

For Office Use Only

1983 SURVEY OF CONSUMER FINANCES



SURVEY RESEARCH CENTER
INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN 48106

1. SAMPLE LABEL/ADDRESS:

CITY STATE ZIP

3. Date R Ltr mailed _____
4. Your Iw # _____
5. Date of Iw _____
6. Length of Iw _____ (Minutes)
7. Length of Edit _____ (Minutes)
8. Persuasion Ltr sent? NOT NEEDED
 YES
 _____ (DATE) ←

9. INTERVIEWER: ARE THERE ANY PREVIOUSLY UNLISTED HUs AT THIS LISTING SHEET ADDRESS?

1. YES →

5. NO ↓

9a. TOTAL HUs AT LISTING SHEET ADDRESS (CHECK BELOW):

Total HUs = listed HU + previously unlisted HUs at this listing sheet address. See p. 87, "Case 1," of the INTERVIEWER'S MANUAL.

2

3

4

INSTRUCTIONS: Add a description to the Sample Address on the label above to make the address for this cover sheet unique; make out a cover sheet for each previously unlisted HU, entering the I.D. number from the SAS, and including a unique identification in item (1e) of each cover sheet. Send a yellow Immediate Action form to the Field Office giving a unique identification for each HU at this listing sheet address.

GO TO ITEM 10

5 OR MORE → TOTAL number of HUs: _____ INSTRUCTION: Do not attempt any interviews. Call Field Office (313/764-8356) immediately!

10. Call Record

Call Number	1	2	3	4	5	6	7	8
Date								
Day of Week								
Time of Day								
Result								
Iwer Initials								

21. INTERVIEWER CHECKPOINT: RESPONDENT/EMPLOYER/PENSION/SS#

<input type="checkbox"/>	1. R HAS NEVER WORKED FOR PAY, (BOX 1 CHECKED AT T6) —————> TURN TO P.4, Z4
<input type="checkbox"/>	2. R EXPECTS PENSION FROM CURRENT OR PRIOR JOB, (BOX 2 CHECKED AT T6)
<input type="checkbox"/>	3. ALL OTHERS, (BOX 3 CHECKED AT T6) —————> GO TO Z3 AT BOTTOM OF PAGE

22. The Survey Research Center would like to obtain the latest available information about the retirement benefits you and others like you will receive. We would like to contact the employer who will provide the primary pension you expect to receive. We will not identify you personally, but only ask about people who have the same type of pension plan. For this purpose, we need to know the name and address of the employer, or other organization, that provides the primary pension you expect to receive.

22a. EMPLOYER NAME: _____

ADDRESS: _____ / _____
NUMBER AND STREET CITY, STATE AND ZIP CODE

22b. PENSION PROVIDER (IF DIFFERENT): _____

ADDRESS: _____ / _____
NUMBER AND STREET CITY, STATE AND ZIP CODE

22c. REFUSED (Explain): _____

22d. What (is/was) the official title of the job from which you expect to receive your primary pension?
 _____ OFFICIAL JOB TITLE

22e. In addition, to get complete information about your retirement benefits, we would like to know your Social Security Number... (what is your Social Security Number?)

SOCIAL SECURITY NUMBER

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22f. REFUSED (Explain): _____

TURN TO P.4 , Z4

23. The Survey Research Center would like to obtain the latest available information about the retirement benefits that you and others like you receive. For this reason we would like to know your Social Security Number... (what is your Social Security Number?)

SOCIAL SECURITY NUMBER

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23a. REFUSED (Explain): _____

POST INTERVIEW CHECKLIST FOR OBTAINING PENSION INFORMATION FROM R'S EMPLOYER

INTERVIEWER INSTRUCTIONS

- PR1. If Employer mentioned in Z2a. is outside Iwer's Primary Area, do not continue with Checklist → TURN TO P. 5, PS1.
- PR2. Using information in Z2a. and Z2d. (EMPLOYER NAME AND OFFICIAL JOB TITLE), determine name of person, office or department responsible for pension plan information. (PERSON LISTED BELOW SHOULD BE PERSON WE CAN CALL FOR FURTHER INFORMATION).

NAME: _____ TITLE: _____

OFFICE ADDRESS _____

PHONE: _____

CITY, STATE AND ZIP CODE _____ AREA CODE/NUMBER _____

(APPT:) _____

INFORMATION AND MATERIALS NEEDED (CHECK ALL THAT ARE OBTAINED)

- PR3. Official Name of the Pension Plan (title used to file forms with U.S. gov't

- PR4. Employer Identification Number (EIN)-- also required on gov't forms

EMPLOYER IDENTIFICATION NUMBER
- PR5. Request copies of documents -- e.g. detailed description/brochures describing all pension plans for JOB TITLE AT Z2d.
 - a. Attachment(s) to Form 5500 (sometimes referred to as "Schedule B, Actuarial Information").
 - b. Summary Plan Description (SPD)
 - c. Brochures or descriptions given or sent to employees in JOB TITLE at Z2d. concerning their pension plan(s)
 - d. OTHER (describe) _____

PR6. TOTAL NUMBER OF SEPARATE DOCUMENTS OBTAINED AND ENCLOSED WITH THIS IW & COVER SHEET _____ TOTAL # OF DOCUMENTS

(Affix your Interviewer's Label and label with Segment, Line, ID# and Iw# to each document obtained)

POST INTERVIEW CHECKLIST FOR PENSION INFORMATION FROM EMPLOYER OF R'S SPOUSE

INTERVIEWER INSTRUCTIONS

- PS1. If Employer mentioned in 25a. is outside Iwer's Primary Area, do not continue with Checklist.
- PS2. Using information in 25a. and 25d (EMPLOYER NAME AND OFFICIAL JOB TITLE), determine name of person, office or department responsible for pension plan information. (PERSON LISTED BELOW SHOULD BE PERSON WE CAN CALL FOR FURTHER INFORMATION).

NAME: _____ TITLE: _____

OFFICE ADDRESS _____

CITY, STATE AND ZIP CODE _____ PHONE: _____
AREA CODE/NUMBER

(APPT:) _____

INFORMATION AND MATERIALS NEEDED (CHECK ALL THAT ARE OBTAINED)

- PS3. Official Name of the Pension Plan (title used to file forms with U.S. gov't

- PS4. Employer Identification Number (EIN)-- also required on gov't forms

EMPLOYER IDENTIFICATION NUMBER
- PS5. Request copies of documents -- e.g. detailed description/brochures describing all pension plans for JOB TITLE AT 25d.
 - a. Attachment(s) to Form 5500 (sometimes referred to as "Schedule B, Actuarial Information").
 - b. Summary Plan Description (SPD)
 - c. Brochures or descriptions given or sent to employees in JOB TITLE at 25d. concerning their pension plan(s)
 - d. OTHER (describe) _____

PS6. TOTAL NUMBER OF SEPARATE DOCUMENTS FOR PENSION PLAN OF R'S SPOUSE

_____ TOTAL # OF DOCUMENTS

(Affix your Interviewer's Label and label with Segment, Line, ID# and Iw# to each document obtained)

NONINTERVIEW FORM

NR1. Is reason for noninterview a permanent condition? Do not include refusals.

1. YES

5. NO

→ GO TO NR2

NR1a. What is this condition?

- 1. DECEASED AFTER LISTING
- 2. LANGUAGE (WHAT LANGUAGE?): _____
- 3. MENTAL OR PHYSICAL CONDITION (DESCRIBE): _____
- 4. MOVED OUT OF RANGE AFTER OCCUPANCY DETERMINED (If new address or phone number is known give it in NR2.)
- 7. OTHER (DESCRIBE): _____

NR2. Describe in detail the reasons an interview was not taken.

- **IF LISTING DESCRIBES SOMETHING WHICH IS NOT AN HU OR WHICH IS LOCATED OUTSIDE THIS SAMPLE SEGMENT** indicate what you found.
- **IF UNABLE TO GAIN ACCESS** what attempts were made? (Try to obtain names, address, and phone numbers of persons to contact re: gaining access.)
- **IF REFUSAL,** indicate who refused and reasons (either given or suspected) and what efforts (including letters) were made at persuasion.
- **IF "BUSY," "SICK," ETC.** indicate whether you think this is simply an excuse or a genuine difficulty.
- **IF R AWAY** check page 93 in the Interviewer's Manual to be sure that (he/she) should be listed. If so, state when R will return, and if R could be interviewed elsewhere.
- **IF YOU HAVE BEEN UNABLE TO DETERMINE WHETHER AN HU WAS OCCUPIED OR VACANT,** describe the situation: state what inquiries and other attempts you have made to determine occupancy status.
- **IF ALL ADULT OCCUPANTS ARE RESIDING ELSEWHERE** describe situation giving location of other residence, expected length of stay and reason for absence.
