

## TERM EMPLOYEES (New to Federal Government)

<b>NAME</b>	<b>TYPE OF APPT</b>
<b>LOCATION</b>	<b>EFFECTIVE DATE</b>

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

	<b>SF 61</b>	<b>APPOINTMENT AFFIDAVITS</b> – Must be executed the 1 <sup>st</sup> day the appointee enters on duty.
	<b>OF 306</b>	<b>DECLARATION FOR FEDERAL EMPLOYMENT</b> – Must be executed the 1 <sup>st</sup> day the appointee enters on duty.
	<b>FORM I-9</b>	<b>EMPLOYMENT ELIGIBILITY VERIFICATION</b> – Must be completed within 3 business days of the effective date.
	<b>ABC IVRS*</b>	<b>HEALTH BENEFITS ELECTION</b> – Must be completed within 60 days of the effective date.
	<b>ABC IVRS*</b>	<b>LIFE INSURANCE ELECTION</b> – Must be completed within 31 days of the effective date.
	<b>ABC IVRS*</b>	<b>THRIFT SAVINGS PLAN ELECTION</b> – Must be completed within 60 days of the effective date.
	<b>SF 144</b>	<b>STATEMENT OF PRIOR FEDERAL SERVICE</b>
	<b>SF 181</b>	<b>RACE &amp; NATIONAL ORIGIN IDENTIFICATION</b>
	<b>SF 256</b>	<b>SELF-IDENTIFICATION OF HANDICAP</b>
	<b>SF 813</b>	<b>VERIFICATION OF A MILITARY RETIREE'S SERVICE IN NONWARTIME CAMPAIGNS OR EXPEDITIONS</b> (if applicable)
	<b>SWCPOC 003</b>	<b>CONDITIONS OF EMPLOYMENT FOR TERM POSITIONS</b>
	<b>SWCPOC 007</b>	<b>EDUCATION INFORMATION SHEET</b>
	<b>SWCPOC 005</b>	<b>CERTIFICATION OF SELECTIVE SERVICE REGISTRATION (MALES DOB AFTER 12/31/59)</b>
	<b>SWCPOC CFD FORM 050</b>	<b>ARMED FORCES RESERVE OR NATIONAL GUARD STATUS</b>

**Send to the District Security Office within 14 days of the effective date.**

	<b>OF 306 (copy)</b>	<b>DECLARATION FOR FEDERAL EMPLOYMENT</b>
	<b>SF 85</b>	<b>QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS .</b>
	<b>SF 87</b>	<b>FINGERPRINT CARD</b>

**FORWARD TO DISTRICT/DIVISION CUSTOMER SERVICE REPRESENTATIVE**

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

**BENEFITS INFORMATION TO BE RETAINED BY THE EMPLOYEE**

- RI 76-21 FEDERAL EMPLOYEES GROUP LIFE INSURANCE
- ARMY BENEFITS CENTER BROCHURE
- RI 70-1 GUIDE TO FEDERAL EMPLOYEES HEALTH BENEFITS
- RI 90-1 FEDERAL EMPLOYEES RETIREMENT SYSTEM
- TSPBK08 THRIFT SAVINGS PLAN FOR FEDERAL EMPLOYEES

**\* TO MAKE LIFE INSURANCE, HEALTH BENEFITS, AND THRIFT SAVINGS PLAN ELECTIONS 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

<b>Call 1-877-276-9287 (Army Center)</b>									
<b>Press</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">B&amp;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								
<b>Enter: SSN &amp; PIN** Enter/Verify Phone #</b>			<b>FEHB</b>	<b>Retirement</b>	<b>TSP</b>				
<p style="text-align: center;"><b>MAIN MENU</b></p> <b>Press</b> <ul style="list-style-type: none"> <li>1 FEHB</li> <li>2 Retirement</li> <li>3 TSP</li> <li>4 FEGLI</li> <li>5 Benefit News</li> <li>6 Request Faxed Documents</li> <li>9 Exit</li> </ul>			<ul style="list-style-type: none"> <li>1 General FEHB</li> <li>2 Personal FEHB</li> <li>3 New Employee Coverage</li> <li>4 Self &amp; Family to Self Only w/o Changing Health Plans</li> <li>5 Open Season Election</li> <li>6 Cancel FEHB</li> <li>7 Non-Open Season Change</li> <li>8 Faxed Copy of SF 2809</li> <li>0 Transfer to a Benefits Counselor</li> <li>9 Return to the Previous Menu</li> </ul>	<ul style="list-style-type: none"> <li>1 General Retirement</li> <li>2 Personal Retirement Info</li> <li>3 Retirement Estimate</li> <li>0 Transfer to a Benefits Counselor</li> <li>9 Return to the Previous Menu</li> </ul>	<ul style="list-style-type: none"> <li>1 Personal TSP</li> <li>2 Enroll/change during TSP Open Season</li> <li>3 New Employee Election</li> <li>4 Stop Contributions</li> <li>0 Transfer to a Benefits Counselor</li> <li>9 Return to the Previous Menu</li> </ul>				
			<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>			<b>FEGLI</b>			
<ul style="list-style-type: none"> <li>1 General FEGLI</li> <li>2 Personal FEGLI</li> <li>3 Elect New Employee FEGLI</li> <li>4 Non-Open Season Election/Change/Term</li> <li>5 Open Season Election</li> <li>0 Transfer to a Benefits Counselor</li> <li>9 Return to the Previous Menu</li> </ul>									