



Collaborative Financial Solutions, LLC
CA Insurance License
#0B33145
Janet Barr, ChFC, CLU,
CDFA, CFS, CIS®
LPL Registered Principal
206 E. Victoria St
Santa Barbara, CA 93101
805-965-0101
janet.barr@lpl.com
www.collaborativefinancialsolutions.com



Coping with Unemployment Checklist

Coping with Unemployment Checklist

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? <ul style="list-style-type: none"> • Unemployment compensation • Pension • Spouse's income • Interest/dividend • Alimony/child support • Workers' compensation/disability 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have savings you can use for expenses? <ul style="list-style-type: none"> • 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.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you estimated all your expenses? <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know how long your unemployment compensation and other sources of income will last?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know how long your savings will last if your unemployment and other sources of income end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Finding your new job	Yes	No	N/A
1. Have you assessed your job skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it time to start a new career?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? <ul style="list-style-type: none"> • 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:			

The opinions voiced in this material are for general information only and are not intended to provide specific advice or recommendations for any individual. To determine which investment(s) may be appropriate for you, consult your financial advisor prior to investing. All performance referenced is historical and is no guarantee of future results. All indices are unmanaged and cannot be invested into directly.

The tax information provided is not intended to be a substitute for specific individualized tax planning advice. We suggest that you consult with a qualified tax advisor.

Securities offered through LPL Financial, Member FINRA/SIPC



**Collaborative Financial
Solutions, LLC**

CA Insurance License
#0B33145

Janet Barr, ChFC, CLU,
CDFA, CFS, CIS®

LPL Registered Principal
206 E. Victoria St

Santa Barbara, CA 93101
805-965-0101

janet.barr@lpl.com

www.collaborativefinancialsolutions.com