

Questionnaire for Evaluation of Contract Compensation and Benefits Package

DATE NEEDED _____

1. Name: _____

2. Date of Birth: _____

3. District: _____ Location: _____

4. Number of Years of Service in Current State Retirement System: _____

5. Any Years of Service with Other Retirement Systems and Estimated Benefit at Retirement:

State _____ Years _____ Estimated Annual Benefit \$ _____ at Age _____

State _____ Years _____ Estimated Annual Benefit \$ _____ at Age _____

State _____ Years _____ Estimated Annual Benefit \$ _____ at Age _____

6. Pay Social Security Taxes Now: Y ___ N ___ Years of Social Security Credit _____

7. Current Salary: _____

8. Goals for retirement: _____ (Age) \$ _____ (Annual Income from State/Local Retirement)

9. **Please attach a current copy of your Contract, then answer these questions:**

a. Are there any items in your compensation package not listed in the contract or that are not being handled as specified in the contract (e.g., a provision for a payment to an annuity is being paid to you in cash)? If so please list these and the estimated value of each:

b. If there are any items in your Contract where you have a choice of benefits (e.g., car allowance or mileage reimbursement, annuity or salary up to a certain amount, etc.), or where the amount paid to or for you is not specified (e.g., life insurance where the death benefit is specified but the premium is not; small items such as association dues are not needed). Please list each of these and provide the estimated annual value of this benefit.

c. What does Medical Insurance cost (employee plus employer cost) for an administrator in your current District to receive:

Employee Only Health Insurance (best option) _____

Family Coverage (best option) _____

Please fax or email this to: TCG Consulting

Fax: (512) 306-9959

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