

Coping with Unemployment Checklist

General information	Yes	No	N/A
1. Has relevant personal information been gathered? <ul style="list-style-type: none"> • Names, ages • Children and other dependents 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has financial situation been assessed? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • Plan types • Investment options • Vesting • Employer contributions • Portability 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are other benefits available? <ul style="list-style-type: none"> • Life insurance • Disability • Educational/training benefits • Other 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			