

Questionnaire for Evaluation of Job Change

DATE NEEDED _____

1. Name: _____

2. Date of Birth: _____

3. Current District and City Where Located: _____

4. Potential District and City Where Located: _____

5. Value of Home: _____ Estimated Equity: _____ Mortgage Interest Rate: _____
Square Footage: _____

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

7. 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 _____

8. Pay Social Security Taxes Now: Y___ N___ Years of Social Security Credit ___
Proposed District Pays Social Security Taxes: Y___ N___

9. Current Salary: \$ _____

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

11. **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

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