

Federal Benefits Data Collection Form

Helpful Sources of Data: (1) Leave and Earning Statement (**LES**), (2) Thrift Savings Plan Statement (**TSP**), (3) Social Security Statement (**SS**), (4) Personal Statement of Benefits (**PSB**), (5) Record of Military Service (if applicable – DD214)

Thank you for choosing FedFirePay LLC for your Federal Retirement Estimate. This form provides the basic information necessary for your retirement estimate. It is vital to complete the form in its entirety prior to your 1-on-1 appointment. Please enter N/A in block that does not apply. Please feel free to contact us at admin@fedfirepay.com if you have questions or concerns.

ANNUITY

Retirement Eligibility **LES/PSB**

Select Retirement System

- CSRS
 FERS (Includes FERS RAE & FERS FRAE)
 xFERS

Select Employee Type

- Regular
 Other

Select Other Category

- Firefighter
 Law Enforcement
 Air Traffic Controller

Select Retirement Type

- Regular
 Optional
 Mandatory

Employee's Name: _____ DOB: _____

Email: _____ Service Computation Date (SCD): _____

Phone: _____ Desired Retirement Date: _____

If an xFER, Transfer Date: _____

The xFERS Retirement System is for employees who chose to transfer from CSRS or CSRS-Offset to FERS. Most employees WILL NOT fall under this category. "Other" Employees are FF, LE, & ATC who are covered by Special Category Retirement. Secondary positions are "Regular" Employees. "Optional" Early Retirement is only available when offered by the agency or involuntary separation. Minimum 20 years-service at age 50, or 25 years-service at any age. MRA + 10 retirement will incur an age penalty and is not available under Special Category Retirement. Ensure DOB and SCD are accurate for retirement calculations.

Creditable Service **LES**

Work Schedule (Check One)

24-hr Shifts / M - F includes one 24-hr Shift / 40-hr / Other _____

Hours per Week (Check One)

72 60 56 40 Other _____

Sick Leave

Hours Saved to Date _____ Estimated Sick Leave Usage per Year _____ (hrs)

Indicate your current work schedule and hours. Please let me know via email if you worked more than one schedule/hours in the past 3-years. Indicate your current sick leave balance and estimate how much sick leave you use annually.

Breaks in Civilian Service (only if applicable)

From _____ To _____ From _____ To _____

Has SCD been adjusted to account for break in service? **Yes** **No**

Please provide the start/stop dates for each period of civilian service. Your SCD should already be adjusted to account for the lost time.

Active Military Service (if applicable)

From _____ To _____ **DD214**

From _____ To _____ **DD214**

From _____ To _____ **DD214**

Has/Will Military Deposit be Paid? **Yes No**

Was/Will Deposit be Paid within 3 years? **Yes No**

Enter each period of Active Duty Service that can count toward retirement. If you have more than 3 periods of Active Duty Service, please annotate it in an email. Deposit must be paid for Military time to count toward retirement. Interest starts to accrue 3 years from the start of civilian employment.

High Three Average LES/PSB

Current Annual Salary \$ _____ or Grade _____ Step _____ Locality Area _____

Typically, the salary on the LES includes base pay and locality pay for General Schedule employees in the 48 continuous states; You must also include Night differential and environmental pay for Wage Grade employees; Administrative Uncontrollable Overtime (AUO) and Law Enforcement Availability Pay (LEAP) for Law Enforcement; and Special Pay for Physicians and Dentists under Title 38 at the VA

Enter either your current annual salary that counts toward retirement or indicate your Grade/Step and Locality Area. Firefighters can use the FF Base Pay on the Pay Charts.

Exact Salary Information (Applies only if retiring this year)

Current Salary Start Date _____	Salary (Will use Salary information listed above)	Other Locality?
Most Recent Salary Date _____	Salary \$ _____ or Grade _____ Step _____	<input type="checkbox"/>
Next Recent Salary Date _____	Salary \$ _____ or Grade _____ Step _____	<input type="checkbox"/>
Next Recent Salary Date _____	Salary \$ _____ or Grade _____ Step _____	<input type="checkbox"/>
Next Recent Salary Date _____	Salary \$ _____ or Grade _____ Step _____	<input type="checkbox"/>
Next Recent Salary Date _____	Salary \$ _____ or Grade _____ Step _____	<input type="checkbox"/>

Other Locality Area _____ Other Locality Area _____

A more precise High-3 Salary can be calculated for employees who are retiring within a year. Must have access to you last 3-years of SF-50's, LES, and/or GS-FF Pay Charts. Please note that Salary Start Dates are when the raise is effective, not when you see the increase in your pay.

Civilian Deposit (Temporary Service & No Retirement Contributions Were Made)

Have there been any periods of work when retirement contributions were not made? **Yes No**

From _____ To _____

When was/will be Deposit Paid? _____ Amount of Deposit Owed: \$ _____

Usually for Temporary Service prior to 1989 – exceptions apply. Contact your Civilian Personnel Representative for assistance if you believe this section applies to you.

Redeposit

Did you ever leave Civilian Service & take your retirement funds with you? **Yes No**

From _____ To _____

Amount of Refund: \$ _____

Date withdrawal received _____

Have/will you re-deposit these funds? **Yes No**

Redeposit is for employees who left Federal Service and requested a refund of CSRS/FERS contributions. Your Time-in-Service may not count toward retirement unless the refund is repaid. Contact your Civilian Personnel Representative for assistance if you believe this section applies to you.

Annuity Survivor Benefit

Survivor Benefit: **CSRS:** 0% to 100% _____% **FERS:** 0% 25% 50% (*Default is 50%*)

You must elect at least a minimum survivor benefit (CSRS 1%; FERS 25%) to retain health benefits for surviving spouse when the retiree dies. The default is Full Survivor Benefit (CSRS – 55% / FERS – 50%) unless your Spouse provides written consent for less.

Social Security – FERS Supplement ss

Are you covered by the CSRS – Offset Retirement? **Yes No**

What age will you begin taking Social Security? _____

Monthly Social Security Benefit at age 62 \$ _____

Monthly Social Security Benefit at age 67 \$ _____

Visit: <http://www.ssa.gov/> to access personal Social Security Statement. Full retirement age is 67 for most people. Delaying Social Security will increase benefit approximately 8% per year till age 70.

THRIFT SAVINGS PLAN

Thrift Savings Plan → Contributions TSP

Existing Savings Balances:

L: \$ _____ G: \$ _____ F: \$ _____ C: \$ _____ S: \$ _____ I: \$ _____

Biweekly Contribution: \$ _____ or _____% Catch-up: \$ _____

Percent to invest in each fund: *Where do future contributions go? (must total 100%)*

L: _____% G: _____% F: _____% C: _____% S: _____% I: _____%

L Fund (check one): L Income L2025 L2030 L2035 L2040

L2045 L2050 L2055 L2060 L2065

Access your TSP account for your latest balances. Please indicate the balance of each individual fund as well as future contributions percentage in each. These percentages may not match with current balances. Indicate 0 in any fund that does not apply. Please indicate the amount/percentage invested each pay period to the Traditional and/or Roth accounts combined.

Thrift Savings Plan → Withdrawal (Traditional & Roth)

Withdrawal Age: Years _____ Months _____

Withdrawal type (mark one): Lump Sum _____ Monthly Amount _____ Annuity _____

If *Monthly Amount: selected one of the two methods: **Fixed Dollar** **Life Expectancy** (Check one)

Fixed - Specific Dollar amount \$ _____ (i.e. \$2500/month) Length of Payout _____ (yrs)

Use if you have a specified dollar amount and time you want it to last

Life Expectancy is based on IRS life expectancy tables. Will also use TSP Calculator.

If Annuity is selected:

Is there a Joint Annuitant? **Yes** **No** If so, Joint Annuitant's age: _____

Is Joint Annuitant a Spouse? **Yes** **No** (If Applicable)

Survivor Annuity (If Applicable): **100%** or **50%** (Default is 100%)

Selecting the 50% option will reduce the annuity regardless of the surviving spouse

Monthly Payments: **Level** or **Increasing** (Initial payments lower)

Cash Refund Feature: **Yes** **No**

10-Year Certain: **Yes** **No** (Single Life Only)

Enter a withdrawal age on or after retirement date. Select withdrawal type – Please note: Program will only allow one option; but you have the option of combining withdrawal methods in retirement. Select your primary choice and we can work other options on the TSP website. For Fixed Monthly Payments, please select a payment amount and number of years for payout. If selecting an Annuity, please download the Annuity Fact Sheet at <https://www.tsp.gov/publications/tspsfs24.pdf?TSP-FS-24> to review your options. We will also discuss your options during your 1-on-1 appointment.

INSURANCE

FEGLI LES

Postal Employee? **Yes** **No**

<input type="checkbox"/> Basic	<input type="checkbox"/> Option A	<input type="checkbox"/> Option B	<input type="checkbox"/> Option C											
Reduce Benefit at Age 65? <input type="radio"/> No <input type="radio"/> 50% <input type="radio"/> 75%		B Multiplier <input type="radio"/> 1 Time <input type="radio"/> 2 Times <input type="radio"/> 3 Times <input type="radio"/> 4 Times <input type="radio"/> 5 Times Reduce Benefit at Age 65? <input type="checkbox"/> No	C Multiplier <input type="radio"/> 1 Time <input type="radio"/> 2 Times <input type="radio"/> 3 Times <input type="radio"/> 4 Times <input type="radio"/> 5 Times Reduce Benefit at Age 65? <input type="checkbox"/> No	Cover Spouse <input type="checkbox"/> Cover Children <input type="checkbox"/> <table> <tr> <td>Dependent Age</td> <td>Support Dependent After Age 22?</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/> Yes</td> </tr> </table>	Dependent Age	Support Dependent After Age 22?	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Yes
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Select the Life Insurance options you plan to retain in retirement. Use the FEGLI Calculator to estimate premium. Please note the insurance premiums will increase with age, except for Basic. At age 65, premiums will stop, and benefits will start to reduce unless additional premium is paid. Default is 75% reduction for Basic and Option A, and Full reduction for B & C.

FEHB LES/PSB

Biweekly Health Insurance Premium: \$ _____

Must be covered by an FEHB plan 5 years before retirement and you must retire on immediate annuity. Enter you current FEHB Biweekly premium.

Long Term Care

Start coverage at age: _____ Plan Type: _____ Daily Benefit Amount: \$ _____

Benefit Period: **2 years** **3 years** **5 years** **Unlimited** Inflation Protection: **ACI 5%** **ACI 4%** **FPO**

Premiums: **Monthly** **Biweekly** Premium Payment:\$ _____ Maximum Lifetime Benefit:\$ _____

Visit <https://www.ltcfeds.com> for program details. Plan Type is A, B, C, D, or Custom. Daily Benefit ranges from \$150 to \$450 in \$50 increments. Select how long you want benefits to continue once care begins. Select ACI 3% (Automatic Compound Inflation) or FPO (Future Purchase Option). Visit <https://www.ltcfeds.gov/tools/cost-of-care> to estimate Long Term costs in your area.

RETIREMENT ANALYZER

Income from Other Sources

VA Disability: \$ _____ (Do not include any VA supplement for Children)
Spouse's Income: \$ _____
Spouse's Retirement Savings: \$ _____
Spouse's Social Security: \$ _____
Military Retirement: \$ _____
Post Retirement Employment: \$ _____
Rental Property Income: \$ _____
Other Income/Savings: \$ _____

Income sources are assumed to be monthly, unless otherwise indicated by you. Any retirement savings balance should be an amount estimated at planned withdrawal date.

Estimated Living Expenses

Monthly Living Expenses (total): \$ _____
May Include Mortgage Rent, Auto, CC/Loans, Utilities, Food, Etc.

Annual Living Expenses (total): \$ _____
May Include Auto Ins/Reg, Property Taxes, Membership Fees, Vacation, Etc.

Monthly: Review your past spending to estimate all your current monthly living expenses and enter the total.

Annual: Total of all your periodic expenses not included in your monthly expenses.