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Coping with Unemployment 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. Did you meet with your former employer's Human Resources department or your manager about your benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know when you will get your final paycheck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you receive accrued vacation, sick pay, or overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you eligible for workers' compensation or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you receive a severance package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you keep your employer-sponsored life insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your former employer offer outplacement resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you secured reference letters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Filing for unemployment	Yes	No	N/A
1. Have you filed a claim for unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have your personal information including Social Security number and driver's license number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Do you have your former employer's information including name, address, federal tax ID number (from your W2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have the dates you began and ended employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a record of your earnings (W2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Health insurance benefits	Yes	No	N/A
1. Will you have health insurance after you leave your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you checked for the availability of COBRA or state-mandated health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you get health insurance through your spouse's plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you checked on the cost of health insurance after you leave your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a Health Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Employee's retirement benefits	Yes	No	N/A
1. Do you have a defined benefit or other pension plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your benefits fully vested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If yes, can you receive the plan benefits or transfer the plan benefits to another account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a 401(k), profit-sharing plan, 403(b), 457(b), or other similar plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are your employer contributions fully vested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have an outstanding plan loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If yes, can you receive the plan benefits or transfer them to another account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes:

Your financial picture

Yes No N/A

1. Do you have other sources of income while you're unemployed?

- Unemployment compensation
- Pension
- Spouse's income
- Interest/dividend
- Alimony/child support
- Workers' compensation/disability

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2. Do you have savings you can use for expenses?

- Checking/savings/money market/CDs
- Stocks/bonds/mutual funds
- Annuities
- Cash value life insurance
- Retirement plans (IRA, 401(k), pension)
- Other (Social Security disability, veterans benefits, etc.)

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3. Have you estimated all your expenses?

- Housing costs
- Taxes
- Food, clothing, and other household expenses
- Transportation costs and auto insurance
- Health-care expenses including insurance premiums
- Life, long-term care, and disability insurance costs
- Child-care costs
- Mortgages
- Credit cards

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4. Do you know how long your unemployment compensation and other sources of income will last?

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5. Do you know how long your savings will last if your unemployment and other sources of income end?

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Notes:

Finding your new job

Yes No N/A

1. Have you assessed your job skills?

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2. Is it time to start a new career?

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3. Are you ready to start/buy a business or franchise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you seek professional help? • Headhunter • Career counselors • Online job search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you prepared or updated your resume?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you established network contacts? • Current and former coworkers • Professional associations • Friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you honed your interviewing skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you lined up your references?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you determined what the going rate is for your skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you established your minimum salary requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know the minimum employee benefits you require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Your new job/career	Yes	No	N/A
1. Have you researched your prospective employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the job match your skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the company financially stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know the employee benefits the company offers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the compensation offered meet your requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you negotiate your salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is health insurance offered? • Type of plan(s) available • What's covered • Who's covered • How much will it cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is an HSA available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. Is sick time available? • How much is offered • When is it available • What types of absences are covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are retirement benefits offered? • Plan types • Investment options • Vesting • Employer contributions • Portability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are other benefits available? • Life insurance • Disability • Educational/training benefits • Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

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