did vou retire under a reserve Military retiremen	t? (Chapter 67, Title 10) Yes No.	(ESD)

Part-Time Work (Calculation	n not available)	
Do you have any part-time work af	fter 4/7/1986? Yes No (ESD)	
Average hours per week:	Average salary per year:	ESD
Helpful sources of data: Leave and Earning Statement (LES) Personal Statement of Benefits (PSI		(ESD
Sick Leave (Annuities _ 2. Cred	ditable Service)	
Sick Leave Saved to Date (Hours):	(LES)	
Sick Leave Hours to be Saved Each	n Pay Period (Hours - Biweekly): 0 1 2 3 4 (ESD
	be saved based on how many they potentially COULD have saved and how much they ACTUALLY saved 26 pay periods per year X 4 hours earnable per pay period = 3120 hours; If they've only saved 1000 hours they will save 1/3 of future sick leave time.	
High 3 Average (Annuities _ :	3. High 3 Average)	
Your Current Annual Salary:	(LES/PSB)	
Night differential and environmental pay for \	e pay and locality pay for General Schedule employees in the 48 continuous states; You must also includ Wage Grade employees; Administrative Uncontrollable Overtime (AUO) and Law Enforcement Availability al Pay for Physicians and Dentists under Title 38 at the VA.	
Your Expected Annual Salary Incre	ease (%) Each Year: % (ESD)	
Temporary Civilian Service Do you have any non-deduction (to Dates: From: To: Have you made a deposit for this see	temporary time/casual) service? Yes No (ESD) Amount of Deposit Owed: \$ (ESD)	
•		
Breaks in Civilian Service		
Have you ever had a break in service		
Dates: From: To:	Did you withdraw your annuity contributions? Yes No	ESD
How much did you withdraw?	(ESD)	
Date Withdrawal Received:	(ESD)	
Have you redeposited these contril	abutions? Yes No (ESD)	
Survivor Benefit (Annuities	_ 7. Benefits)	
Estimated High 3 Increase Per Year	r: % (ESD)	
Should be the same percentage entered on t	the High Three Form (Employee's Expected Annual Salary Increase (%) Each Year:%)	
CSRS: 0% to 100%:	% FERS: 0%: 25%: or 50%: (ESD)	
A federal employee must elect at least a min when the federal retiree dies.	nimum survivor benefit (CSRS 1%; FERS 25%) to retain federal health benefits for their surviving spouse	9

Social Sec	curity - FERS	and FERS Tr	ansfer (Annuiti	es _ 8. Social Secur	ity - FERS, FERS T	ransfer)
Monthly Socia	al Security Benefit	t at Age 62 (FERS	and FERS Transfer)\$	(SS))
Social Sec	curity - CSRS	and CSRS O	ffset (Annuities	_ 9. Social Security	- CSRS Offset)	
Are you eligib	ole for Social Secu	rity at Age 62?	Yes No	(SS)		
Monthly Socia	al Security Benefi	t at Age 62 (CSRS	and CSRS Offset) \$	i	(SS)	
	O		s) Current Fund Ba			(TCD)
			G: \$			
Amount to In	vest Each Year: 20	10: \$	(IRS Lim	it for 2010: \$16,500) per Year)	(ESD/LES)
			amount by 26 (there are ple: \$238.08 per pay per			
Catch-Up Cor	ntribution: \$		(IRS Lim	it for 2010: \$0 to \$5	5,500 per Year)	(ESD)
			in the year they reach a			
Percentage of	f Salary to Invest in	n Each Fund: Who	ere do future contr	ibutions go? (Mus	st Total 100%)	
L: \$	C: \$	F: \$	G: \$	I: \$	S: \$	(ESD)
Thrift Sav	rings Plan (TS	P _ Growth)				
	O		C:% F:	% G: %	I: % S:	% (ESD)
For reference purp		eb site includes informa	ation on the TSP funds, i			
Withdrawal A	ge: Years Old:	Months	s Old:	(ESD)		
			thly withdrawal will start		nuity will be purchased.	
Thrift Sav	rings Plan (TS	D Withdrawal)				
Once retired (rega	ardless of age), an emp	loyee may start withdr	rawing TSP funds once to outside investment, they			
Withdrawal T	ype: Lump S	um (IRA Transfer	/Rollover) A	nnuity Mo	nthly Amount*: \$	(ESD)
*If Monthly A	mount is selected,	, then calculate m	onthly income by	one of the followin	g three methods:	
# of p	payments (i.e. 360	payments until a	ccount reaches zer	o) (ESD)		
	now long you want \$\$ to					
Dolla	ar Amount (i.e. \$2,	500/month for 48	B payments) (ESC))		
	specified dollar amoun	•			_	
	•		ame calculated by	IRS tables) (ESD)	
	baseline by using IRS			1 17	1.100%	
Reallocation	ot all tunds into th	e TSP funds at the	e beginning of with	idrawal (must tota	1 100%):	
L Income:	% C:	% F:	% G:	% I:	% S:	% (ESD)
The L Income Fur	nd is 80% conservative	and 20% aggressive (F: 6%, G: 74%, C: 12%	, I: 5%, S: 3%)		

FEGLI COVERAGE Basic: Salary rounded to next thousand + \$2,000 Option A: \$10,000 Option B: Round salary to next thousand x multiplier Option C: Multiples of \$5,000 for spouse & \$2,500 per child FEGLI ELIGIBILITY FEGLI coverage in retirement is only available if enrolled for either: a) 5 full years prior to retirement date, b) the full period if employed less than 5 yrs, or c) the full time equiv. of 5 yrs if some service was part time
Current FEGLI Bi-Weekly Premium: \$(ESD/LES)
Basic? Yes No (PSB/LES) No cost for Basic if Postal Employee (while employed)
If Yes, how much of a reduction in death benefit at age 65? 0% or 75%
Option A? Yes No (ESD/LES) Option B? Yes No (ESD/LES)
If Yes, How Much? 2 3 4 5 Times Salary Coverage (Multiples) (ESD/LES)
Reduce at age 65? Yes Option C: Spouse Covered? Yes No (ESD/LES)
If Yes, How Much? 2 3 4 5 Times Salary Coverage (Multiples of \$5,000) (ESD/LES)
Option C: Number of Dependents Covered: Current Age: , Age: , Age: , Age: (ESD
Coverage Available After Age 22? Yes No Explain: (ESD) (Special needs children with disabilities recognized by the Office of Personnel Management (OPM))
If not a FEGLI subscriber, do you have private life insurance? Yes No Death Benefit: \$(ESD)
If Yes, with what company? Term Insurance Permanent Insurance (ESD)
Federal Employees Health Benefits Program (FEHBP) (Insurance _ Health Insurance) FEHBP ELIGIBILITY FEHBP coverage in retirement is available when: 1) Must retire on an immediate annuity (can not defer annuity payments), and 2) Must be continuously enrolled under FEHB for 5 years of service immediately preceding retirement Current Bi-Weekly Health Insurance Cost: \$ (ESD/LES)
Average Annual Cost Increase: \$(ESD/LES)
Long Term Care Insurance (LTC) (Insurance _ Long Term Care Insurance)
Start Coverage at Age: (ESD/LES)
Daily Benefit Amount: \$(ESD/LES)
Daily Benefit Amount: (\$50 to \$300 in \$25 increments (e.g., \$50, \$75, \$100, etc.))
Benefit Period: 3 Years (ESD)
Waiting Period: 90 Days (ESD)
Inflation Protection: ACI FPO (ESD)
Inflation Protection: Automatic Compound Inflation (ACI) Option: An inflation protection option that increases your benefits automatically by 5% compounded annually with no increase in premium Future Purchase Option (FPO): An inflation protection option that increases your benefits every other year with an increase in premiums
If not a subscriber to the Federal LTC Plan, do you have any private LTC insurance? Yes No (ESD)
If Yes, with what company? Company: Monthly Benefit Amount: \$ (ESD)
Is Long Term Care coverage important to you? Yes No (ESD)
Questionnaire Complete. Please FAX it to 714.361.7406 or Email to: andrew.hudson@cambridgefp.com Please include a copy of your latest Leave & Earnings Statement.