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**Member Name:** \_\_\_\_\_

**Date submitted:**

12/24/2025

**Workshop Code:**

WS-2025-TEST

**ProFeds Federal Fact Finder – 2025 v1**

Along with the FFF, include pay stub, TSP & SS statements

Email to Reports@ProFeds.com / Fax to 866-779-9921

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**BASIC INFORMATION**

**Employee's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Spouse's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City St Zip:** \_\_\_\_\_

**RETIREMENT SYSTEM**

- ☐ CSRS  
☐ CSRS Offset  
☐ FERS  
☐ FERS Transfer

**EMPLOYEE TYPE**

- ☐ Regular  
☐ Regular – Postal Worker  
☐ Regular – Military Reserve Technician  
☐ Law Enforcement  
☐ Customs & Border Protection Officer  
☐ Firefighter  
☐ Air Traffic Controller  
☐ Foreign Service

**RETIREMENT TYPE**

- ☐ Regular (fully-eligible or MRA+10 scenario)  
☐ Optional (early out) \_\_\_\_\_  
☐ Deferred (too young, but vested to get later)  
☐ Disability (not already fully-eligible & must qualify) \_\_\_\_\_

**RETIREMENT, PAY & LEAVE**

**What are your Service Computation Dates?**

*The Leave SCD (on the pay stub) may be different than the Retirement SCD that is used for retirement credit purposes. Give both, if known.*

**Leave SCD (required):** \_\_\_\_\_

**Retirement SCD (if known):** \_\_\_\_\_

**When are you planning to retire?**

*To ensure there is no gap between payments, employees are encouraged to retire on the last day of the month.*

- ☐ Fully-eligible (no penalty)  
☐ MRA+10

**Age:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Is there any reason we should plan on providing less than the maximum pension protection to your current spouse?

*Your spouse is entitled to a maximum benefit, unless otherwise agreed.*

☐ Yes ☐ No Reason: \_\_\_\_\_

Is there a court order that grants any of your federal benefits (pension, SBP, TSP) to a former spouse?

☐ Yes ☐ No (If yes, describe below or provide a copy for review)

**What is your current annual salary (including locality pay)?** \$0 /yr \_\_\_\_\_

Do you expect to earn your highest 3 years of pay at the end of your career? If not, provide highest salary history below.

☐ Yes ☐ No (If no, describe below)

What are your current sick leave & annual leave balances?

*If you plan to use all of your leave before you retire, leave blank.*

**Sick Leave:** hrs \_\_\_\_\_

**Annual Leave:** hrs \_\_\_\_\_

What is your Social Security benefit at age 62 and at your desired start age?

*The "age 62" SS benefit affects other benefits, so please include it. If already drawing SS, use current age & benefit.*

**SS at age 62:** \$0 /mo \_\_\_\_\_

**SS at desired start age ():** \$0 /mo \_\_\_\_\_

**Notes:**

Comprehensive test for PDF

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## **MILITARY SERVICE**

### **Military – Active Duty**

Do you have any military service on active duty? ☐ Yes ☐ No

☐ *No to ALL military service*

Notes:

### **Military – Reserves**

Do you have any military service in the reserves? ☐ Yes ☐ No

Notes:

### **Military – Academy**

Do you have any military academy service? ☐ Yes ☐ No

Notes:

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## SPECIAL TYPES OF FEDERAL SERVICE

### **Non-Deduction Service**

*An employee was not contributing to the CSRS/FERS system. If they are later hired into a permanent position, some employees are allowed to make a deposit to get credit for this service.*

Do you have any federal temporary, interim, casual, seasonal, or intern service? ☐ Yes ☐ No

Notes:

### **Break-in-Service**

*An employee was in a position where they were contributing to CSRS/FERS, but then left federal service. If they took a refund of those contributions, they can repay those funds to regain credit for original service.*

Have you ever left federal service (had a "break-in-service")? ☐ Yes ☐ No

Notes:

### **Part-Time Service**

*An employee is scheduled to work less than 40 hours per week. The pension will be prorated based on the percentage of time worked. Part-time service can also be "non-deduction" service (see above).*

Have you had any federal part-time service? ☐ Yes ☐ No

Notes:

### **Other Pertinent Details**

Is there anything else we should know about your service history as we prepare your report?

☐ No to ALL special service

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**FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)**

**How much do you currently pay for coverage?**

List all FEGLI premiums exactly as shown on the pay stub (even if you are unsure which coverage it pertains to). We will determine coverage based on the total premium.

**Basic & Optional Coverage (A, B & C) – shown on up to 4 lines on pay stub**

\$ \_\_\_\_\_ /pp      \$ \_\_\_\_\_ /pp      \$ \_\_\_\_\_ /pp      \$ \_\_\_\_\_ /pp

Will you have ALL of this coverage in place for at least 5 years immediately before you retire?

☐ Yes ☐ No ☐ Unsure

Do you wish to keep this coverage in retirement?

☐ Yes ☐ No ☐ Unsure

Is FEGLI your sole source of life insurance and what is your purpose for having it? ☐ Yes ☐ No Purpose: \_\_\_\_\_

What are the ages of your dependent children?

Include unmarried children under age 22 (older, if disabled).

Children's ages: \_\_\_\_\_

Asterisk any children disabled prior to age 22 and incapable of self-support.

**Notes:**

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)**

**How much do you currently pay for coverage?**

Health \$ \_\_\_\_\_ /pp      Dental \$ \_\_\_\_\_ /pp      Vision \$ \_\_\_\_\_ /pp      Dental/Vision \$ \_\_\_\_\_ /pp

For the health insurance plan, who is covered?

☐ Self-Only ☐ Self+One ☐ Self+Family ☐ None

Will you have the health coverage in place for at least 5 years immediately before you retire?

Family members do NOT have a 5-year requirement.

☐ Yes ☐ No ☐ Unsure

Do you wish to keep this coverage in retirement?

☐ Yes ☐ No ☐ Unsure

In retirement, will your spouse be reliant on federal health benefits through your plan?

☐ Yes ☐ No ☐ Unsure

Do you have other health coverage?

☐ TRICARE ☐ VA ☐ Spouse's plan ☐ Private health plan

**Notes:**

**FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)**

**How much do you currently pay for coverage?**

Employee \$ \_\_\_\_\_ /pp      Spouse \$ \_\_\_\_\_ /pp      Other Family \$ \_\_\_\_\_ /pp

**Do you recall what features you elected?**

The options shown are currently available in FLTCIP (with a 90-day waiting period). If purchased prior to 2020, you may have different features available to you. Print a statement of benefits at LTCFEDS.com.

Daily Benefit: \_\_\_\_\_ (\$100 – \$450 per day)

Benefit Period:

☐ 2 yrs ☐ 3 yrs ☐ 5 yrs

Inflation Protection:

☐ ACIO 3% ☐ FPO

If you do not currently have this coverage, would you like to discuss various options available?

☐ Yes ☐ No ☐ Unsure

**NOTE: OPM has suspended new applications until at least Dec 2026**

**Notes:**

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**THRIFT SAVINGS PLAN (TSP)**

What are the ways you plan to use your TSP in retirement? ☐ Income ☐ Fun money ☐ Legacy ☐ Other

What is your goal to have in TSP by the time you retire? \$ \_\_\_\_\_

HOW MUCH do you plan to need & WHEN do you need it? \$ \_\_\_\_\_ ☐ ASAP! At age: \_\_\_\_\_ ☐ Unsure

Is the TSP your sole source of investing? ☐ Yes ☐ No Explain: \_\_\_\_\_

What do you plan to do with TSP when you retire? ☐ Leave in TSP ☐ Rollover to IRA ☐ Unsure

While working, have you taken an in-service withdrawal?

*Note: this is different than a TSP loan.*

☐ Yes ☐ No ☐ Financial Hardship ☐ Age-Based (59½ or later)

**NEW CONTRIBUTIONS**

Regular contribution limit: \$23,500/yr (average of \$904/pp)

Catch-up contribution limit (50+): \$7,500/yr (average of \$289/pp)

Catch-up contribution limit (60-63): \$11,250/yr (average of \$433/pp)

*The TSP considers anything over \$23,000 a catch-up.*

*Employees can split their new contributions in any combination between the Traditional & Roth sides of their accounts.*

Traditional contributions: \$ \_\_\_\_\_ /pp

Roth contributions: \$ \_\_\_\_\_ /pp

**OUTSTANDING TSP LOANS**

Loan Type	GENERAL PURPOSE	RESIDENTIAL
Justification	not required (repaid in 1-5 years)	required (repaid in 1-15 years)
Date Loan Taken		
Current Balance	\$ 0	\$ 0
Repayment amount	\$ /pp	\$ /pp
Payoff Date (approx.)		

FUNDS	BALANCE of existing money	ALLOCATION of new money	RISK & END RESULTS
G Fund	\$ 0	0%	<b>On a scale of 1-10, how would you rate your risk tolerance?</b> (1-very conservative & 10-very aggressive) <b>Why?</b> Employee: _____ Spouse: _____  <b>Thinking about TSP, what is the BEST POSSIBLE END RESULT you could imagine in retirement?</b> (Such as: never run out, leave to kids, have enough to do all I dreamed of doing, don't pay too many taxes)   <b>Thinking about TSP, what is the WORST POSSIBLE END RESULT you could imagine in retirement?</b> (Such as: run out too soon, nosedive in the market, my kids have to support me, I don't get to live the retirement I planned)
F Fund	\$ 0	0%	
C Fund	\$ 0	0%	
S Fund	\$ 0	0%	
I Fund	\$ 0	0%	
L Income	\$ 0	0%	
L 2025	\$ 0	0%	
L 2030	\$ 0	0%	
L 2035	\$ 0	0%	
L 2040	\$ 0	0%	
L 2045	\$ 0	0%	
L 2050	\$ 0	0%	
L 2055	\$ 0	0%	
L 2060	\$ 0	0%	
L 2065/70	\$ 0	0%	
TOTAL	\$ 0	100%	

**COMMENTS / NOTES**

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#### **ADDITIONAL NOTES**

Please use this page to provide any additional information necessary for us to prepare an accurate report for the employee. Of course, feel free to use this area to add any notes that are helpful to you based on other information the employee may share.

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*This document was automatically generated from the Federal Fact Finder form submitted on December 24, 2025 at 5:52 PM.  
For questions or corrections, please contact [Reports@ProFeds.com](mailto:Reports@ProFeds.com) or fax to 866-779-9921.*

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