

Federal Benefit Review Information Profile

Name _____ Birth Date _____
Address _____ City & State _____ Zip Code _____
Spouse/Partner _____ Birth Date _____ Children's Ages _____
Is your spouse a Federal employee? _____ If so, which agency? _____
Cell Phone _____ Work Phone _____ Other _____
Home Email _____ Work Email _____
Preferred Contact: Email: (Personal Work) **Phone:** (Cell Work Other) **Time** _____

TO PROVIDE YOU WITH AN ACCURATE ANALYSIS, PLEASE PROVIDE INFORMATION BELOW

CSRS CSRS Offset / Date of Offset _____ FERS FERS Transfer / Date _____

My Service Computation Date (SCD) _____ LEO LEO SCD _____

Anticipated Retirement:

Age _____ OR Date _____ Sick Leave Balance _____ Social Security @ 62 _____

Pay Grade and Step and Temporary/Refunded Time:

I am a GS WG WL/WS Other _____ Grade _____ Step _____

Annual Base Salary with Locality \$ _____ Part Time Hours Worked YES NO

I took a refund of contributions and did not pay it back. YES NO Amount/Date _____

I have civilian service credit in my SCD, where I did not pay into CSRS/FERS retirement. YES NO

Federal Employees Group Life Insurance (FEGLI):

Basic Option A Option B (x 1-5) _____ Option C (x 1-5) _____

Are you a smoker? YES NO

Thrift Savings Plan:

Balance in Funds: L\$ _____ C\$ _____ F\$ _____ G\$ _____ I\$ _____ S\$ _____ Which L _____

Contribution: _____% or \$ _____ per pay period. If catch-up (CUC), how much? \$ _____

Allocation of future contributions: L _____% C _____% F _____% G _____% I _____% S _____% Which L _____

Military Time: (or Peace Corp / Vista)

I have Prior Active Military Time YES NO Years _____ Months _____

Have you bought back your active military time? YES NO Date From _____ To _____

Is your military time included in above SCD? (Include Retired Active Duty) YES NO

SUBMIT THE FOLLOWING INFORMATION FOR A FREE BENEFIT ANALYSIS

Completed Profile Copy of a recent pay stub/LES TSP statement Social Security statement
VIA EMAIL TO [JVISNER@BROOKFED.COM](mailto:jvisner@brookfed.com) OR VIA FAX TO (262) 784-7206



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