

ONBOARDING NEW EMPLOYEES' PAYROLL & BENEFITS DOCUMENTS GUIDE

Welcome to the FBI!

You are required to complete multiple Payroll/Personnel forms prior to your arrival, and Benefits forms during your first week on site.

Please take some time to thoroughly read through this document. Following these instructions will eliminate having to redo forms. We are focused on ensuring that all employees are paid timely and accurately and that you are covered with important health and life insurance benefits.

Thank you,

Human Resources Division



Payroll and Benefits Forms

- Payroll Forms must be completed prior to attending the Onboarding New Employees (ONE) Program.
- Benefits Forms must be completed within 60 days of your entry on duty (EOD) date, but we strongly recommend submitting these documents as soon as possible.
- To access your Payroll and benefits forms, login to your <u>FBIJobs account</u> and select the My Hiring Documents tab, Be on the lookout for follow-up emails after forms have been reviewed, designating that updates are required.

Additional Information

- Prior/Transferee Federal Employees Complete all Payroll & Benefits Forms. Please also send the following: last SF-50 from your prior agency, last Leave & Earnings Statement.
- Current FBI Onboard Employees Only submit the following forms: Payroll Checklist, FD-1190, State Tax Form, any other forms required due to changes in status or address.

Important Note: If you do not complete <u>all</u> required forms, this may delay your onboarding/payroll processing.

New Hire Forms: FD-1191, Direct Deposit Form

Please fill out all fields highlighted in yellow.

Important Note: A <u>Voided Check</u> or <u>Bank Issued Authorization Letter</u> must be attached in the Additional Attachments section.

Direct Deposit			
Personal Information			
Name (Last, First, Middle) Leni, Joseph, Thomas	55N XXX-5028	Phone Number 247/996-5292	
Funds can be deposited into one account or split between accounts as a	whole dollar amount.		
Primary Account			
Account Type		Your Adden	1475
Routing Number		PAT TO THE DRUGH OF	\$
Account Number		View Beach Vie	
Institution Name		4 323+56.7	************
Institution City, Sta		Enable Ver	Almont Number Ca
Secondary Account			
Account Type			
Routing Number			
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institution City, State			
Amount of Net Pay			
Third Account			
Account Type			
Routing Number			
Account Number			
Institution Name			
Institution City, State			
Amount of Net Pay			
I authorize the Federal Bureau of Investigation/U.S. Department of Agriculture	to electronically deposit my pay as directed to my accounts listed below. Please use	the following personal information and signature as authorization, or to contact me with questions,	
	Signature		

New Hire Forms: FD-1190, Address Form

Please fill out all fields highlighted in yellow.

Important Note: Please use your permanent address.

to Onboarding Forms			
Employee Address			
This address is used to mail out employee PAY and taxes.	SP statements, W-2 forms and other personal document	. Please use your permanent address. It must match the state in v	which you plan to claim in
Personal Information			
First Name Joseph	Middle Name Thomas	Last Name Leni	
SSN XXX-XX-5028			
Address			
Street Address (PO Boxes Not Perm	tted)		
City	State	Zip Code	
General			
This information is provided pursuant to Public Law 9	3-579 (Privacy Act of 1974), December 31, 1974, for indiv	iduals completing Form FD-1190.	
Authority			
Autionty			
5 USC 301			
5 USC 301. Purpose and Uses			
5 USC 301. Purpose and Uses This form is used to obtain an employees home addr	ess and check mailing address.		
5 USC 301. Purpose and Uses This form is used to obtain an employees home addr	ess and check mailing address.		

W-4 Tax Form | 5 & Benefits Documents Guide New Hire Forms: Federal Tax Form W-4 Please fill out all fields highlighted in yellow. **Employee's Withholding Certificate** ONLY NO. 1042-0014 W-4 one proof page. In Step 1, select the 2021 e hair an H + Your ding is subject to review by the IRS. of being the number applicable tax filing Step 1: Enter status. Dools your name match the battle law your policies security sate?" I not, to ensure you get + 54 Personal n water and 200 up TA # 60 70-1218 State Bingle to Married King expension Married liting jointly in Gualifying wildowing Manual of Recommendational Conversional of Service on Service International eging as a trime for yourself and a local long to Complete Steps 2-4 ORLY if they apply to you, otherwise, skip to Step 5. Sins page 2 for more enternation on each step, who can clean exemption from withholding, when to use the estimator of even is gry/W4App, and physicy. Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are manted tiling jointly and your spouse also works. The obrect amount of withholding depends in vocome somed from all of these jobs. Multiple Jobs or Spouse Works Do only one of the tolowing. (a) Lise the estimator at avera ins gov/W4App for most accurate withholding for this step land Steps 3-4), or (b) Use the Multiple Jobs Workshell on page 3 and anter the neutrini Shell Act before for multiply accurate withholding, or (b) Use the Mumple alon warshares in page, a maximum and the same on Form W-A for the other lob. The option (c) if there are only two jobs total, you may check this box. Do the same on Form W-A for the other iso. The option (c) if there are only the other iso. The option is the term of the same one has the necessary may be estimated. TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you for your spoker) have self-employment is, including as an independent currinship, use the estimator. Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those ships blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paging job.) Step 3: If your total knoome will be \$200,000 or less (\$400,000 or less if married filing jointly) Claim **Complete Steps 2-4** Multiply the number of qualitying children under age 17 by \$2,000 . 5 Dependents based on your personal Add the amounts above and write the total here 3 3 tax situation. (a) Other income (not from jobs). If you want has withheld for other income you expect this year that won't have withholding, enter the around of other income here. This may include interest, dividends, and notivement income. Step 4 (optional); 4(4) 3 Other (b) Deductions. If you expect to claim debutions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and onter the result here 4(b) (c) Extra withholding. Enter any additional tax you want withfield each pay period 4(0) 5 Step 5: Union persistion of persists, I declare that this certificate, to the best of my Environments and teleful is have correct, and comparis Sign. Here Date Employee's signature (This form is not valid unless you sign it.) Employer's name and Address Employees Field Gale of Employer Identific number (EIN) Only Form W-4 (2521) For Privacy Act and Paperwork Reduction Act Notice, see page 1. Cat No: 102200

Onboarding New Employees' Payroll

New Hire Forms: State Tax Forms

The state tax form must be uploaded as an attachment in the Additional Attachments section.

Important Note: AK, FL, NH, TN, SD, WA, NV, TX, WY are exempt from state tax. Please visit your state's taxation website to find your appropriate state tax form(s).

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New Hire Forms: FD-291 FBI Employment Agreement

Please fill out all fields highlighted in yellow.

Employment Agreement

FBI EMPLOYMENT AGREEMENT

As consideration for my employment, or my continued employment, with the Federal Bureau of Investigation (FBI), United States Department of Justice, I hereby agree to be governed by and to comply with the following provisions:

1. Unauthorized disclosure, misuse, or negligent handling of information contained in the files, electronic or paper, of the FBI or which I may acquire as an employee of the FBI could impair national security, place human life in jeopardy, result in the denial of due process, prevent the FBI from effectively discharging its responsibilities, or violate federal law. I understand that by being granted access to such information, I am accepting a position of special trust and am obligated to protect such information from unauthorized disclosure.

2. All information acquired by me in connection with my official duties with the FBI and all official material to which I have access remain the property of the United States of America. I will surrender upon demand by the FBI, or upon my separation from the FBI, all materials containing FBI information in my possession.

3. I will not reveal, by any means, any information or material from or related to FBI files or any other information acquired by virtue of my official employment to any unauthorized recipient without prior official written authorization by the FBI.

4. Prior to making any disclosure, I will seek a determination of whether the information may be disclosed. I agree to be bound by the guidelines governing prepublication review found in the FBI's Prepublication Review Policy Guide (0792PG) as those procedures may from time to time be amended. I understand that, in this context, "publication" includes disclosure of information to anyone by any means. I will submit for review the full text of any proposed disclosure addressed by the FBI's Prepublication Review Policy or this employment agreement as required by the policy at least thirty (30) working days prior to the proposed publication.

5. I understand and agree that for two years after separating from the FBI, I must report back to the FBI, at least annually, if I work directly for, represent, or provide national security related advice to the government of a foreign country, or any person whose activities are directly or indirectly supervised, directed, controlled, financed or subsidized (in whole or major part) by any government of a foreign country.

6. I understand that these provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistelblower protection. The definitions, reguirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. I further understand, however, that any such information that is disclosed pursuant to applicable federal law continues to be subject to this agreement for all other purposes, and disclosure to the appropriate entities provided by federal law does not constitute public disclosure or declassification, if applicable of such information.

7. Violations of this employment agreement may constitute cause for revocation of my security clearance, subject me to criminal sanction, disciplinary action by the FBI, including dismissal, and subject me to personal liability in a civil action at law, including but not limited to injunctive relief, the imposition of a constructive trust, and the disgorging of any profits arising from any unauthorized publication or disclosure. In that regard, I hereby inevocably assign all rights, title, and interests in any such profits to the United States.

8. I have read this agreement carefully. Each of the numbered paragraphs of this agreement is severable and if a court should find any of these paragraphs to be unenforceable, I agree that the remaining provisions will continue in full force.

9. I have read and understand the guidelines on prohibited disclosures that are attached.

10. I accept the above provisions as conditions of my employment or continued employment by the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.



New Hire Forms: SF-256, Self-Identification of Disability

Please fill out all fields highlighted in yellow.

Self-Identification Disability

Back to Onboarding Forms

Self-Identification Disability

Personal Information

Name (Last, First, Middle) Brown, Cash, E Date Of Birth 08/21/2001

1 SSN XXX-XX-1229

Self-Identification of Disability

I do not wish to identify a disability

 \bigcirc I wish to identify a disability

 $\odot\,$ I do not have a disability or serious health condition

New Hire Forms: SF-181, Ethnicity and Race Identification

Please fill out all fields highlighted in yellow.

Onboarding Forms		
Ethnicity and Race Identity		
Personal Information		
Name (Last, First, Middle) Young, Jaycob, R	SSN XXX-XX-0117	Birthdate 01/10/1994
Privacy Act Statement		
Ethnicity and race information is requested under the authority of 42 U S.C. Sectio Race and Ethnicity. Providing this information is voluntary and has no impact on ye observation.	n 2000e-16 and in compliance with the Office of Managem our employment status, but in the instance of missing infor	ent and Budget's 1997 Revisions to the Standards for the Classification of Federal Data nation, your employing agency will attempt to identify your race and ethnicity by visual
This information is used as necessary to plan for equal employment opportunity th individuals for personnel research or survey response and in the production of sur workforce studies.	roughout the Federal government. It is also used by the U imary descriptive statistics and analytical studies in suppo	S. Office of Personnel Management or employing agency maintaining the records to loc t of the function for which the records are collected and maintained, or for related
Social Security Number (SSN) is requested under the authority of Executive Order failure to do so will have no effect on your employment status. If SSN is not provid	9397, which requires SSN be used for the purpose of unit ed, however, other agency sources may be used to obtain	orm, orderly administration of personnel records. Providing this information is voluntary it.
Special Instructions		
The two questions below are designed to identify your ethnicity and race. Regardle	ess of your answer to question 1, go to question 2.	
Question 1		
Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South	or Central American, or other Spanish culture or origin, reg	ardless of race.)
O Yes		
O No		
Question 2		
Please select the racial category or categories with which you most closely identify	/. Check as many as apply.	Explain
American Indian/Alaska Native No		
Asian No		
Black or African American No		
Native Hawailan/Pacific Island No		
White No		
Clanatura		

New Hire Forms: SF-144, Statement of Prior Federal Service

Please fill out all fields highlighted in yellow.

to Onboarding Forms			
Prior Federal Service			
Section 6303 of 5 U.S.C. "Annual Leave Accrual," authorizes collection of ini data to determine and record service that may be creditable for reduction-in- information you furnish may be disclosed to other Federal agencies or Congr national, state, orlocal aw enforcement agency where there is indication of a information is voluntary, however, failure to do so may result in your not recei	ormation to determine and record service that may be creditat orce retention purposes. Information about prior Federal civili essional or Judicial Offices in order to verify it or in connection violation or potential violation of civil or criminal law or regular ving credit for prior Federal service.	le for accrual of annual leave Part 351 503, 5 C.F.R., "Length of Service," authoriz n and military service is collected and maintained in your Official Personnel Folder with your application for a job, license, grant, or other benefit. It may also be disclo on, or to another Federal agency or court when the Government is party to a suit.	tes collection of (OPF) The ised to a Furnishing this
If you have prior federal service, attach SF-50 and last E/Lin the Additional At	tachments section.		
Personal Information			
Name (Last, First, Middle Initial) Young, Jaycob, R	SSN XXX-XX-0117	Date of Birth 01/10/1994	
No Do you claim any type of veterans' preference which has not been verifi No	ed?		
Warning: Any submission may be investigated. Intentional false statements,	wiliful concealments, or using documents you know are false,	ctitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C.1001).	
CERTIFICATION The prior Federal civilian and uniformed service listed on n	ny application/resume and listed above constitutes my entire n	cord of Federal employment, I have no other Federal service for which I want to cl	aim credit
Signature			

New Hire Forms: FD-173, Information Concerning Last Federal Employment

Please fill out all fields highlighted in yellow if "Yes" is selected for the first question.

Information Concerning Last Federa	Il Employment (Other Than Naval or Military)
Yes Do you have prior service in the F	ederal Government or the Government of the District of Columbia?
Personal Information	
Your Official Bureau Name Haves, Levia, I	
Agency by which last Employed & Complete	Mailing Address
Agency Name	
Agency Mailing Address	
Street Address	
City	
State	
Zip Code	
Date Appointed	
Date Separated	3
Ware deductions taken from your palace for	(Chark one)
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Social Security	
Statement Concerning Enrollment Under the	Federal Employees' Health Benefits Program
If you entered on duty in the Bureau from your pre-	vious employment, without a break in service of more than 3 calendar days your enrollment (whether you enrolled in a plan or elected not to enrol
I hereby certify that I was enrolled in the	Health Benefit Plan
Option, Enrollment Code #	at the other government agency. My copy of SF-2810, "Notice of Change in Health Envolment" executed by the other
government agency	
 is attached is not attached 	
I elected not to enroll in a health benefit plan at	t the other government agency
I was not eligible to enroll in a health benefit plant	an at the other government agency as I had a temporary appointment limited to a year or less
And and a first state of the st	
If your last period of Federal employee If your last period of Federal employment ended Form" (SF-2817) Your insurance status in your FB only if your previous employment ended after April	S or oup Life imputation INTERR April 1 1981 your Official Personnel Folder, which Bureau will secure from the other agency should contain a "Life insurance Election It employment will be in accordance with this pervious election or declination of coverage. Therefore, check the following block(s) applicable to you 1, 1981.
I hereby certify that I have the following the second s	ng coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment.
Besic Only	Basic Lilo Plut Following Option(s)
	Option & Standard
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I hereby certify that I waved coverage	e under the Federal Employees' Group Life Insurance Program in connection with my former employment
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 I hereby certify that I waived coverage I hereby certify that one yeer has all physical examination must be taken of your Official Personnel Folder from 2. If your last period of Federal Employment endec 3. If you are insured and now desire to change or of wish to ration 	e under the Faderal Employees' Group Life Insurance Program in connection with my former employment. Sed since the date of waiver and i nov desire life insurance Program in sconection with my former employment. Sed since the date of waiver and i nov desire life insurance coverage. I am under 50 years of age and understand a at my personal expense. (If this block is executed you will be furmance an SF 2022. Request for insurance' uson receipt i your list employing agency and waitefaction of your allegable life historiance coverage. IPRIOR to April 1, 1981, you will not have a Life insurance Election Form (SE 2817) on file and you are not required to execute one anonce any or your insurance coverages, you are required to complete an SF 2817 and sign under the appropriate block for the coverage(s) you
I hereby certify that I waved coverage hereby certify that I waved coverage by the set of the set	Ciption B - Standard Dytor B - Additional Number S Multiples Ciption D - Haminy e under the Federal Employees' Group Life Insurance Program in connection with my former employment. psets since the data of waver and i now desre tife insurance coverage (am under 50 years of age and understand a at my personal exponse. (If this block is executed you whave insurance coverage) if will be functioned a transmission of your inighting to function with my former employment. is the moleying ageing and waitfication of your inighting to function of a 200 million of the appropriate block for the coverage(s) you is temploying ageing, and waitfication of your inighting to face complete an SF 2817 and sign under the appropriate block for the coverage(s) you insurance and 60 days have not elapsed since your marriage or acquisition of a child, you are elaptible to apply for the Option C - Family
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New Hire Forms: I-9, Employment Eligibility Verification

I-9 Acceptable forms of Identification:

- All documents must be unexpired.
- Upload a copy of each supporting document in the additional Attachments section.
 - List A: If you choose List A you only need the one document
 - Valid U.S. Passport (cannot be expired)
 - List B: If you choose List B you must also have an item from List C
 - Driver's License
 - Military ID Card
 - School ID Card
 - List C
 - Social Security Card
 - Birth Certificate

8	Employment I Department U.S. Citizenship	Eligibility Verification of Homeland Security and Immigration Services	USCIS Form 1-9 OMB No. 1615-0047 Expires 0731-2026	947 26	
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New Hire Forms: TSP-1 Election Form (not required for Intern Applicants

Please fill out all fields highlighted in yellow.

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2020			
Thrift Saving Plan			
Use this form to start, stop, or	change the amount of contributions to the Thrift	Savings Plan (TSP)	
Personal Information			
First Name Cash	M	ddle Name E	Last Name Brown
SSN XXX-XX-1235	Ph	none Number 8005551212	Address 1200119 FIRST ST ALBANY, LA 01238
Offlice DOJ - Federal Bure	au of Investigation		
II. CHOOSE THE AMOUNT			
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Onboarding New Employees' Payroll FD-1203 Previous Agency Information | 14 & Benefits Documents Guide New Hire Forms: FD-1203 Previous Agency Information Please fill out all fields highlighted in yellow if "Yes" is selected for the first question. **Previous Agency Information** Back to Onboarding Forms **Previous Agency Information** The information provided below will be used to contact your previous government agency. By providing this contact information, it will expedite the process of transferring leave balances and verifying all previous government service Personal Information Name (Last, First, Middle) Hayes, Leyla, I SSN XXX-XX-9517 Yes Do you have prior government agency information? Previous Agency Name Agency Address Human Resources Information Human Resources (HR) Contact Phone Number Fax Number Non-HR Information Non-HR Contact Phone Number Signature

New Hire Forms: Benefits Forms

What you will need:

ALL FORMS ARE REQUIRED UNLESS NOTED "IF APPLICABLE"

- Benefits Forms
 - SF-2809, Health Benefits Election Form
 - SF-2817, FEGLI Life Insurance Election Form
 - SF-1152, Unpaid Compensation Designation of Beneficiary
 - SF-942, Statement of Military Reserve Obligations (if applicable)
 - SF-3102, FERS Designation of Beneficiary
 - SF-2823, FEGLI Designation of Beneficiary
 - SAMBA Benevolent Fund (Online Enrollment)
- Please use the link below to the OPM's website to review important health care. plan information
- <u>https://www.opm.gov/healthcare-</u> insurance/healthcare/planinformation/guides/#urlGuides-Overview



New Hire Forms: SF-2809 FEHB – Health Insurance Form

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Onboarding New Employees' Payroll & Benefits Documents Guide SF-2809 FEHB Heath Insurance Form | 17

New Hire Forms: SF-2809 FEHB – Health Insurance Form (Part 2)

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New Hire Forms: SF-2817 FEGLI – Life Insurance Form

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New Hire Forms: SF-1152 Unpaid Compensation Beneficiary Form

Li	Designation of B npaid Compensation of Dece	eneficiary wased Civilian Employe	NC Read a Mang a	et. L'estructions before this form	shou	and complete th
A. Identification					man	datory
Name (Law Inst Install) Date of birth (mm. dd. yvm) Social Security Number					hiah	lighted areas
And a second or source in a sink ownership wanted	and in these descent of a second				ingi	
Department or agency in which presency employ	per la rener agarette a agency.	Chamaran	Distantion (City states or	d 20 cont	whe	re applicable.
					-	
I, the employee named aboves designate the beneficiary or ben I understand that this Designatio way will affect the disposition of applicable to my Government se until (1) I expressly change or re department or agency of the Gov	e. canceling any and all previous eficiaries named below to receiv nof Beneficiary relates solely to any benefit which may become rvice. I further understand that to ooke it in writing. (2) I transfer to vernment.	us Designations of Benef ve any unpaid compens o money due as defined i payable under the Refit this Designation of Benef o another agency, or (3) I	Iclary heretofore made aution due and payable n 5 U.S.C. 5581, 5582, 5 ement or Group Life Ins ficiary will remain in full am reemployed by the s	by me, do now after my death. (853, and in no urance Acts lorce and effect ame or another	A wi ELIG payı	itness IS NOT IBLE to receive nent as a
B. Information Concerning The	Beneficiaries (See Example	les of Designations):			bene	eficiarv.
First name, middle initial, and last name of each beneficiary	Address (Includies)	ing ZIP code) of nehrains	Relationship	Share to be paid to each beneficiary	•••••	,,
-			1			
					Perc tota	entages must l 100%.
Date of designation time, all your	The signature				Perc tota	entages must l 100%.
Date of designation (rms, did, yyg)	The spatie			Total = 100 %	Perc tota	entages must l 100%. ounts must be i
Date of designation (rm, did. 2000) C. Witnesses (A witness is not	Visr spature	it as a beneficiary):		Total = 100 %	Perc tota	entages must l 100%. ounts must be i le numbers
Cite of designation (rmr. dd. yygy) C. Witnesses (A witness is not We, the undersigned, certify that this	Voz spotze eligible to receive paymen statement was signed in our pre	t as a beneficiary):		Total = 100 %	Perc tota	entages must l 100%. ounts must be i le numbers
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New Hire Forms: FD-942, Statement of Military Reserve Obligations, If Applicable

STATEMENT OF MILITARY RESERVE OBLIGATIONS	
Nease provide the requested information below. If your Uniform Status changes, an updated form should be submitted. Submit the completed form to be Human Resources Division, Employee Services Section, Benefits Unit, Ann. Military Program Manager.	
Name (First, Módde, Last)	Office of
Social Security Number Office of Assignment	Assignment: Office
CRECK appropriate box below for Uniform Status.	you are working in.
6 Retired Military – Regular and Reserve National Ouard 7 Retired Military – Non-Regular and Reserve National Quard	
S Retired Military and D.C. National Guard S.D.C. National Quard S.D.C. National Quard	Check the applicable
** A propried date must be prepried when Uniform Nation is under 4 or 5.	
I me not presently a member of the Zeserves (in any status) or National Outrol	box(es).
I am presently serving on Active Duty in the Anneel Forces and will have a Reserve obligation upon my release from Active Duty. Rank Pay Orade Uniformed Service Military Department in which presently serving	
Im presently in the Ready Reserve (sociales belowed Wavers) and affiliated with the following Military Reserve or National Outed unit Ready Pay Orade Pail Unit Designation	
Commanding Officer	
Unit Contact Telephone Number	
I am presently a member of the Individual Randy Reserve (mex) and an NOT affiliated with a Reserve or National Quart Unit. Rank Pay Orade Unifermed Service, Military Department	
Leg., Verig., Verig., de Farez, Statistic regis, Creat Ouarie, Inscrite National Laure, Falser, Marine Network Laure Presently assigned to the Standby Reserve (includes Active) and Inscrite Values Rank Pay Oracle Unificated Services, Multitudy Department of your Reserve Unit Leg., Army, Norp., Nationac, Marine Carpo, Count Guard, Public Haulth Nationary	
I am presently assigned to the Retired Reserve Rank Pay Orade Uniformed Service, Milinary Department of your Reserve Unit (e.g., Amy, Nacy, Ar Evric, Mathie Corp., Cross Cased, Public Hadit, Service)	

New Hire Forms: SF-3102 FERS Designation of Beneficiary Form

Date of bith (remiduly/yy)	Social Security N		mandatory
Date of bith (minidal)yyy)	Social Security N		inditudiory
		unber	highlighted areas
apploant for informent in the Mure	igible If you are retired r	give your claim number	where applicable.
r former department or agency):			
Design	Location (City, so	im and ZP code)	
			A witness IS NOT
tericary of Poneticiaritis 1 direct, status and the may become payable (FERS) after my death, come payable bised on at System (CSRS) before triggation of besteficiary is thempficiary, and that it receive payment of my	reuse indicated techni, the share of any beneficie squalefield for any other re- ed beneficiaries, or entirely re-alive and eligible to r becomes psysble, this d according to the order of p	that it moves than one around a supercontent anone, shall be distributed by to the survivors. If none receive payment when a congestion is void, and recordence wit by law.	ELIGIBLE to receive payment as a beneficiary.
aries (See Examples of Designations):			
Address (Including 2P code) of each beneficiary 0	Relationship to you O	Share to be paid to each beneficiary	
			Percentages must total 100%.
nyatus		Total = 100%	
receive payment as a beneficiary):			Amounts must be in
was signed in our presence.			
na incluting 2P codel			whole numbers
eas (including ZIP code)			(thinds founths at
	Address (rectory 2P code) approximation of beenfoliary in summer, or the mark to be the beenfoliary in summer with the mark to be the beenfoliary in summer with the mark to be the beenfoliary in summer with the mark to be the beenfoliary in summer with the mark to be the beenfoliary in summer with the mark to be the beenfoliary in the beenfoliary of the beenfoliary in the beenfoliary of the beenfoliary in t		

New Hire Forms: SF-2823 FEGLI Designation of Beneficiary Form

Please fill out all fields highlighted in yellow and any other pertinent information**. <u>If you</u>** are WAIVING FEGLI, you do not need to complete this form.

Name of Issared (Lari, first, middle)		re is one) (type or print)	and of the Contra surgering the	- turn	mandatory
		Date of both of Issand (non-idd)	Social Security Number of Insured		mandatory
					highlighted areas
The Issued is Flace as '2 a refe appropriate as '2 a refe a refe a con	poyee we pensationer	CSI, or UNCP claim number	releval Toppleyees' Compensation, give CS		where applicable.
Department or agency Department or agency	the off retired, last department or a	procy where the Inserval worked): Barrase or division	Anothing State and and Alf code		A witness IS NOT
B. Information About the Benel	iciary or Beneficiaries (See	Back of Part 1 for examples) (typ	e or print)		A WILLIESS IS NOT
First same, mobile initial, and last same	of Social Security Sumber	Address (Including ZIP code)	Relationship Present or Its	a time	ELIGIBLE to receive
cash tehelicary				-	pavment as a
				-	bonoficiary
					beneficiary.
		-			
		-		-	Percentages must
					total 100%
Teta (Do	(Must equal 100% or 1.8) (De not put a Total if you designated	not use dollar amounts) types of insurance. See example 4 on 8	as stPart 1)	100%	
C. Statement of Insured or Ass	ignee (type or print)				A
Vise name and address (Including 207 code	-	Piesse check one 1 am	Picew check all three		Amounts must be tr
1		The insured	I have not assigned the insurance		whole numbers
		an Assignee	Two people who witnessed my signature signed below.	-	(thirds fourths etc
		See Back of Part 2 for definitions	I did not name either witness as a beneficiary	_	
I understand that if there is a valid assign right to designate a beneficiary. If a valid valid court order on file with the agency o Management, or appropriate, say design out valid.	ment on file, only the assigner has assignment is not on file, but ther is the U.S. Office of Personnel ation I complete for the same beau	the Lunderstand that if this Designation vis a Foleral Employees' Group Life h serit most recent valid designation dits is arder listed on the Back of Part 2	an is invalid for any reason, the Office of meranes will pay benefits according to th , if there isn't one, it will pay according t		are not permittea).
	and the second sec	I am canceling any and all previo Federal Employees' Group Life b	n Designations of Resoficiary under the marance Program and an new designation	a the	