

Confidential Federal Employee Benefits Analysis



Name: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Retirement Plan (**circle one**): FERS ** CSRS ** CSRS Offset ** FERS Transfer

If Transfer or Offset, date of such _____

Service Computation Date _____

Desired Retirement Date _____

Annual Base Pay + Locality _____

Sick Leave Accrued _____

Sick Leave-Hours saved per PP _____

Military Time? Y/N - Retirement? Y/N - Bought Back? Y/N
Part Time Service? Y/N - Temp Time? Y/N - Term Time? Y/N
Is your Service Computation Date reflective of above service? Y/N

Breaks in Service? Y/N - Did you make a withdrawal? Y/N - Did you pay it back? Y/N

Spouse Survivorship Annuity Election: 100% 50% None Other _____

How would you describe your Health? Excellent Average Poor

How would you describe your Spouses Health? Excellent Average Poor

Do you use tobacco products? Y/N - Do You Have Long Term Care Coverage? Y/N

Do You Have Life Insurance - Other Than FEGLI? Y/N (if yes) Type of Coverage: Term / Permanent

What % or \$ amount are you contributing to TSP? _____

If you could, or are eligible, would you contribute more? _____

Do you have any retirement savings plans outside of your TSP? (IRA's, CD's, Annuities) _____

Planned Use of TSP Monies in Retirement: Supplement Income / Transfer to IRA / Annuitize / No Plan

Address _____ City _____ State _____ Zip _____

FSA County Office _____ Email _____

Work Phone _____ Cell Phone _____

Please send this form and the following items listed below to: info@jminsuredirect.com

(Please type "SECURE" in the email subject line to encrypt your email.)

- 1. Your most recent Personal Benefits Statement**
- 2. Your most recent Leave and Earnings Statement**
- 3. Your most recent TSP Statement**
- 4. Your most recent Social Security Statement**

Internal Purposes Only:

Serial No: _____

Questions?? Please Call Us at 1-800-330-6223 and ask for Trevor Gartner, JM Team Leader