

# EMPLOYEE BENEFITS QUESTIONNAIRE

FOR OFFICE USE ONLY

ID#: \_\_\_\_\_

Date:	Seminar Location:	How did you hear about FEBG? Online Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website <input type="checkbox"/> Colleague <input type="checkbox"/> Other <input type="checkbox"/>
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**PERSONAL INFORMATION**

Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle Int.</small>	Date of Birth: ____/____/____
Address: _____	Employer: _____
	Job Title: _____
Office Phone: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Fax Number: _____	Best Time to Contact: _____ AM _____ PM
Home Phone: _____	Add'l Phone: _____
Work E-mail: _____	2 <sup>nd</sup> E-mail: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	If Married, Spouse's Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle Int.</small>
Number of Dependent Children (18 years or younger): _____	Spouse's Date of Birth: ____/____/____ Child(ren) Ages: _____

**IF A SPECIAL SITUATION EXISTS, PLEASE PROVIDE DETAILS ON BACK (PART-TIME SERVICE, BREAKS IN SERVICE, ETC.)**

- 1) Have you at any time quit the Federal Government or had temporary service?  Yes  No
- 2) If yes, have you already processed either the SF-2803 (CSRS) or the SF-3108 (FERS) to request the necessary deposits/re-deposit information? If yes, please provide a copy of OPM's reply. If not, please do so immediately.

**CURRENT EMPLOYMENT**

Last Hire Date (EOD): ____/____/____	Service Computation Date: ____/____/____
Are you: <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> FIREFIGHTER <input type="checkbox"/> AIR TRAFFIC CONTROLLER Start Date of Special Duty (6C Retirement Date) / Special Agent Start Date: ____/____/____	
Your Current Retirement Plan: <input type="checkbox"/> CSRS <input type="checkbox"/> Offset <input type="checkbox"/> FERS <input type="checkbox"/> Transfer	If Transfers (under new FERS, after being under CSRS), date of switch and amount of frozen sick leave at time of transfer? ____/____/____ AND _____ Hours

**SALARY INFORMATION**

Current Pay Grade & Step: ____/____	Locality Area: _____
Current Annual Salary (with locality adjustments): \$ _____	Annual Salary 1 Year Prior: \$ _____ Annual Salary 2 Years Prior: \$ _____

**MILITARY SERVICE**

Exact dates of tour of duty (MM/DD/YY): ____/____/____ thru ____/____/____	Have you paid a military deposit? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**INSURANCE / THRIFT SAVINGS PLAN**

FEGLI – Coverage (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Basic-Life <input type="checkbox"/> Option A - \$10,000 <input type="checkbox"/> Option B (specify 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/> , or 5 <input type="checkbox"/> times) <input type="checkbox"/> Option C – Family Coverage (specify 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/> , or 5 <input type="checkbox"/> times)					
Thrift Savings Plan – Participating: <input type="checkbox"/> YES <input type="checkbox"/> NO			Contribution (% of salary/biweekly amount): _____ % OR \$ _____		
<b>Funds</b>	<b>C Fund</b>	<b>F Fund</b>	<b>G Fund</b>	<b>I Fund</b>	<b>S Fund</b>
Current Balance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contribution Percent	_____ %	_____ %	_____ %	_____ %	_____ %
<b>Funds</b>	<b>L Income</b>	<b>L 2010</b>	<b>L 2020</b>	<b>L 2030</b>	<b>L 2040</b>
Current Balance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contribution Percent	_____ %	_____ %	_____ %	_____ %	_____ %

**EXPECTED RETIREMENT AGE (LIST ONLY ONE): \_\_\_\_\_**

# CSRS/CSRS-Offset/Transfer & FERS Analysis Book

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## Requested Information

FEBG® will need the following in order to process the CSRS, Offset, Transfer, and FERS Analysis (*All data submitted is kept Confidential, Secure, and all information will be maintained as described by the Privacy Act of 1974.*):

- Completed “Employee Benefit Questionnaire”
- Copies of your most recent “Personnel Action Form”  
(i.e., SF-50, AO-250, etc...)
- Most recent Earnings & Leave Statement.
- If applicable, your “Personal Benefits Statement”  
(CSRS – PBA 10) (FERS – PBC 10)
- If applicable, if you owe any Deposits/Redeposits, please process SF-2803 (CSRS) or SF-3108 (FERS) and advise upon receipt of said materials. This information is vital in the final preparation and the ultimate accuracy of your analysis.
- Copy of your Social Security Estimate & Earnings Statement. If you are a CSRS-Offset, FERS or TransFERS employee, you **MUST** provide a copy. If you do not have a current copy, please process your “Personal earnings and benefit estimate statement” (PEBES) Form SSA-7004 by calling 800-772-1213 or you can download it from SSA’s web site, [www.ssa.gov](http://www.ssa.gov). This information will allow us to compute the effects the “Windfall Elimination Provision” and “Government Pension Offset” rules will have on your Social Security benefits.
- **Please enclose a check for \$30** for the processing, handling and shipping of your Benefits Analysis, **unless** you attended an FEBG seminar or have previously received an FEBG Benefits Analysis (only one free Analysis per year).

NOTE: Please allow approximately 3-4 weeks for processing.

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# Questionnaire Instruction Sheet

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## Overview

The following information is to be used as a tool when completing the "Employee Benefits Questionnaire". Please reference back to this form for specific instructions on where you may find the supporting documentation to be sent in with your "Employee Benefits Questionnaire".

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## Personal Information

Please provide us with your name, address, phone and fax numbers, and your e-mail address. It is imperative that you include your e-mail address, as most of our correspondence to you will be through e-mail if we need additional information.

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## Current Employment

Your current Personnel Action Form (i.e., SF-50, A0-250), Leave & Earnings Statement, and Social Security Statement need to be provided if you are an Offset, FERS, or Transfers employee. If a special situation exists, please provide full details and copies of OPM's reply.

Request	Description/Can be found on your...
Last Hire Date (EOD)	<ul style="list-style-type: none"><li>• The last day you became a Federal employee to current</li></ul>
Service Computation Date:	<ul style="list-style-type: none"><li>• Notification of Personnel Action Form</li><li>• Personal Benefits Statement<ul style="list-style-type: none"><li>○ CSRS Employees, PBA-10</li><li>○ FERS Employees, PBC- 10</li></ul></li></ul>
Special Duty Employee	<ul style="list-style-type: none"><li>• Are you a Law Enforcement Officer, Firefighter, or Air Traffic Controller? Please provide start date of "Special Duty". This can be found under "6C Retirement SCD" on:<ul style="list-style-type: none"><li>○ CSRS Employee, PBA-10</li><li>○ FERS Employee, PBC-10</li></ul></li><li>• Or you may request this from your local Personnel Office.</li></ul>
Retirement Plan	<ul style="list-style-type: none"><li>• The plan you are covered under. If you are a TransFERS employee, please provide the date you were first covered under the FERS system (month, day, and year) and the amount of frozen sick leave at the time of Transfer.</li></ul>

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*Continued on next page*

## Questionnaire Instruction Sheet, Continued

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### Salary Information

Request	Description/Can be found on your...
Current Pay Grade & Step	<ul style="list-style-type: none"><li>• Notification of Personnel Action Form</li><li>• Earnings &amp; Leave Statement</li></ul>
Locality Area	<ul style="list-style-type: none"><li>• The city where you work.</li></ul>
Current Annual Salary	<ul style="list-style-type: none"><li>• Notification of Personnel Action Form</li><li>• Earnings &amp; Leave Statement</li></ul>

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### Military Service

- Start and end date of service
  - If applicable, military deposit information
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### Insurance / Thrift Savings Plan

Request	Description/Can be found on your...
FEGLI – Coverage	<ul style="list-style-type: none"><li>• Notification of Personnel Action Form</li><li>• CSRS Employee, PBA-10</li><li>• FERS Employee, PBC-10</li></ul>
TSP	<ul style="list-style-type: none"><li>• <a href="http://www.tsp.gov">www.tsp.gov</a></li></ul>

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### Expected Retirement Age

The age you would like your benefits computed. If you do not list a date, we will run your analysis at the earliest age that you are eligible to obtain full benefits.

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### Fees

**Please enclose a check for \$30** for the processing, handling and shipping of your Benefits Analysis, **unless** you attended an FEBG seminar or have previously received an FEBG Benefits Analysis (only one free Analysis per year).

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### Questions

If you have any questions regarding any of the information requested prior to submitting your paperwork, please feel free to contact our office at (904) 398-1001.



Federal Employee Benefits Group, Inc.