

**ARMY TO ARMY (CHANGE OF APPOINTING OFFICE,
REASSIGNMENT, PROMOTION, CHANGE TO LOWER GRADE, ETC)**

NAME	TYPE OF APPT
LOCATION	EFFECTIVE DATE

MAIL THE FORMS BELOW TO: SWCPOC; ATTN: B11; 301 Marshall Avenue; Fort Riley, KS 66442-5004.

ABC IVRS*	HEALTH BENEFITS ELECTION – (if applicable) Employee in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or moves or becomes employed further from this area. Transfer from a post of duty outside the United States. Must be completed within 60 days of the effective date
SWCPOC CFD FORM 050	ARMED FORCES RESERVE OR NATIONAL GUARD STATUS
SWCPOC 007	EDUCATION INFORMATION SHEET
SWCPOC 005	CERTIFICATION OF SELECTIVE SERVICE REGISTRATION (MALES DOB AFTER 12/31/59)

FORWARD TO DISTRICT/DIVISION CUSTOMER SERVICE REPRESENTATIVE

SF 1199A	DIRECT DEPOSIT SIGN UP FORM (fwd to CSR)
ENG 3898	REQUEST FOR MAILING (fwd to CSR)
FORM W-4	EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (fwd to CSR)

BENEFITS INFORMATION TO BE RETAINED BY THE EMPLOYEE

ARMY BENEFITS CENTER BROCHURE
RI 70-1 GUIDE TO FEDERAL EMPLOYEES HEALTH BENEFITS

*** TO MAKE HEALTH BENEFITS ELECTION CALL ARMY BENEFITS CENTER (ABC) INTERACTIVE VOICE RESPONSE SYSTEM (IVRS) AT (877) 276-9287, OR GO TO THE ABC WEBSITE AT: [HTTPS://WWW.ABC.ARMY.MIL](https://www.abc.army.mil).**

(NOTE: ALL FORMS LISTED ABOVE HAVE BEEN HYPERLINKED FOR YOUR CONVENIENCE.)

IVRS MENU

Call 1-877-276-9287 (Army Center)									
Press	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">B&E</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Curr Emp</td> </tr> </table>	2	B&E	1	Curr Emp				
2	B&E								
1	Curr Emp								
Enter: SSN & PIN** Enter/Verify Phone #			FEHB	Retirement	TSP				
<p style="text-align: center;">MAIN MENU</p> Press 1 FEHB 2 Retirement 3 TSP 4 FEGLI 5 Benefit News 6 Request Faxed Documents 9 Exit			1 General FEHB 2 Personal FEHB 3 New Employee Coverage 4 Self & Family to Self Only w/o Changing Health Plans 5 Open Season Election 6 Cancel FEHB 7 Non-Open Season Change 8 Faxed Copy of SF 2809 0 Transfer to a Benefits Counselor 9 Return to the Previous Menu	1 General Retirement 2 Personal Retirement Info 3 Retirement Estimate 0 Transfer to a Benefits Counselor 9 Return to the Previous Menu	1 Personal TSP 2 Enroll/change during TSP Open Season 3 New Employee Election 4 Stop Contributions 0 Transfer to a Benefits Counselor 9 Return to the Previous Menu				
			FEGLI						
<p style="color: red; font-weight: bold;">**If this is your first time using the system and you have not created PINs via the web, your PIN will be 4-digits (month/year of your date of birth), i.e., Oct 56 will be 1056.</p>					1 General FEGLI 2 Personal FEGLI 3 Elect New Employee FEGLI 4 Non-Open Season Election/Change/Term 5 Open Season Election 0 Transfer to a Benefits Counselor 9 Return to the Previous Menu				