

Changing Jobs Checklist





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General information	Yes	No	N/A
1. Has relevant personal information been gathered? • Names, ages • Children and other dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has financial situation been assessed? • Income • Expenses • Assets • Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Employee benefits	Yes	No	N/A
1. Has a benefits package been discussed with the new employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, are there restrictions or a waiting period for all benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is health insurance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are short- and long-term disability offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a Section 125 or flexible spending account offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is dental insurance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is vision insurance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is life insurance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is a retirement plan offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is adoption assistance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is long-term care insurance offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has vacation/time off been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes:			
Financial picture	Yes	No	N/A
1. Has annual compensation been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If married, will spouse work outside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If there are children, will day care be necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will living expenses be affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Money management	Yes	No	N/A
1. Has budget been updated to reflect changes in income and expenses? <ul style="list-style-type: none"> • Housing costs • Transportation costs • Food, clothing, and other household expenses • Health-care expenses • Life and disability insurance premiums • Child-care costs 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an emergency fund been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Housing situation	Yes	No	N/A
1. Is relocation an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a home that needs to be sold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a home purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the advantages and disadvantages of buying a home versus renting a home been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Have other expenses been reviewed? <ul style="list-style-type: none"> • Mortgage origination fees • Real estate agent fees • Attorney fees • Moving expenses • Potential increase in real estate taxes • Cost of living in new location 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the new employer pay all relocation expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Insurance planning	Yes	No	N/A
1. Is a current health insurance plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has spouse's coverage been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will COBRA be needed during the job transition period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is an individual (non-employer-sponsored) life insurance policy in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does life insurance need to be upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does automobile insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does homeowners/renters insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does disability income insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does personal liability insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does long-term care insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are beneficiary designations up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Investment planning	Yes	No	N/A
1. Has liquidity need changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has risk tolerance been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Have investment goals been considered/prioritized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has size/frequency of investments been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has current asset allocation been reviewed? <ul style="list-style-type: none"> • Stocks • Bonds • Mutual funds • Annuities • Real estate • Art/collectibles 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will job change affect existing employee stock options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Retirement planning	Yes	No	N/A
1. Is a retirement plan available? <ul style="list-style-type: none"> • Employer-sponsored retirement plan • Beneficiary designation updated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If a 401(k) is offered, will the employer match employee contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are IRAs being effectively utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will all available plans be funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Tax planning	Yes	No	N/A
1. Will withholding change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the maximum tax advantage of employee benefits realized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will child care be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will there be a home office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have home office deductions been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there self-employment income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes:

IMPORTANT DISCLOSURES

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