

## Intake Form for Your Personalized Social Security Analysis

You will need to visit [www.ssa.gov](http://www.ssa.gov) to set up your account and download you and your spouse's benefit statements.

### Member

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Life Expectancy<sup>1</sup> \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

1. *Have you already elected Social Security retirement benefits?* Yes \_\_\_\_ No \_\_\_\_  
If Yes, Current Gross Social Security Benefit Amount \_\_\_\_\_ Age Started? \_\_\_\_ year \_\_\_\_ months
2. *Do you have a pension from non-Social Security covered earning (such as CSRS)?* Yes \_\_\_\_ No \_\_\_\_  
Gross Monthly Pension Amount: \_\_\_\_\_ Pension COLA \_\_\_\_\_ Pension Start Date \_\_\_\_\_
3. *Benefit Estimate:*  
Social Security Statement Date: \_\_\_\_\_ Full Retirement Age (FRA) Benefit Amount: \_\_\_\_\_  
Do you plan to take Social Security benefits prior to Full Retirement Age (FRA)? Yes \_\_\_\_ No \_\_\_\_

**If you answered "Yes" to #2, please provide GEBA with a copy of your Social Security Statement.**

### Spouse

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Life Expectancy<sup>1</sup> \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

1. *Have you already elected Social Security retirement benefits?* Yes \_\_\_\_ No \_\_\_\_  
If Yes, Current Gross Benefit Amount \_\_\_\_\_ Age Started? \_\_\_\_ year \_\_\_\_ months
2. *Do you have a pension from non-Social Security covered earning (such as CSRS)?* Yes \_\_\_\_ No \_\_\_\_  
Gross Monthly Pension Amount: \_\_\_\_\_ Pension COLA \_\_\_\_\_ Pension Start Date \_\_\_\_\_
3. *Benefit Estimate:*  
Social Security Statement Date: \_\_\_\_\_ Full Retirement Age (FRA) Benefit Amount: \_\_\_\_\_  
Do you plan to take Social Security benefits prior to Full Retirement Age (FRA)? Yes \_\_\_\_ No \_\_\_\_

**If you answered "Yes" to #2, please provide GEBA with a copy of your Social Security Statement.**

**Income Goals:** What is the desired pre-tax monthly income upon retirement? \_\_\_\_\_  
What is the desired pre-tax monthly household income after first spouse passes? \_\_\_\_\_

### What other assets/income do you plan to rely on in retirement?

IRA \$ \_\_\_\_\_  Roth \$ \_\_\_\_\_  CSRS \$ \_\_\_\_\_  FERS \$ \_\_\_\_\_  
 Annuity \$ \_\_\_\_\_  LTC Insurance \$ \_\_\_\_\_

<sup>1</sup>If left blank, GEBA will use a statistical average based on your age/gender.

## UNIQUE CIRCUMSTANCES

### Widowed

**As a widow or widower, you may be eligible for survivor benefits if you were married for more than nine months and not remarried before age 60.**

Spouse/Partner Name: \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Deceased spouse's Social Security benefit:

Benefit you would receive at  
**your** full retirement age: \$ \_\_\_\_\_

What is the deceased's  
Primary Insurance Amount: \$ \_\_\_\_\_

*You'll need to visit a local SSA office to get this information and provide proof of marriage and death. The SSA limits benefits payable to a survivor based on if and when the deceased claimed benefits.*

### Divorced

**A divorced spouse may be eligible to receive benefits based on any ex-spouse's record, if they were married for 10 years, have been divorced for more than 2 years and not remarried before age 60.**

Spouse/Partner Name: \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Number of years married: \_\_\_\_\_

Is your ex-spouse alive or deceased? \_\_\_\_\_ Alive (Spousal Benefits) \_\_\_\_\_ Deceased (Survivor Benefits)

*If so, complete the Widowed section above*

Benefit you would receive at **your** full retirement age: \$ \_\_\_\_\_

*You'll need to visit a local SSA office to get this information and provide proof of marriage and divorce. If you have had more than one marriage you are only eligible to collect on one individual. The SSA limits benefits payable to a divorced spouse based on whether the ex-spouse had a non-Social Security pension.*

### Special Cases

You may be eligible for additional benefits if any of the cases below apply to you. We can help you determine if you qualify for additional benefits.

Are there any dependent children under 18? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, are they under 16? Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone in the household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you care for any dependent parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you or your spouse remarry after 60? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please enter the information in the "Widowed" or "Divorced" section above)*

If you have questions or need assistance call (800) 826-1126 or email [geba@geba.com](mailto:geba@geba.com).