




WELCOME



Desert Mountain Civilian Personnel Advisory Center (CPAC)

In-Processing Briefing

Agenda

- **Introductions**
- **Administering of the Oath of Office**
- **In-Processing Documents**
- **Leave**
- **Benefits**



I, STATE YOUR NAME, do solemnly swear, that I will support and defend, the Constitution of the United States, against all enemies, foreign and domestic; that I will bear true faith, and allegiance to the same; that I take this obligation freely, without any mental reservation, or purpose of evasion; and that I will well and faithfully, discharge the duties of the office, on which I am about to enter. So help me God.

SF-61 Appointment Affidavit

- Please Stand
- Raise Your Right Hand and Repeat After Me
- SF 61 will be assigned after in-processing to complete in USA Staffing

APPOINTMENT AFFIDAVITS

(Position to which Appointed)

(Date Appointed)

(Department or Agency)

(Bureau or Division)

(Place of Employment)

I, _____, do solemnly swear (or affirm) that--

A. OATH OF OFFICE
I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT
I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Sign Here → _____
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this ____ day of _____, 2____

at _____ (City) _____ (State)

(SEAL) _____
(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown) _____
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

U.S. Office of Personnel Management
The Guide to Processing Personnel Actions

Standard Form 61
Revised August 2002
NSN 7540-00-534-4015
Previous editions not usable

I-9 Employment Eligibility Verification

Your original citizenship documentation was presented upon entrance today

You have completed Form I-9 electronically in USA Staffing

Sign Here

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services (USCIS)

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2012

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of work for pay, but not before accepting a job offer.)

Print Name: Family Name (Last Name)		Given Name (First Name)		Middle Initial	Maiden Name, if applicable
Address - Street Number and Name		Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address (optional)		Telephone Number (optional)	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien Registration Number/USCIS-Number) ▶ []
- An alien authorized to work until (expiration date, if applicable, month/day/year) []. Some aliens may write "N/A" on this line. See instructions.

For aliens authorized to work, list your Alien Registration Number / USCIS-Number or Form I-94 Admission Number:

1. Alien Registration Number / USCIS-Number: []
2. Form I-94 Admission Number: []

If you received your Form I-94 when traveling to the United States, include the following:

Foreign Passport Number: []

Country of Issuance: []

Some aliens may write "N/A" on the foreign passport number and country of issuance lines. See instructions.

Signature of Employee: [] Date (mm/dd/yyyy): []

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer/Translator:		Date (mm/dd/yyyy):	
Print Family Name of Preparer (Last Name)		Given Name (First Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

3-D Barcode

Form I-9 03/08/12 N Go to Next page ▶ Page 7 of 9

OF-306 Declaration for Federal Employment

Declaration for Federal Employment*
(This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "initial only." If you do not have a middle name, indicate "No Middle Name." If you are a "Jr.", "Sr.", etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER** 3a. **PLACE OF BIRTH** (include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**
 YES NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (include area codes)
 Day
 Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 5328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

7c. If "NO" describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO
 If you answered "YES," list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you discharged from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, repayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

U.S. Office of Personnel Management
Standard Form 306 (October 2011)
 Previous editions obsolete and unusable

Declaration for Federal Employment*
(This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepfather, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 16c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____

17b. Appointee's Signature: _____ Date _____

Appointing Officer:
 Enter Date of Appointment or Conversion
 MM / DD / YYYY

18. **Appointee** (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your first appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ DATE MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18b is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

U.S. Office of Personnel Management
Standard Form 306 (October 2011)
 Previous editions obsolete and unusable

Block 17a has been completed in USA Staffing

Block 17b will be assigned in USA Staffing for you to complete by the end of the day

Information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____
 (Sign in ink)

Date _____

17b. Appointee's Signature: _____
 (Sign in ink)

Date _____

Appointing Officer:
 Enter Date of Appointment or Conversion
 MM / DD / YYYY

Sign Here

PAY PERIOD			
STARTS	ENDS	PAYDATES	HOLIDAYS
19-Dec-2021	1-Jan-2022	13-Jan-2022	New Year's Day (Obsv.) 12/31/2021
2-Jan-2022	15-Jan-2022	27-Jan-2022	
16-Jan-2022	29-Jan-2022	10-Feb-2022	Martin Luther King 01/17/2022
30-Jan-2022	12-Feb-2022	24-Feb-2022	
13-Feb-2022	26-Feb-2022	10-Mar-2022	Presidents' Day 02/21/2022
27-Feb-2022	12-Mar-2022	24-Mar-2022	
13-Mar-2022	26-Mar-2022	7-Apr-2022	
27-Mar-2022	9-Apr-2022	21-Apr-2022	
10-Apr-2022	23-Apr-2022	5-May-2022	
24-Apr-2022	7-May-2022	19-May-2022	
8-May-2022	21-May-2022	2-Jun-2022	
22-May-2022	4-Jun-2022	16-Jun-2022	Memorial Day 05/30/2022
5-Jun-2022	18-Jun-2022	30-Jun-2022	
19-Jun-2022	2-Jul-2022	14-Jul-2022	Juneteenth (Obsv.) 6/20/2022
3-Jul-2022	16-Jul-2022	28-Jul-2022	Independence Day 07/04/2022
17-Jul-2022	30-Jul-2022	11-Aug-2022	
31-Jul-2022	13-Aug-2022	25-Aug-2022	
14-Aug-2022	27-Aug-2022	8-Sep-2022	
28-Aug-2022	10-Sep-2022	22-Sep-2022	Labor Day 09/05/2022
11-Sep-2022	24-Sep-2022	6-Oct-2022	
25-Sep-2022	8-Oct-2022	20-Oct-2022	
9-Oct-2022	22-Oct-2022	3-Nov-2022	Columbus Day 10/10/2022
23-Oct-2022	5-Nov-2022	17-Nov-2022	
6-Nov-2022	19-Nov-2022	1-Dec-2022	Veteran's Day 11/11/2022
20-Nov-2022	3-Dec-2022	15-Dec-2022	Thanksgiving Day 11/24/2022
4-Dec-2022	17-Dec-2022	29-Dec-2022	
18-Dec-2022	31-Dec-2022	12-Jan-2023	Christmas Day (Obsv.) 12/26/2022

Pay Periods start on a Sunday and end on a Saturday - two weeks later



Sick & Annual Leave

- ▶ There are 26 pay periods in a leave year
- ▶ All employees accrue (earn) 4 hours of sick leave per pay period. The accrual rate will not change
- ▶ Full-time employees accrue annual leave at the following rate:
 - ▶ Up to 3 years of service 4 hours per pay period 6 h
 - ▶ 3-15 years of service 6 hours per pay period
 - ▶ After 15 years of service 8 hours per pay period
- ▶ Part-time employees accrue annual and sick leave on a pro-rated basis
- ▶ Maximum Annual Leave Carryover per year is 240 hours



Special Leave Categories

- ▶ **Disabled Veteran's Leave (DVL)**
 - ▶ Only for NEW employees hired after 5 November 2016 who are at least 30% Disabled Veterans
 - ▶ Provides for 104 hours of leave in a 12 month period
 - ▶ One-time benefit
 - ▶ ONLY for appointments in relation to the Service Connected Disability
 - ▶ If you have additional questions, contact your CIV-HR
- ▶ **Military Leave for Reservists and National Guard**
 - ▶ Military Leave under 5 USC (a), Active Duty, Active Duty for Training, and Inactive Duty Training
 - ▶ 15 days Per Fiscal Year
 - ▶ Must complete Military Status Questionnaire to be eligible (Contact your Supervisor for further assistance)



Within-Grade Increase (WIGI)

Waiting periods for advancement to the next higher step in all grades is as follows:

For full-time permanent General Schedule (GS) employees:

- For advancement to steps 2,3, and 4 – 52 calendar weeks
- For advancement to steps 5,6, and 7 – 104 calendar weeks
- For advancement to steps 8,9, and 10 - 156 calendar weeks

For full-time Wage Grade (WG/WS) employees permanent or temporary:

- ⌚ For advancement to steps 2 - 26 calendar weeks
- ⌚ For advancement to steps 3 - 78 calendar weeks
- ⌚ For advancement to steps 4 - 104 calendar weeks
- ⌚ For advancement to steps 5 - 104 calendar weeks

All Within-Grade Increase shall be effective on the first day of the first pay period following completion of the required waiting period.

Personnel actions affecting WIGIs are generated automatically unless the supervisor has identified a performance problem with the employee, in which case it may be postponed or withheld.



Probation

Reference NDAA FY 2016

- ▶ **An employee must serve a probationary or trial period during the two years of his/her first permanent Federal appointment**
- ▶ **An employee Supervisor must serve a one year probationary period before initial assignment**

(applies when employee is assigned to their first supervisory or managerial position)



Common Access Card (CAC)

- ▶ You must be in DEERS as a DA Civilian and the SF 50 must have already processed to obtain a CAC
 - ▶ It could take up to 7-10 business days to process
- ▶ How to obtain CAC:
 - ▶ Garrison/Tenant Organizations
 - ▶ Building 505 Pershing Rd (Next to Vehicle Registration)
 - ▶ Hours of Operation 0700-1600
 - ▶ Appointments - <https://rapids-appointments.dmdc.osd.mil>
 - ▶ If you do not have Internet access you may call (915) 569-6036
 - ▶ WBAMC employees
 - ▶ See WBAMC CIV-HR
 - ▶ WSMR CAC Office
 - ▶ Hours of operation - Mon, Tues, Wed, Thurs 0800-1130 & 1230-1600
Fri, 0800-1130
 - ▶ 575-678-5739/5811



Permanent Employee Benefits

- Contact the Army Benefits Center-Civilian (ABC-C) <https://portal.chra.army.mil/abc> or call (877) 276-9287
- Employees must manage their own benefits and conduct most benefit transactions (enrollments and changes) through ABC-C, located at Fort Riley, Kansas
- You must enroll for benefits through ABC-C. It will take approximately 2 weeks for you to appear in the automated system to be able to enroll.
 - Federal Employees Health Benefits (FEHB)
 - Federal Employees' Group Life Insurance (FGLI)
 - Thrift Savings Plan (TSP)
 - Retirement (FERS & CSRS)



Government & Retirement Benefits (GRB) Platform

- Administered through ABC-C
- Available 24 hours a day
- Create and process electronic benefit elections
- Requires use of Common Access Card (CAC) authentication
- Allows you to print pending benefits transactions
- Visit <https://portal.chra.army.mil/abc> to enroll



Federal Employee Health Benefits (FEHB)

- As a new employee, you must make an election within **60** days of your 1st eligibility date or Entrance on Duty date
- You may make changes outside the 60 day window with a Qualifying Life Event (QLE) or during the annual Open Season
- Open Season begins the 2nd Monday in November and runs through the 2nd Monday in December effective on the 1st full pay period in January
- Visit <http://www.opm.gov/insure/health/> to research available health plans



FEHB (continued)

- **There are many plans available, including nationwide plans**
- **It is your responsibility to research the available plans and ensure that the plan you select covers your area**
- **Normally, the effective date will be the first day of the next pay period after the election is made**
- **Notify ABC-C immediately if your FEHB information is not correct on your Leave and Earnings Statement (LES)**
- **It will take 2-4 weeks from your effective date for the carrier to enter you in their system. You will need follow up with the carrier to receive your enrollments cards**




Federal Employee Group Life Insurance (FEGLI)

- Automatically enrolled in Basic coverage unless you waive it
- Coverage is equal to annual salary rounded to the next higher \$1,000 plus an additional \$2,000
- Example: $\$53,433 = \$54,000 + \$2,000 = \$56,000$
- Adding additional coverage must be done within **60** days of Entry on Duty date
- Waiving coverage can be done at any time



Optional Life Insurance

- Option A: \$10,000
- Option B: Provides an amount 1-5 multiples of your annual salary rounded to the next higher \$1,000
- Option C: Provides coverage for your spouse and eligible children equal to 1-5 multiples; \$5,000 per multiple for your spouse and \$2,500 per multiple for your eligible children
- Adding Optional coverage after the 60 day window can be done if: you have a Qualifying Life Event, during Open Season (EXTREMELY RARE), or after 1 year by completing a medical exam, applying to and receiving approval from OFGLI with an SF 2822
- Visit www.opm.gov/retirement-services/calculators/fegli-calculator/ to calculate desired coverages for life insurance




Flexible Spending Accounts (FSA)

- Allows you to pay for certain health or dependent care expenses with pre-tax dollars
- If you are eligible for FEHB, you are eligible for FSA
- You have **60** days from your 1st eligibility date or Entrance on Duty date to enroll, or you can enroll during the annual Open Season
- You must re-enroll for every calendar year
- Use it or Lose it
- Visit <https://www.fsafeds.com/> for more information




Federal Long Term Care Insurance Program (FLTCIP)

- Provides funds if you can no longer perform everyday tasks for yourself; however, it is not care that is intended to cure; it is ongoing care that may be needed for the rest of your life
- Care can be provided in a variety of settings: your home, a nursing home, hospice care or other assisted living facilities
- You must apply within **60** days of your Entrance on Duty date
- You may apply at anytime with the longer underwriting procedure



Federal Employee Dental and Vision Insurance Program (FEDVIP)

- Stand alone Dental or Vision Insurance - not connected to the Federal Employee Health Benefits (FEHB)
- Competitive premiums
- Pre-tax payroll deduction
- Can enroll in dental, vision, or both
- You must apply within **60** days of your Entrance on Duty date or during the annual Open Season (same as FEHB)
- Visit <https://www.benefeds.com> to enroll

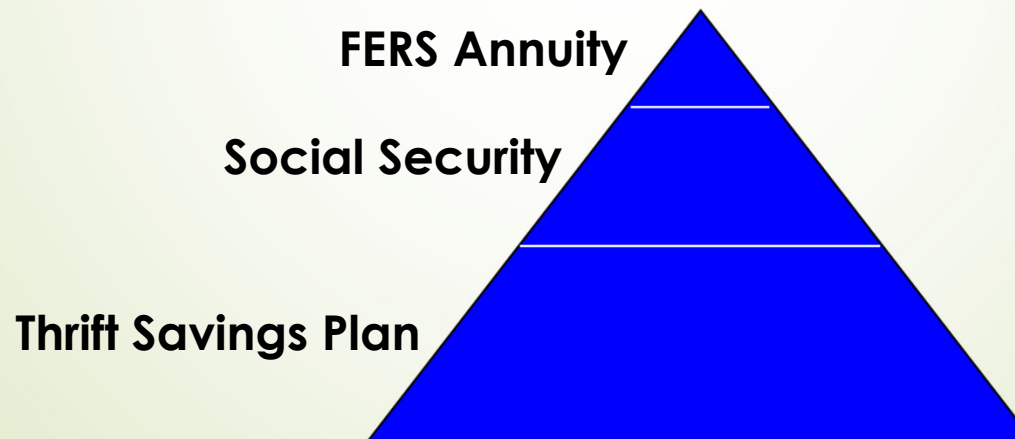


Federal Employee Retirement System (FERS)

- **FERS- Further Revised Annuity Employees (FERS-FRAE). New employees first hired in covered position on/after 1-1-2014. Contribute 4.4% of salary to FERS**
- FERS- Revised Annuity Employees (FERS-RAE). New employees first hired in covered position on 01-01-2013 and prior 1-1-2014. Contribute 3.1% of salary to FERS
- FERS - New employees first hired in covered position on 1-01-1987 and prior 1-1-2013. Contribute 0.8% of salary to FERS

FERS (continued)

- FERS is a 3-tiered Retirement System
- FERS annuity is the smallest component
- Social Security
- TSP will make up the largest portion of your total retirement





Thrift Savings Plan (TSP)

- Tax deferred retirement savings/investment plan
- You must be in a position subject to retirement deductions (FERS, CSRS, or CSRS Offset)
- FERS employees are automatically enrolled in TSP contributing 5% of basic pay
- FERS employees receive Agency Automatic Contributions of 1%
- You may Start, Stop or Change your contribution amount at any time
- Designation of Beneficiary form (TSP 3) can be found at <https://www.tsp.gov/>

TSP Matching Contributions

- As a FERS participant, you will receive agency matching contributions on the first 5% that you contribute per pay period
- The first 3% is matched dollar for dollar
- The next 2% is matched 50 cents for every dollar
- Contribution Limit for 2022 is \$20,500

Agency Contributions to Your Account
(FERS Employees Only)

You put in:	Your agency puts in:		And the total contribution is:
	Automatic (1%) Contribution	Agency Matching Contribution	
0%	1%	0%	1%
1%	1%	1%	3%
2%	1%	2%	5%
3%	1%	3%	7%
4%	1%	3.5%	8.5%
5%	1%	4%	10%
More than 5%	1%	4%	Your contribution + 5%



Post-56 Military Service

- Some new employees may have the ability to “Buy Back” time served in the military and apply it to civilian retirement
- Applies to Military Service on/after 01/01/1957
- Must pay to receive credit for eligibility for Retirement Service Computation Date (RSCD) & Annuity Computation
- Visit ABC-C <https://portal.chra.army.mil/abc> for more information on Military Buyback Post-56 Deposit

Beneficiary Forms

Per the New Hire Reporting Instructions, if you completed Beneficiary Forms in USA Staffing, you should have the forms with you today to turn in. If not, you may download the forms, complete, sign, obtain witness signatures and email the forms back to CPAC to be uploaded into your eOPF.

Forms can be found at:

<https://www.opm.gov/forms/standard-forms/>

Order of Precedence – will be governed by the state in which the individual resides

- Spouse
- Child or children
- Parents
- Next of Kin

**SF-1152

Designation of Beneficiary Unpaid

Compensation of Deceased Civilian Employee (Final Pay)

Designation of Beneficiary
Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filing in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary

Date of designation (mm, dd, yyyy)	Your signature	Total = %
------------------------------------	----------------	-----------

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification
I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return

Date of designation (mm, dd, yyyy)

Your signature

Total = %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

****Optional Form**

Standard Form 1152
Revised September 2011

Sign

**SF-2823

Designation of Beneficiary Federal Employee Group Life Insurance (FEGLI)

FEGLI
Federal Employees
Group Life Insurance

Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136
Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) _____ Date of birth of Insured (mm/dd/yy) _____

The Insured is: an employee a retiree a compensator

If the Insured is retired or receiving
CSL or OWCP claim number: _____

Department or agency where the Insured works (If retired, last department or agency where the Insured worked):
Department or agency _____ Bureau or division _____

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)

C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code) _____

Please check one:
I am: the Insured an Assignee

Please check all three:
 I have not assigned the insurance.
 Two people who witnessed my signature signed below.
 I did not name either witness as a beneficiary.

Check →

Sign →

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) _____ This form is not valid unless the Insured/Assignee signs in this box.

Date (mm/dd/yyyy) _____

C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code) _____

Please check one:
I am: the Insured an Assignee

Please check all three:
 I have not assigned the insurance.
 Two people who witnessed my signature signed below.
 I did not name either witness as a beneficiary.

Sign →

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) _____ This form is not valid unless the Insured/Assignee signs in this box.

Date (mm/dd/yyyy) _____

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness _____ Address (Including ZIP code) _____

Signature of witness _____ Address (Including ZIP code) _____

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency _____ Date of receipt (mm/dd/yyyy) _____ Signature of authorized official _____ Title _____

Part 1 - Original

U.S. Office of Personnel Management
FEGLI Handbook (R176-26)

Previous editions are not usable.

OF 2823
Revised May 2014


****Optional Form**

**SF-3102

Designation of Beneficiary Federal Employee Retirement System (FERS)

FERS Federal Employees Retirement System		Designation of Beneficiary Federal Employees Retirement System		Form Approved OMB No. 5026-0178
A. Identification				
Name (Last, first, middle)		Date of birth (mm/dd/yyyy)		Social Security Number
Place an "X" in the appropriate box: <input type="checkbox"/> An employee <input type="checkbox"/> Retired or an applicant for retirement <input type="checkbox"/> Former employee eligible for retirement in the future				
If you are retired give your claim number				
Department or agency in which presently employed (or former department or agency):				
Department or agency	Bureau	Division	Location (City, state and ZIP code)	
I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death, including lump-sum death benefits which may become payable based on amounts contributed to the Civil Service Retirement System (CSRS) before I became covered by FERS. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my FERS retirement contributions.			I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.	
B. Information Concerning The Beneficiaries (See Examples of Designations):				
First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary	
Date of designation (mm/dd/yyyy)	Your signature	Total = 100%		
C. Witnesses (A witness is not eligible to receive payment as a beneficiary):				
We, the undersigned, certify that this statement was signed in our presence.				
Signature of witness	Address (including ZIP code)			
Signature of witness	Address (including ZIP code)			
Date of designation (mm/dd/yyyy)	Your signature	Total = 100%		
C. Witnesses (A witness is not eligible to receive payment as a beneficiary):				
We, the undersigned, certify that this statement was signed in our presence.				
(Retain until employee leaves Federal service and then send to the Office of Personnel Management [OPM].)				
U.S. Office of Personnel Management 5 CFR 543.205		Part 1 - Original Copy PRINT SAVE CLEAR		Standard Form 3102 Revised February 2012

****Optional Form**



MyPay - Once the SF-50 has processed, you will then have access to the following:

- **W-2**
- **Leave and Earnings Statement (LES)**
- **Address Changes**
- **Direct Deposit Changes**
- **Create Allotments**
- **Check Benefit Elections**
- **You will not have access until first pay period has processed**
- **Visit <https://mypay.dfas.mil> to access MyPay**

Note: It is suggested that once you have logged into MyPay, create a username and password so you will have access other than from your work computer.



MyBiz

- Provides users At-a-Glance employment information
 - Personal
 - Pay Leave Benefits
 - Professional Development
 - Position
 - Performance
- Self Service Employment Verification
- Access to SF-50s
- CAC or username/password enabled
- Visit <https://compo.dcpds.cpms.osd.mil/> to access MyBiz



eOPF - Electronic Official Personnel Folder

- Personal access to personnel documents
- Follows you to other installations
- Only accessible on a government computer with a username and password or CAC enabled
- Visit <https://eopf.opm.gov/army> to access eOPF



Other Documents

You have already completed and signed the Direct Deposit Form and the W4 Form in USA Staffing. These forms will be forwarded to your Payroll Customer Service Representative (CSR)

- Direct Deposit
- W-4

REMINDER: BY THE END OF THE DAY, TODAY, YOU WILL RECEIVE AN EMAIL FROM USA STAFFING TO COMPLETE ALL REMAINING TASKS/FORMS. THEY CAN EITHER BE COMPLETED ON YOUR CELL PHONE OR A HOME COMPUTER. YOU DO NOT NEED A CAC CARD TO COMPLETE THE TASKS. FOLLOW THE NEW HIRE REPORTING INSTRUCTIONS.



**Have a wonderful
day! We wish you the
best in your new
position!**