## For Office Use Only

### 1983 SURVEY OF CONSUMER FINANCES



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

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 NEEDER
(DATE) YES
Total HUs = listed HU + previously unlisted HUs at this listing sheet address. See p. 87, "Case 1," of the INTERVIEWER'S MANUAL.  a description to the Sample Address on the label above ess for this cover sheet unique; make out a cover sheet sly unlisted HU, entering the 1.D. number from the SAS, unique identification in item (le) of each cover sheet. mediate Action form to the Field Office giving a unique or each HU at this listing sheet address.  GO TO ITEM 10  INSTRUCTION: Do not attempt any 11 Field Office (313/764-8356) immediately!
1 2 2 3 3 3 3

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٠.	Ο.	C - 11	Record
	1 8	1 2 1 1	KACATA

Call Record							1	
Call Number	1	2	3	4	5	6	7	8
Date								<u> </u>
Day of Week								
Time of Day								
Result			1					
Iwer Inicials								

Z1.	INTERVIEW	ER CHECKPOINT: RESPON	IDENT/EMPLOYER/PENSION/SS#
	☐ 1. R	HAS NEVER WORKED FOR	PAY, (BOX 1 CHECKED AT T6)
	☐ 2. R	EXPECTS PENSION FROM	CURRENT OR PRIOR JOB, (BOX 2 CHECKED AT T6)
	🗆 3	. ALL OTHERS, (BOX 3 C	CHECKED AT T6)
	+		
	the retire the employ identify y plan. For	ment benefits you and er who will provide th ou personally, but onl this purpose, we need	i like to obtain the latest available information about others like you will receive. We would like to contact me primary pension you expect to receive. We will not ly ask about people who have the same type of pension to know the name and address of the employer, or set the primary pension you expect to receive.
Z2a.	<b>EMPLOYER</b>	NAME:	
	ADDRESS:		<i>,</i>
		NUMBER AND STREET	CITY, STATE AND ZIP CODE
•			<b>.</b>
<b>Z</b> 2 <b>b</b> .		ROVIDER (IF DIFFERENT)	
	ADDRESS:	NUMBER AND STREET	/ 67.71 67.42 412 422
			·
Z2c.	REFUSE	ED (Explain):	
Z2d.	What (is primary	s/was) the official tis pension?	tle of the job from which you expect to receive your
			OFFICIAL JOB TITLE
Z2e.			information about your retirement benefits, we would like Number (what is your Social Security Number?)
	•	SOCIAL SECURITY	NUMBER
Z2f.	REFUSE	D (Explain):	
		TU	RN TO P.4, Z4
<b>Z</b> 3.	the retir	ement benefits that yo	ld like to obtain the latest available information about ou and others like you receive. For this reason we would try Number (what is your Social Security Number?)
Z3a.	REFUSE	D (Explain):	

# INTERVIEWER INSTRUCTIONS

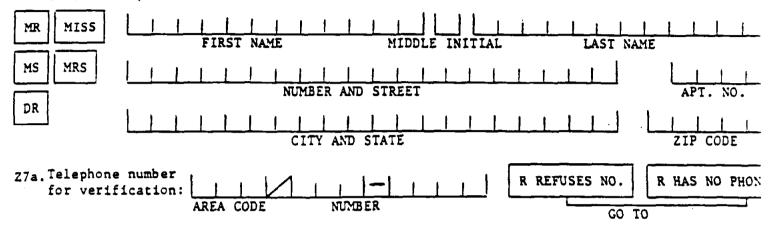
PR1.	If Em	ployer mentioned in Z2a. is outside Iwer's Primary Area, do not nue with Checklist ——— > TURN TO P. 5, PS1.
PR2.	deter plan	information in Z2a. and Z2d. (EMPLOYER NAME AND OFFICIAL JOB TITLE), mine name of person, office or department responsible for pension information. (PERSON LISTED BELOW SHOULD BE PERSON WE CAN CALL FOR ER INFORMATION).
	NAME:	TITLE:
	OFFIC	E ADDRESS
		PHONE:
	CITY,	STATE AND ZIP CODE AREA CODE/NUMBER
	(APPT	:)
INFOR	MATION	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").
[	□ь.	Summary Plan Description (SPD)
. 1	□c.	Brochures or descriptions given or sent to employees in JOB TITLE at Z2d. concerning their pension plan(s)
1	□a.	OTHER (describe)
PR6.	TOTAL COVER	NUMBER OF SEPARATE DOCUMENTS OBTAINED AND ENCLOSED WITH THIS IW & SHEET  TOTAL # OF DOCUMENTS
		c your Interviewer's Label <u>and</u> label with Segment, Line, ID# and Iw#

4	
24.	INTERVIEWER CHECKPOINT: SPOUSE/EMPLOYER/PENSION/SS4
	4. R IS NOT MARRIED (BOX 4 CHECKED AT 17) - TURN TO P.6, Z7
	5. SPOUSE NEVER WORKED FOR PAY (BOX 5 CHECKED AT T7)
	6. SPOUSE EXPECTS PENSION FROM CURRENT OR PRIOR JOB (BOX 6 CHECKED AT 17)
	7. ALL OTHERS (BOX 7 CHECKED AT T7) — > GO TO 26 AT BOTTOM OF PAGE
<b>5.</b>	We would also like to obtain information about the retirement benefits your (husband/wife) will receive. For this purpose, we would like to know the name and address of the employer, or other organization, that provides the <u>primary</u> pension that (he/she) expects to receive.
a.	EMPLOYER NAME:
	ADDRESS: /
	NUMBER AND STREET CITY, STATE AND ZIP CODE
ъ.	PENSION PROVIDER (IF DIFFERENT)
	ADDRESS:/
	NUMBER AND STREET CITY, STATE AND ZIP CODE
	What (is/was) the official title of the job from which (he/she) expects to receive (his/her) primary pension?
	OFFICIAL JOB T.
e.	In addition, to get complete information about your (husband's/wife's) retirement benefits, we would like (his/her) Social Security Number (What is [his/her] Social Security Number?)
	SOCIAL SECURITY NUMBER
f.	REFUSED (Explain):
	TURN TO P.6, Z7
٠	(The Survey Research Center would like to obtain the latest available information abother retirement benefits that your [husband/wife] and others like [him/her] are received for this reason we would like to know your (husband's/wife's) Social Security Number (What is [his/her] Social Security Number?)
a.	SOCIAL SECURITY NUMBER REFUSED (Explain):

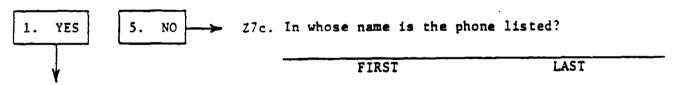
# INTERVIEWER INSTRUCTIONS

PS1.	If Employer mentioned in Z5a, is outside Iwer's Primary Area, do $\underline{\text{not}}$ continue with Checklist.
PS2.	Using information in Z5a. and Z5d (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:)
INFOR	MATION 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)
i	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 <u>and</u> label with Segment, Line, ID# and Iw# to each document obtained)

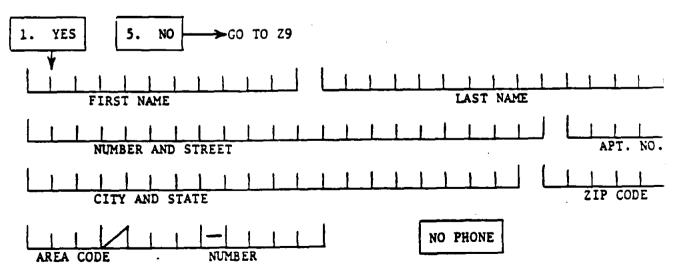
**Z7.** Thank you very much for your time and your help with our research. Our office in Ann Arbor, Michigan, may wish to get in touch with you by phone or mail to verify this interview. For this reason, I would like to have your name, address and phone number. (BE CERTAIN THAT FOR WOMEN YOU OBTAIN THEIR FIRST NAME, NOT THEIR HUSBAND'S FIRST NAME.)



Z7b. Is the phone listed in your name?



28. In case you move, could you give me the name and address or telephone number of a close friend or relative who would know how to get in touch with you.



Z9. EXACT TIME NOW

# NONINTERVIEW FORM

IR1.	Is reason for noninterview a permanent condition? Do not include refusals.
	1. YES 5. NO GO TO NR2
	NRla. 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):
IR2.	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.

List <u>all</u> members of the household, including children, by relationship to Informant. (If more than one family, indicate relationships with brackets.)

	orackets.	
(b)	(c)	(d)
Sex	Age	Enter "R" to Identify Respondent for this Cover Sheet
:		
	(b)	(b) (c)

### WHOM TO INTERVIEW -- INTERVIEWER INSTRUCTIONS

- 1. If household contains a married couple or persons living as though married, interview the person most knowledgeable about the family's finances or both together. Do not interview adult children living in the HU.
- 2. If household contains unrelated roommates who are 18 years of age or older, list the household and interview person closest to age 45 as a single person economic unit.
- 3. If household contains an extended family (persons related by blood, marriage or adoption --adult married children moved back with parents), interview the person or persons most knowledgeable about the family's finances.
- 4. If unclear whom to interview--call the Field Office (313) 764-8356.
- 5. NOTE: IN <u>ALL</u> situations, the person whose occupation is asked about in Section R is considered the <u>Respondent</u>. Indicate R for this cover sheet in Col. (d) above.

о.	are most knowledgeable about the family's finances. Who would that be?
7.	IF MOST KNOWLEDGEABLE PERSON IS NOT AT HOME, DETERMINE CONVENIENT TIME FOR IW (AND PHONE NUMBER IF APPROPRIATE).
_	

8.	APPOINTM	ENT:		 	 	
			DAY	 DATE	TIME	<u>-</u>
9.	PHONE:					