

**Civil Service Benefit Analysis Data Sheet**

**Family Data**

Name \_\_\_\_\_ Spouse \_\_\_\_\_ DOB \_\_\_\_\_ M/F  
 Tobacco Y/N DOB \_\_\_\_\_ M/F Tobacco Y/N  
 Any health issues? \_\_\_\_\_ Any health issues? \_\_\_\_\_  
 Is your spouse on your federal insurance? Y/N  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Employment Status**

CSRS or FERS? \_\_\_\_\_

Date of hire \_\_\_\_\_ Any break in service? From \_\_\_\_\_ To \_\_\_\_\_  
 Any military service? From \_\_\_\_\_ To \_\_\_\_\_ Did you buy time? Y/N  
 Pay Grade \_\_\_\_\_ Current pay \$ \_\_\_\_\_ per Hour/Year/Month/Bi-weekly  
 Estimated pay increase % \_\_\_\_\_ Target retirement date \_\_\_\_\_  
 RIF Y/N Cost of living adjustment (COLA) % \_\_\_\_\_

**Benefit Data (from Leave and Earnings Statement)**

Left side FEGLI Code \_\_\_\_\_ Right side FEGLI Code \_\_\_\_\_  
 Premium paid \$ \_\_\_\_\_ Premium paid \$ \_\_\_\_\_

**TSP Balances**

G Fund \$ \_\_\_\_\_ L Income \$ \_\_\_\_\_  
 F Fund \$ \_\_\_\_\_ L 2020 \$ \_\_\_\_\_  
 C Fund \$ \_\_\_\_\_ L 2030 \$ \_\_\_\_\_ Contribution % or \$ \_\_\_\_\_  
 S Fund \$ \_\_\_\_\_ L 2040 \$ \_\_\_\_\_ Expected growth % \_\_\_\_\_  
 I Fund \$ \_\_\_\_\_ L 2050 \$ \_\_\_\_\_ TSP Total \$ \_\_\_\_\_

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