

Federal Benefits Analysis, Review & Consultation

Complete the information requested below to start the process
for your personalized report, consultation and review.

Name: _____ D.O.B. ____ / ____ / ____

Job/Position/Title _____ current shift ? _____

Agency ? _____ Location _____

Spouse? YES NO Children / Grandchildren ? YES NO

Your work/home phone? _____ Cell/other _____

E-mail address's _____

Service Comp/start Date ____ / ____ / ____ Military or other years? _____

Do you have any other Gov't/ or Military time that you may need to buy-back? _____

Age or date you hope to Retire by:? _____ (age) ____ / ____ / ____ (or date)

Circle your category CSRS, CSRS-Offset, FERS, FERS-transfer,

What is your Current Annual Gross with locality Pay \$ _____

What is your estimated monthly Social Security benefit at age 62 _____

Current contribution to TSP % _____ Estimated TSP Balance _____

Do you contribute to any other IRA /Roth IRA's , 401k's etc. ? YES NO

Are you enrolled in Basic FEGLI Life and Optional coverages A, B and C ? YES NO

What is the total FEGLI & Optional FEGLI coverage bi-weekly cost \$ _____

What other Life Insurance do you have other than FEGLI ? _____

What is your current Bi-weekly Health care cost (FEHB) ? \$ _____

Your current health is? OK Good Great Tobacco use? YES NO

Other Benefit Questions or Concerns for Retirement are ? _____

Scan, E-mail, Fax or phone your request to your:

Certified Federal Benefits & Retirement Specialist.

E-mail form to info@bsaok.com FAX form to (405)-285-2710

or, call (405) 412-8466 for immediate service...