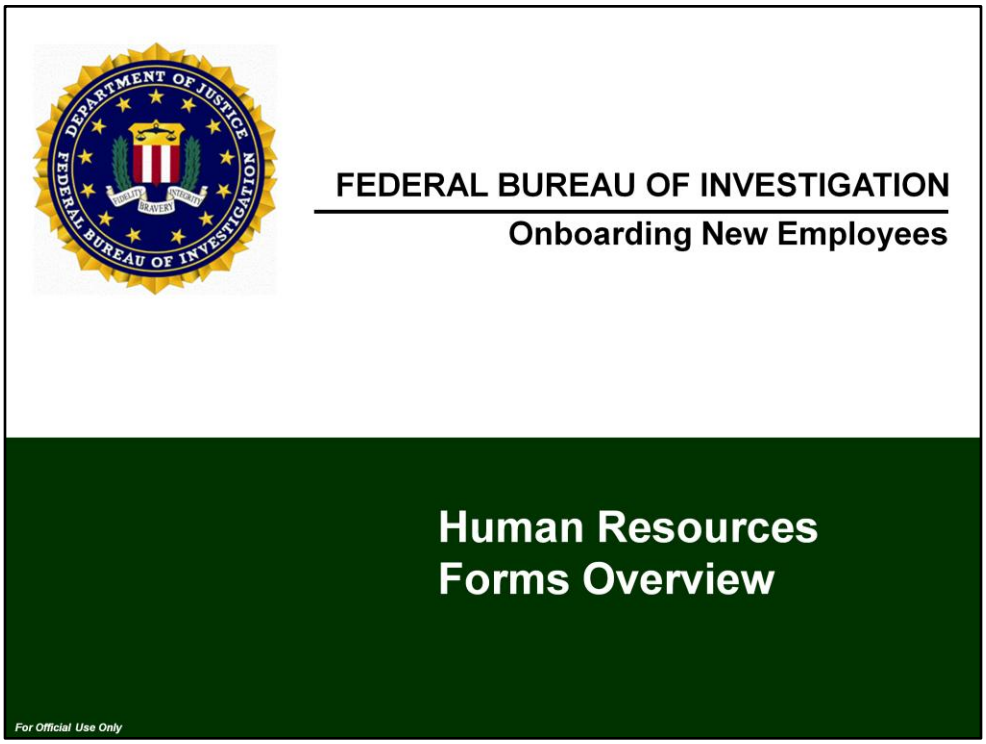


Welcome to the FBI!

This tutorial is designed to assist you with the completion of your Payroll, Benefits, and Retirement forms. This tutorial will be discussing each set of forms in three separate segments.

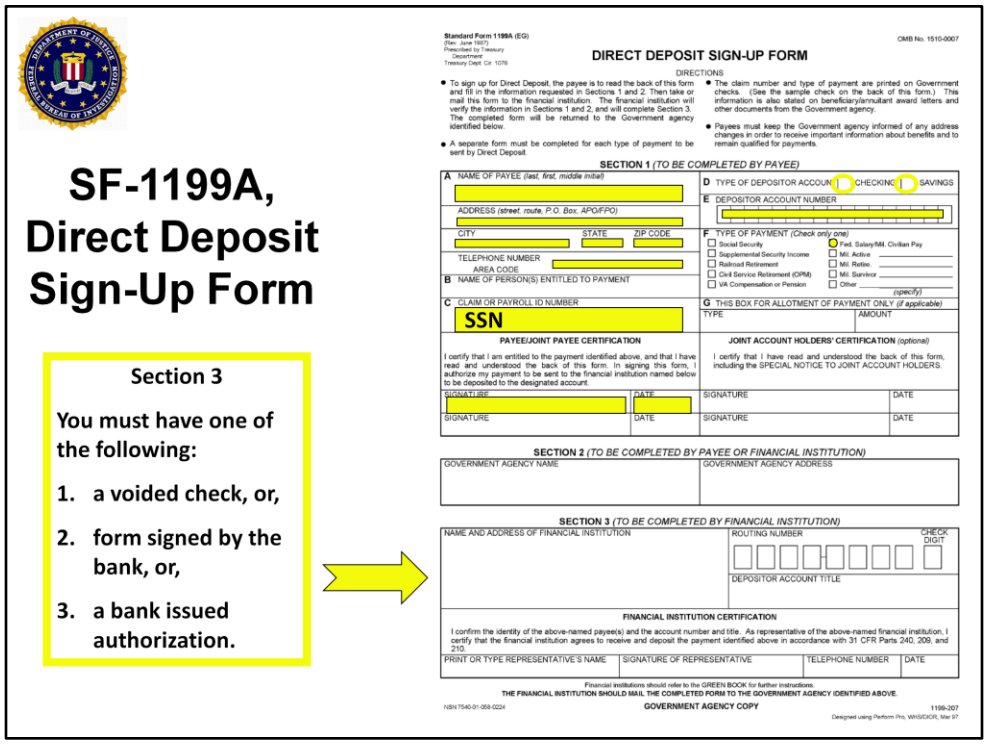
Payroll:
The Payroll forms will be due upon your arrival at your Onboarding session.

Benefits:
Your forms are due within 60 days of your entry on duty (EOD), however, keep in mind that you will not have coverage under the Federal Employee Health Benefits Plan (FEHB) until you have submitted your election form(s).

If you are transferring to the FBI from another government agency, without a break in service, your benefits will remain intact. There will be no need for you to submit benefit election forms for health or life insurance. We recommend that you complete and submit your beneficiary forms as a safeguard, but that is strictly optional.

Retirement:
Your forms can be submitted at any time.

Please note: all of your forms need to be completed with your official bureau name. To find your official bureau name, please look at your appointment letter. Your name as it appears on the appointment letter is your "official bureau name."



SF-1199A, Direct Deposit Sign-Up Form

Section 3

You must have one of the following:

1. **a voided check, or,**
2. **form signed by the bank, or,**
3. **a bank issued authorization.**

Standard Form 1199A (EG)
(Rev. June 1997)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

SSN

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (CPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE DATE

SIGNATURE DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE

SIGNATURE DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME

GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER

CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-068-0224

GOVERNMENT AGENCY COPY

1199-207

Designed using Perform Pro, WHSDIOR, Mar 97

The direct deposit form allows the FBI to deposit your pay directly into the account you designate.

SF-1199A:

Section 1:

A. Name & Address
B. Leave Blank
C. Please write your Social Security Number (SSN)
D. Check the box for checking or savings
E. Account number
F. Check the box for "Fed. Salary/Mil. Civilian Pay"
G. Complete this box if you want to do an allotment. If you want to split your pay into two separate accounts, called an allotment, you will need to complete a separate form for each account and label it as an allotment in section G.
H. Sign & Date the form. If you are using a joint account, only one signature is required.

Section 2:
Leave Section 2 blank

Section 3:
In this section, you will need to provide one of the three options below:

1. Attach a voided check, or
2. Have the form completed and signed by your financial institution, or
3. Attach a direct deposit authorization from your bank's website

You are finished with the SF-1199A, please continue to the next slide.

AD-349 Employee Address Form

FORM AD-349 (REV. 12/93)	U.S. DEPARTMENT OF AGRICULTURE **EMPLOYEE ADDRESS**	AGENCY USE: ACTION CODE / AGENCY / EFFECTIVE DATE

SECTION I

Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents.
NOTE: This form does not change the U.S. Savings Bond address.

1. NAME *(Last, First, Middle)*		2. SOCIAL SECURITY NO.
3. STREET ADDRESS OR P.O. BOX NO P.O. Boxes		4. APT NO.
5. CITY NAME	6. STATE or COUNTRY NAME	7. ZIP CODE
AGENCY USE	CITY CODE / COUNTY CODE / STATE OR COUNTRY CODE	

SECTION II

FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY.
Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.

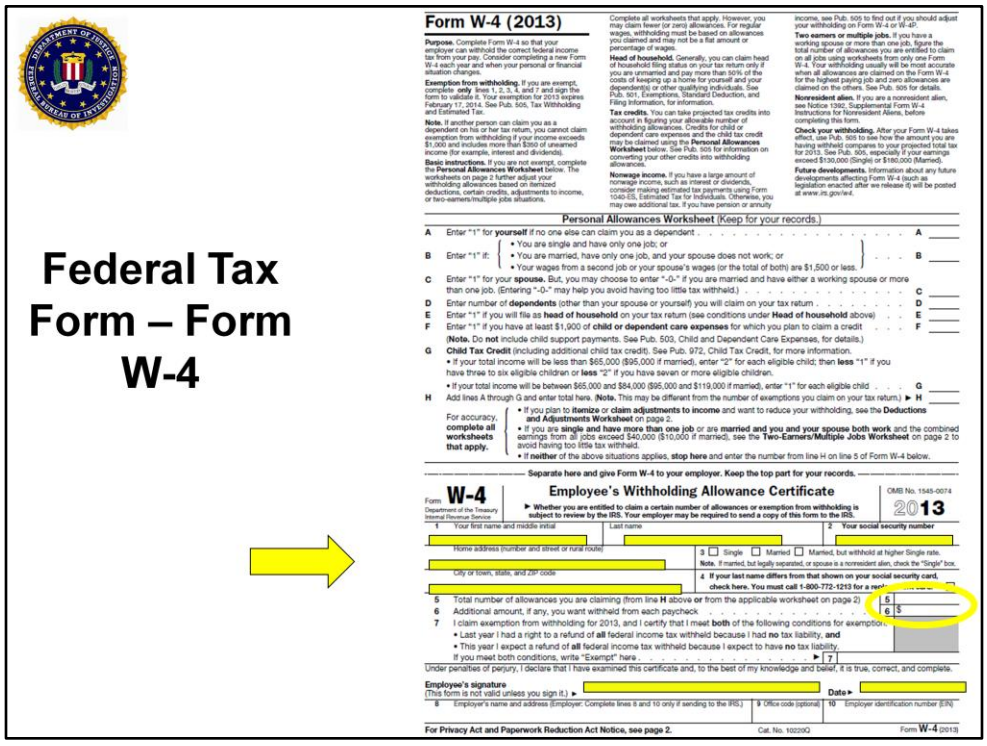
8. STREET ADDRESS or P.O. BOX		9. APT NO.
10. CITY NAME	11. STATE or COUNTRY NAME	12. ZIP CODE
AGENCY USE	CITY CODE / COUNTY CODE / STATE OR COUNTRY CODE	
13. SIGNATURE OF EMPLOYEE		14. DATE SIGNED

Please use your permanent address.

The address form needs to be completed with your permanent address and should match the state in which you plan to claim state income taxes.

If you are in transition (relocating or attending a training program for an extended period of time) we recommend that you use your previous address and update it when you reach your final destination or duty station.

Federal Tax Form – Form W-4



Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . . B ____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . E ____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . F ____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

• If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.

• If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child . . . G ____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ H ____

For accuracy, **complete all worksheets that apply.**

• If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.

• If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074 **2013**

1 Your first name and middle initial | Last name | 2 **Your social security number**

Home address (number and street or rural route) | 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code | 4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a re**

5 Total number of allowances you are claiming (from line **H** above or from the applicable worksheet on page 2) | 5

6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 $

7 I claim exemption from withholding for 2013, and I certify that I meet **both** of the following conditions for exemption.

• Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**

• This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶ | **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2013)

The Federal Tax Form (W-4) needs to contain the number of exemptions you expect to claim. Please read the instructions provided on the W-4 form for completion. If you are unsure how many exceptions you should claim please visit www.irs.gov

Don't forget to complete section 3 and sign above line 8.

State Tax Form – MW507, VA-4, D-4

Government of the District of Columbia

_____ Year

D-4 Employee Withholding Allowance Certificate

Your first name M.I. Last name

Home address (number and street) Apartment number

Social security number

City State Zip code +4

1 Tax filing status (Fill in only one.) Single Married/domestic partners filing jointly Married filing separately Head of household Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below

3 Additional amount, if any, you want withheld from each paycheck

4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box.

I am exempt because last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me, and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me, and I qualify for exempt status on federal Form W-4.

If claiming withholding exemption, are you a full-time student? Yes No

Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.

Employee's signature Date

Employer: Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002–4259 Attn: Compliance Administration

✂ Detach and give the top portion to your employer. Keep the bottom portion for your records.

Government of the District of Columbia

D-4 Employee Withholding Allowance Worksheet

Section A Number of withholding allowances

a Enter 1 for yourself and a

b Enter 1 if you are filing as a head of household and b

c Enter 1 if you are 65 or over and c

d Enter 1 if you are blind d

e Enter number of dependents e

f Enter 1 for your spouse/domestic partner if filing jointly f

g Enter 1 if married/domestic partners filing jointly and your spouse/partner is 65 or over and g

h Enter 1 if married/domestic partners filing jointly and your spouse/partner is blind h

i Number of allowances: Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section B below. i

Section B Additional withholding allowances

j Enter estimate of your itemized deductions j

k Enter $2,000 if married/domestic partners filing separately, all others enter $4,000 k

l Subtract k from j l

m Multiply $1,675 by the number of allowances on Line i m

n Divide l by m. Round to the nearest whole number. n

o Add Lines n and i and enter on Line 2 above. o

D-4 PI

Employee Withholding Allowance Certificate Revised 07/07

FORM MW 507

Employee's Maryland Withholding Exemption Certificate

Print your full name	Your Social Security number
Address (including ZIP code)	County of residence (or Baltimore City)

Withhold at Single Rate ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐

Married, but withhold at Single Rate ☐

1. Total number of exemptions you are claiming not to exceed line f in worksheet below 1. _____
2. Additional withholding per pay period under agreement with employer 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.

☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.

AND

☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This included seasonal and student employees whose annual income will be below the minimum filing requirement).

If both a and b apply, enter year applicable _____(year effective) Enter "EXEMPT" here 3. _____

4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.

☐ District of Columbia ☐ Pennsylvania ☐ Virginia ☐ West Virginia

I further certify that I do not maintain a place of abode in Maryland so described in the instructions on page 2.

Enter "EXEMPT" here 4. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature_____ Date_____

Employer's name and address (including zip code) (For employer use only)	Federal employer identification number

Worksheet and Instructions

Enter on line 1 above, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than $100,000, you must complete the worksheet below, if you are filing single or married filing separately ($150,000, if you are filing jointly or as head of household).

Line 1	
a. Multiply the number of your personal exemptions by the value of each exemption from the table on page 2. (Generally the value of your exemption will be $3275; however, if your federal adjusted gross income is expected to be over $100,000, the value of your exemption may be reduced.) Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse. To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption.	a. _____
b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table on page 2.	b. _____
c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job, or any amounts being claimed by your spouse. NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of $1,500 and a maximum of $2,000.	c. _____

The payroll office requires that you complete your state specific tax form. You can visit http://www.bls/jobs/statetax.htm to retrieve the most current state specific tax form.

FD-291

FBI Employment Agreement

FD-291 (Rev. 7-26-05)

FBI EMPLOYMENT AGREEMENT

As consideration for my employment, or my continued employment, by 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 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 official written authorization by the FBI.

(4) Prior to any disclosure, I will seek a determination whether the information may be disclosed. I agree to be bound by the guidelines governing prepublication review found in the FBI Manual of Administrative Operations and Procedures (MAOP) 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 MAOP or this employment agreement as required by the MAOP at least thirty (30) working days prior to the proposed publication.

(5) I understand that these restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 12958; Section 7211 of Title 5, U.S.C. (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the FBI Whistleblower Protection Act (5 U.S.C. 2303; 28 C.F.R. Part 27) (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential government agents); and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes 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.

(6) 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 irrevocably assign all rights, title, and interests in any such profits to the United States.

(7) 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.

(8) I have read and understand the MAOP prepublication guidelines that are attached.

(9) 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.

_____ _____ (SEAL)
(Printed Name) (Signature)

Witnessed and accepted on behalf of the Director, FBI, on _____, by _____
(Date) (Signature)

Enclosure 67-_____

The FBI Employment Agreement outlines the rules and expectations of you as an FBI employee. Please read this agreement, keep a copy for reference, and bring with you the signature page completed with your official bureau name. Again, your "Official Bureau Name" is your name as it appears on your appointment letter.

Please do not sign the FBI Employment Agreement prior to your arrival. Your signature will be witnessed by an FBI employee when you submit the form at your onboarding seminar.

SF-256, Self-Identification of Disability

Use Code 05 for NO DISABILITY

SELF-IDENTIFICATION OF DISABILITY
(see instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE ——>

Definition:
An individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, 29 U.S.C. 701 et. seq., as amended.

Purpose:
Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Part I. Targeted/Severe Disabilities

Hearing
18 - Total deafness in both ears (with or without understandable speech)

Vision
21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

Missing Extremities
30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)

Partial Paralysis
69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

Complete Paralysis
79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts

Other Impairments
82 - Epilepsy
90 - Severe intellectual disability
91 - Psychiatric disability
92 - Dwarfism

Part II. Other Disabilities

Hearing Conditions
15 - Hearing impairment/hard of hearing

Vision Conditions
22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

Physical Conditions
26 - Missing extremities (one hand or one foot)
40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
41 - Spinal abnormalities (e.g., spina bifida, scoliosis)
44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
51 - HIV Positive/AIDS
52 - Morbid obesity
61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof
70 - Complete paralysis of one hand
80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery
83 - Blood diseases (e.g., sickle cell anemia, hemophilia)
84 - Diabetes
86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)
87 - Kidney dysfunction (e.g., required dialysis)
88 - Cancer (present or past history)
93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
98 - History of alcoholism

Speech/Language/Learning Conditions
13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy
94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)

Other Options
01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)
05 - I do not have a disability.
06 - I have a disability, but it is not listed on this form.

U.S. Office of Personnel Management — Page 1 of 2 — SF 256 Revised July 2010 Previous editions not usable

The SF-256, Self Identification of Disability form, needs to be completed with any applicable disability .

If you do not have a disability, enter the code 05.

SF-181, Ethnicity and Race Identification

U.S. Office of Personnel Management
Guide to Personnel Data Standards

ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless 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, regardless of race.)
❒ Yes ❒ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
❒ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
❒ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
❒ Black or African American	A person having origins in any of the black racial groups of Africa.
❒ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
❒ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

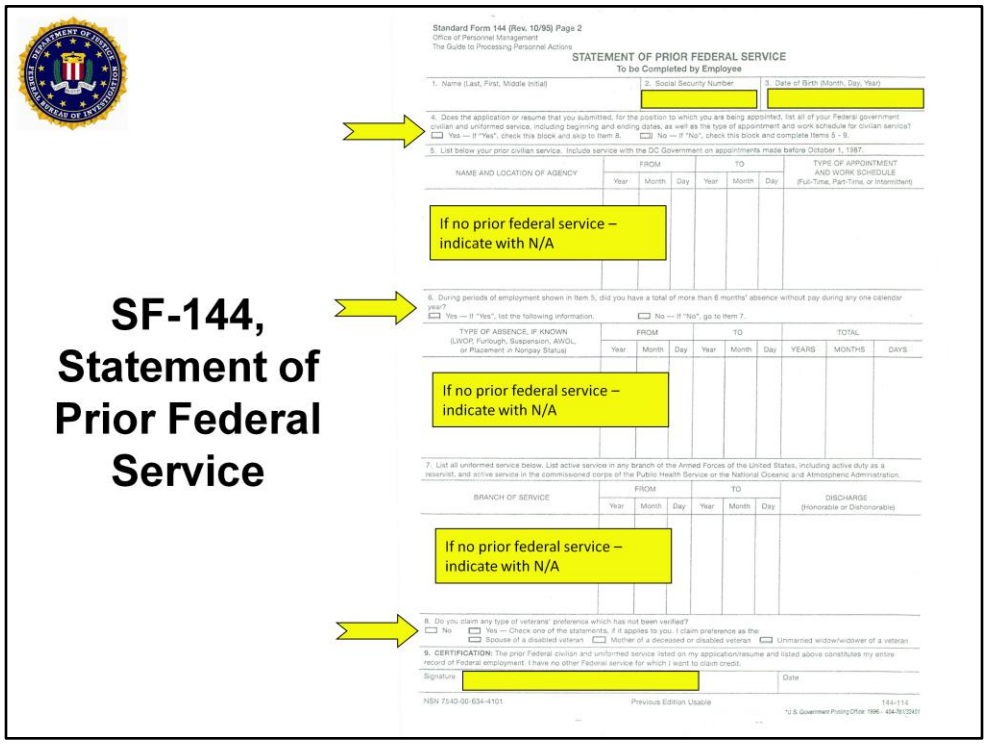
Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

Both questions on the SF-181, Ethnicity and Race Identification Form, must be completed.

More than one option can be chosen for Question #2.



The SF-144 form assists the FBI in giving you credit for any prior federal or military time as long as you are not retired military. Every new FBI employee needs to complete the SF-144.

Are you a new FBI employee and 1). You have no prior federal service and 2). Have no prior military service? Yes or No

If no, please mark 'N/A' anywhere on the form, sign and date. You can move on to the next form.

If yes, you are a new FBI employee with prior federal and/or military service, please read the following directions:

Question #4 asks whether or not you supplied this information in the resume you submitted for this position. Please check the correct answer. If you checked "yes" the directions on the form say to proceed to section 8. Please ignore that direction. Regardless of your answer in question #4, you will need to complete this entire form if you have prior federal and/or military service. Some federal agency's do not require that you complete this form, however, the FBI <u>does</u> require its completion.

Indicate your prior federal service in section 5 and attach an SF-50.

Indicate your prior military time in section 7 and attach the member 4 copy of your DD-214.

Prior Federal or Military Service

Providing the following documents will help expedite the verification of your prior federal/military service

- **DD214 (Member Copy - # 4)**
- **Leave & Earnings Statement**
- **SF-50**
- **SF-75**

If you are a new FBI employee and 1). You have no prior federal service and 2). Have no prior military service, you can move on to the next form.

If you are a new FBI employee with prior federal and/or military service (but not retired military), please read the following information:

You will need the document(s) in the power point to expedite the verification of your prior federal and/or military service. Please bring the documents that pertain to your situation with you to the onboarding seminar. The FBI wants to give you credit for your prior federal and/or military time as it pertains to your leave accruals. The listed documentation assists with the validation process.

Previous Agency Contact Information

PREVIOUS AGENCY INFORMATION

The information provided 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 and military service.

Name: _____

SSN: _____

Previous Agency: _____

Agency Address: _____

_____

Human Resources (HR) Contact: _____

Phone Number: (____) _____

Fax Number (____) _____

Non-HR Contact: _____

Phone Number: (____) _____

Payroll/Personnel Actions Processing Unit (PPAPU)
Human Resources Division, Room 10997
935 Pennsylvania Avenue, NW
Washington, DC 20535

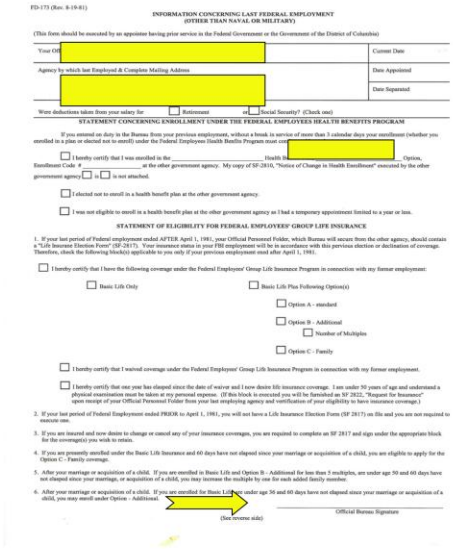
Individually and together we must yield only the finest, our signature is the assurance of quality

Are you a new FBI employee with no prior federal government service? Yes or No

If yes, please write your name and SSN on the first two lines. Then mark “N/A” anywhere on the form. You are finished with this form. You can move on to the next form.

If no, meaning you are a new FBI employee with prior federal government service, please complete this form. This information is used to contact your previous agency to obtain your Official Personnel Folder (OPF).

FD-173 Information Concerning Last Federal Employment



FD-173 (Rev. 8-19-81)

INFORMATION CONCERNING LAST FEDERAL EMPLOYMENT
(OTHER THAN NAVAL OR MILITARY)

(This form should be executed by an appointee having prior service in the Federal Government or the Government of the District of Columbia)

Your Off	Current Date
Agency by which last Employed & Complete Mailing Address	Date Appointed
	Date Separated

Were deductions taken from your salary for ☐ Retirement or ☐ Social Security? (Check one)

STATEMENT CONCERNING ENROLLMENT UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

If you entered on duty in the Bureau from your previous employment, without a break in service of more than 3 calendar days your enrollment (whether you enrolled in a plan or elected not to enroll) under the Federal Employees Health Benefits Program must co

☐ I hereby certify that I was enrolled in the _____ Health Ben _____ Option, Enrollment Code # _____ at the other government agency. My copy of SF-2810, "Notice of Change in Health Enrollment" executed by the other government agency ☐ is ☐ is not attached.

☐ I elected not to enroll in a health benefit plan at the other government agency.

☐ I was not eligible to enroll in a health benefit plan at the other government agency as I had a temporary appointment limited to a year or less.

STATEMENT OF ELIGIBILITY FOR FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

1. If your last period of Federal employment ended AFTER April 1, 1981, your Official Personnel Folder, which Bureau will secure from the other agency, should contain a "Life Insurant Election Form" (SF-2817). Your insurance status in your FBI employment will be in accordance with this previous election or declination of coverage. Therefore, check the following block(s) applicable to you only if your previous employment ended after April 1, 1981.

☐ I hereby certify that I have the following coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment:

☐ Basic Life Only

☐ Basic Life Plus Following Option(s)

☐ Option A - standard

☐ Option B - Additional

☐ Number of Multiples

☐ Option C - Family

☐ I hereby certify that I waived coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment.

☐ I hereby certify that one year has elapsed since the date of waiver and I now desire life insurance coverage. I am under 50 years of age and understand a physical examination must be taken at my personal expense. (If this block is executed you will be furnished an SF 2822, "Request for Insurance" upon receipt of your Official Personnel Folder from your last employing agency and verification of your eligibility to have insurance coverage.)

2. If your last period of Federal Employment ended PRIOR to April 1, 1981, you will not have a Life Insurance Election Form (SF 2817) on file and you are not required to execute one.

3. If you are insured and now desire to change or cancel any of your insurance coverages, you are required to complete an SF 2817 and sign under the appropriate block for the coverage(s) you wish to retain.

4. If you are presently enrolled under the Basic Life Insurance and 60 days have not elapsed since your marriage or acquisition of a child, you are eligible to apply for the Option C - Family coverage.

5. After your marriage or acquisition of a child. If you are enrolled in Basic Life and Option B - Additional for less than 5 multiples, are under age 50 and 60 days have not elapsed since your marriage, or acquisition of a child, you may increase the multiple by one for each added family member.

6. After your marriage or acquisition of a child. If you are enrolled for Basic Life Plus under age 36 and 60 days have not elapsed since your marriage or acquisition of a child, you may enroll under Option - Additional.

(See reverse side)

Official Bureau Signature

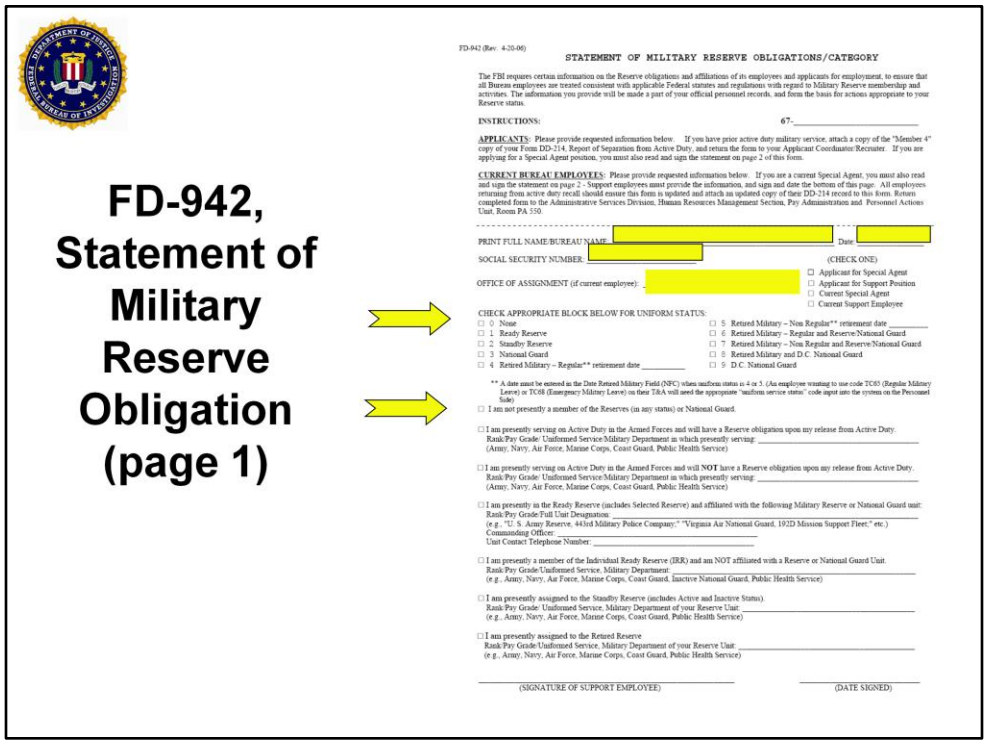
The FD-173 only pertains to those employees who are transferring to the FBI from another government agency without a break in service. This form assists the Benefits Unit with the transfer of your current health and life insurance elections.

Are you a new FBI employee who is transferring from another federal government agency with no break in service? No or Yes

If no, please write 'N/A" in the box that says, "Agency by which last Employed" and sign the form. You are finished with the FD-173, please proceed to the next form.

If yes, please complete the FD-173 with the enrollment code and health insurance plan you are bringing with you from your previous agency. Also, please attach a Leave and Earnings Statement to document the coding.

The same applies for the FEGLI program. Please indicate which coverage you are bringing with you.



FD-942, Statement of Military Reserve Obligation (page 1)

FD-942 (Rev. 4-20-06)

STATEMENT OF MILITARY RESERVE OBLIGATIONS/CATEGORY

The FBI requires certain information on the Reserve obligations and affiliations of its employees and applicants for employment, to ensure that all Bureau employees are treated consistent with applicable Federal statutes and regulations with regard to Military Reserve membership and activities. The information you provide will be made a part of your official personnel records, and form the basis for actions appropriate to your Reserve status.

INSTRUCTIONS: 67-_____

APPLICANTS: Please provide requested information below. If you have prior active duty military service, attach a copy of the "Member 4" copy of your Form DD-214, Report of Separation from Active Duty, and return the form to your Applicant Coordinator/Recruiter. If you are applying for a Special Agent position, you must also read and sign the statement on page 2 of this form.

CURRENT BUREAU EMPLOYEES: Please provide requested information below. If you are a current Special Agent, you must also read and sign the statement on page 2 - Support employees must provide the information, and sign and date the bottom of this page. All employees returning from active duty recall should ensure this form is updated and attach an updated copy of their DD-214 record to this form. Return completed form to the Administrative Services Division, Human Resources Management Section, Pay Administration and Personnel Actions Unit, Room PA 550.

PRINT FULL NAME/BUREAU NAME: _____ Date: _____

SOCIAL SECURITY NUMBER: _____

OFFICE OF ASSIGNMENT (if current employee): _____

(CHECK ONE)
- ☐ Applicant for Special Agent
- ☐ Applicant for Support Position
- ☐ Current Special Agent
- ☐ Current Support Employee

CHECK APPROPRIATE BLOCK BELOW FOR UNIFORM STATUS:
- ☐ 0 None
- ☐ 1 Ready Reserve
- ☐ 2 Standby Reserve
- ☐ 3 National Guard
- ☐ 4 Retired Military – Regular** retirement date _____
- ☐ 5 Retired Military – Non Regular** retirement date _____
- ☐ 6 Retired Military – Regular and Reserve/National Guard
- ☐ 7 Retired Military – Non Regular and Reserve/National Guard
- ☐ 8 Retired Military and D.C. National Guard
- ☐ 9 D.C. National Guard

** A date must be entered in the Date Retired Military Field (NFC) when uniform status is 4 or 5. (An employee wanting to use code TC65 (Regular Military Leave) or TC68 (Emergency Military Leave) on their TiRA will need the appropriate "uniform service status" code input into the system on the Personnel Side)

☐ I am not presently a member of the Reserves (in any status) or National Guard.

☐ I am presently serving on Active Duty in the Armed Forces and will have a Reserve obligation upon my release from Active Duty.
Rank/Pay Grade/ Uniformed Service/Military Department in which presently serving: _____
(Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently serving on Active Duty in the Armed Forces and will **NOT** have a Reserve obligation upon my release from Active Duty.
Rank/Pay Grade/ Uniformed Service/Military Department in which presently serving: _____
(Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently in the Ready Reserve (includes Selected Reserve) and affiliated with the following Military Reserve or National Guard unit:
Rank/Pay Grade/Full Unit Designation: _____
(e.g., "U. S. Army Reserve, 443rd Military Police Company;" "Virginia Air National Guard, 192D Mission Support Fleet;" etc.)
Commanding Officer: _____
Unit Contact Telephone Number: _____

☐ I am presently a member of the Individual Ready Reserve (IRR) and am NOT affiliated with a Reserve or National Guard Unit.
Rank/Pay Grade/Uniformed Service, Military Department: _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Inactive National Guard, Public Health Service)

☐ I am presently assigned to the Standby Reserve (includes Active and Inactive Status).
Rank/Pay Grade/ Uniformed Service, Military Department of your Reserve Unit: _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

☐ I am presently assigned to the Retired Reserve
Rank/Pay Grade/Uniformed Service, Military Department of your Reserve Unit: _____
(e.g., Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service)

_____ (SIGNATURE OF SUPPORT EMPLOYEE)

_____ (DATE SIGNED)

The FD-942 needs to be completed by every new FBI employee. The purpose of the FD-942 is to ensure that all employees are coded correctly in the personnel database in the event that employees are called for active or reserve duty. The FD-942 is completed differently depending upon the job that you were hired for in the FBI (Professional Staff or New Special Agent Trainee). Please pay attention to the following directions to ensure accurate completion of the FD-942.

If you are Professional Staff:

1. Please complete Bureau Name, Date, SSN, and Office of Assignment (where you will be working).
2. Mark "Current Professional Staff Employee"
3. Check Appropriate Block for Uniformed Status. Check box 0 if you do not have a military obligation.
4. If you are not presently a member of the Reserves or National Guard, you must also check the box indicating such (grouped after the appropriate uniformed status boxes).
5. If you do have a military obligation, please read all of the options and mark the appropriate block.
6. Sign and date the bottom of Page 1.
7. Ignore page 2 entirely.
8. You are finished and can move on to the next form.

If you are a New Special Agent Trainee:

1. Please complete Bureau Name, Date, and SSN.
2. Under Office of Assignment, please write your NAC Class number. This is usually written as NAC 13-XX. If you do not yet know your NAC class number, you can add this info upon arrival at your onboarding.
3. You will mark "Current Special Agent" to the right of the office of assignment.
4. Check Appropriate Block for Uniformed Status. Check box 0 if you do not have a military obligation.
5. If you are not presently a member of the Reserves or National Guard, you must also check the box indicating such (grouped after the appropriate uniformed status boxes).
6. If you do have a military obligation, please read all of the options and mark the appropriate block.
7. New Special Agent Trainees do not sign and date Page 1.
8. On Page 2, only sign and date at the very bottom directly under the "Privacy Act Statement."
9. You have completed the FD-942 and can move on to the next form.

FD-942

Statement of Military Reserve Obligation (page 2)

FOR USE BY SPECIAL AGENTS AND APPLICANTS FOR SPECIAL AGENT POSITIONS ONLY

Please read and sign/date the appropriate statement below:

"As Special Agent of the Federal Bureau of Investigation (FBI), or an applicant for the position of Special Agent with the FBI, I certify by my dated signature below that I have read, understand, and will accept and abide by the following requirements with regard to Military Reserve Obligations as a condition of my employment or selection for employment as a Special Agent:

CURRENT SPECIAL AGENTS ONLY:

1. During my employment as a Special Agent, I may not join or otherwise maintain affiliation with a Reserve component in any category that would result in an obligation to accept call or recall to active duty during a period of military mobilization, or any National Guard component.

2. If, as a Special Agent of the FBI, I am a member of the Ready Reserves in any category, or of the National Guard, either voluntarily or through administrative error, I must accept transfer to the Standby Reserve, or separate from the Reserves or National Guard as appropriate, as soon as possable after identification of my affiliation, or, if transfer cannot be immediately effected due to a period of military mobilization, immediately upon resumption of Reserve screening activities by the Military Services.

3. As a Special Agent of the FBI, if I am a member of the Standby Reserve, I am not permitted to volunteer for Active or Inactive Duty Training with a Reserve or National Guard unit without the approval of my Special Agent in Charge or division head under specific FBI policy that permits such participation.

4. I accept these conditions fully and without reservation. I understand that failure to accept these requirements may be grounds for removal from the position of Special Agent of the FBI, and if selected, may be grounds for removal from the Special Agent position if I refuse to abide by them."

SIGNATURE OF SPECIAL AGENT — DATE SIGNED

APPLICANTS FOR SPECIAL AGENT POSITIONS ONLY:

1. Except during periods of military mobilization (see following paragraph), if I am a member of a Ready Reserve or National Guard component upon my entry on duty, as a condition of my employment, I must accept immediate transfer to the Standby Reserve, or must separate from the Reserves or National Guard with no further recall obligation, and remain in such status while employed as a Special Agent of the FBI.

2. If I am appointed to a Special Agent position during a period of military mobilization which precludes my transfer to the Standby Reserve or separation from the Reserves or National Guard as required in paragraph (1) above, I understand that I am committed to accept such transfer or separation as a condition of my employment as a Special Agent immediately upon resumption of Reserve screening activities by the Department of Defense. I further understand that during the period of mobilization, my Reserve category, status and recall obligations remain unchanged, and that I am expected to report for active duty if so ordered in accordance with my Reserve obligations.

3. During a period of mobilization, if I have a Reserve obligation upon entry on duty as a Special Agent but am not affiliated with a Reserve or National Guard unit, I understand that I may not affiliate with such a Unit during my employment as a Special Agent, but that I will remain subject to recall to active duty during a period of military mobilization as appropriate for my Reserve category.

4. As a Special Agent of the FBI, if I am a member of the Standby Reserve, I am not permitted to volunteer for Active or Inactive Duty Training with a Reserve or National Guard unit without approval of my Special Agent in Charge or division head under specific FBI policy that permits such participation.

5. I accept these conditions fully and without reservation. I understand that failure to accept these requirements will disqualify me from consideration for a Special Agent position, and if selected, may be grounds for removal from the Special Agent position if I refuse to abide by them.

SIGNATURE OF SPECIAL AGENT APPLICANT — DATE SIGNED

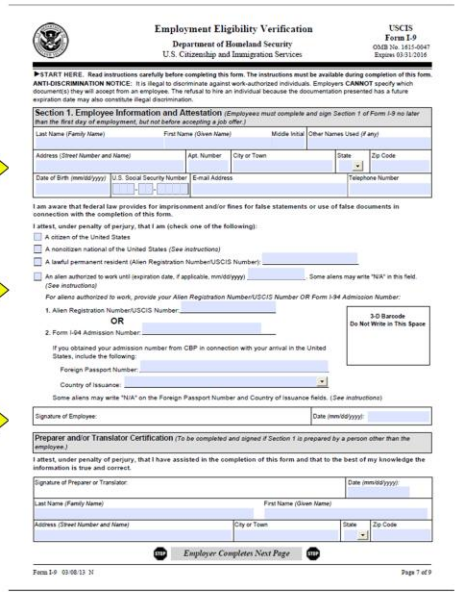
AGENTS ONLY

SIGN AT THE BOTTOM

Again, New Special Agent Trainees – you will sign at the bottom of page 2 and **not** page 1.

I-9 Employment Eligibility Verification

Page 1



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶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 employment, but not before accepting a job offer.)*

Last Name (*Family Name*) | First Name (*Given Name*) | Middle Initial | Other Names Used (*if any*)

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 | Telephone Number

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, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in 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 fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

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 or Translator: | Date (*mm/dd/yyyy*):

Last Name (*Family Name*) | First Name (*Given Name*)

Address (*Street Number and Name*) | City or Town | State | Zip Code

STOP *Employer Completes Next Page* STOP

Form I-9 03/08/13 N | Page 7 of 9

The I-9 helps us to confirm your eligibility to work in the United States.

You will complete section 1 and sign.

I-9 Employment Eligibility Verification

Page 2

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

2-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name	
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*	Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

Form I-9 03/08/13 N Page 8 of 9

Section 2 needs to be completed with either your passport information OR information from a photo ID AND birth certificate or social security card. The next slide has a list of appropriate forms of identification.

Certification will be validated and signed by one of our staff.

I-9 Employment Eligibility Cont'd

Acceptable Forms of Identification:

All documents must be unexpired

- **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**

Again,

Complete section 2 of the I-9 with either your passport information OR something from list B AND something from list C. The list above is not exhaustive of the forms of identification allowed. For more options, please see page 9 of the I-9 instructions for full list.

If you have questions about completing this form, please reach out to the HR Call Center for assistance 202-324-3333.

Payroll

Congratulations!!!

You have completed all required payroll forms

Congratulations. This completes the payroll segment. Remember, you will need to bring these documents along with your indentifying information (passport, drivers license, social security card, voided check, SF-50, DD214, etc) with you to your onboarding session. Staff from the FBI will be collecting these forms on the day of your arrival at your onboarding.

Now, let's move on to the benefits paperwork. Remember, you have 60 days from your Entry on Duty (EOD) to submit your benefits paperwork. Working for the federal government offers many wonderful benefits to include health insurance and life insurance options. Take your time, do your research, and make the right choice for you.

Benefits and Life Insurance

What you will need:

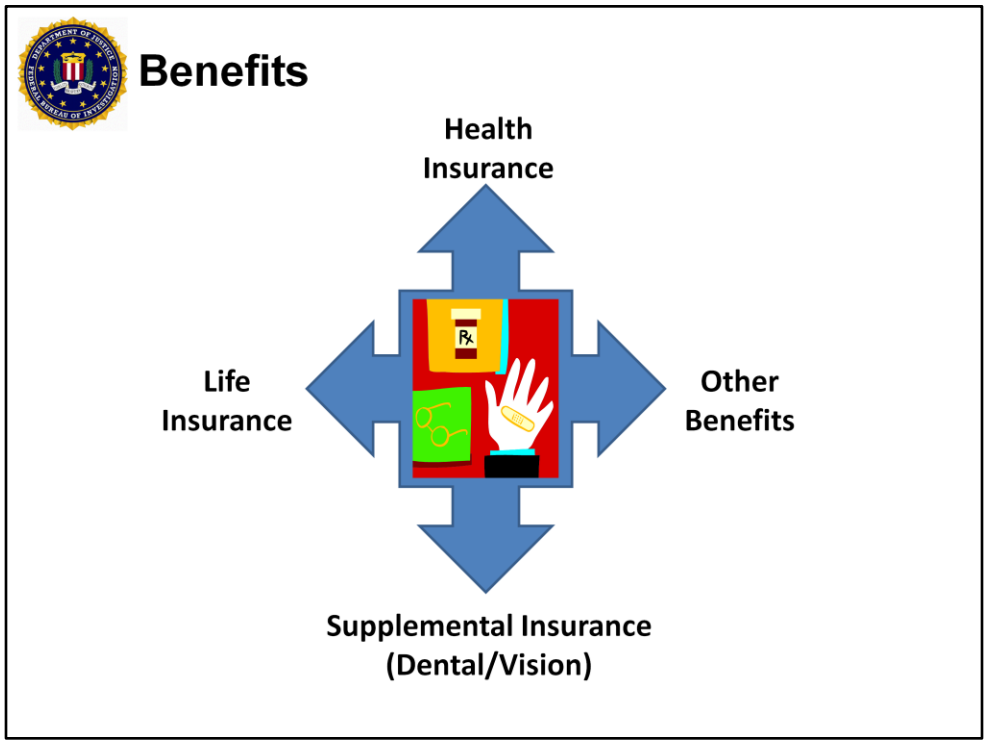
- Onboarding Forms Checklist
- Benefit and Life Insurance Forms

Resources:

- Guide to Federal Employees Health Benefits (FEHB) Handbook Online Version
- www.plansmartchoice.com
- www.opm.gov/insure

You may also want to have ready on your computer FEHB Handbook *(http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/)* for available health plans. The FEHB handbook provides all of the different health insurance plans that the federal government offers. In addition, the FEHB handbook lists the prices for the different plans and also provides the code number for the plans. This code number will be used to complete the health insurance election form SF-2809. Keep the FEHB handbook open on your computer while you are researching plans and completing your forms. You can print the FEHB Handbook if you wish, but it is over 130 pages. A copy of the FEHB handbook will be provided at your onboarding. We recommend that you keep the FEHB Handbook open on your computer as a reference, but, do not print the entire document.

Another valuable resource in determining your benefits options is www.plansmartchoice.com. PlanSmartChoice is a resource to help narrow down the best health insurance plan for you based upon your individual or family needs.



Your Federal Benefits are made up of more than just health insurance, as a federal employee your benefits package can include supplemental dental and vision, life insurance and an assortment of other benefits.

The decisions you make with regard to these benefits should be carefully considered. Please take the time to use some of the resources covered in this tutorial to assist you in making your decisions.

Federal Employees' Health Benefits (FEHB)

Health Insurance Coverage Options are detailed in FEHB Handbook:

- Nationwide Fee-for-Service (PPO)
- Point-of-Service (HMO)
- High Deductible/Consumer-Driven

Federal Government Transferees keep current coverage

Health Insurance Coverage will be effective the next pay period after the Benefits Unit receives your paperwork

You can only change health insurance coverage during:

- Open Season (held in November/December every year)
- Qualifying Life Event (QLE), e.g. marriage, divorce, birth

Are you under the age of 26?

If you are under the age of 26, you have the ability to stay on your parents health plan, but, check with their carrier to confirm. If you elect to leave your parents health plan and enroll in your own health insurance plan, please remember that you will not be covered under the federal plan until the Benefits Unit receives your Health Benefits Election form sf-2809. Your coverage will become effective the pay period following the benefits unit receipt of your election form. However, you will still need to submit the SF-2809 form indicating you do not want to enroll.

Are you a new FBI employee who is transferring from another federal government agency with no break in service? "Yes" or "No."

If "yes," all of your current coverage's (health, dental/vision, and life insurance) will remain the same. You do not have the option to make changes to your elections at this time. Please ensure you have submitted the form fd-173 in the payroll segment to assist the Benefits Unit with the transfer of your information. You can make changes to your health and dental/vision elections during the next open season (in Nov/Dec) or if you have a Qualifying Life Event (QLE). To view QLEs, please see the FEHB handbook *(http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/).* In addition, if you had dental and/or vision coverage, please contact Benefeds (www.benefeds.com)to inform them of your change in agency.

If "no," you will need to complete the benefits paperwork. Again, keep in mind that you have 60 days to make a decision. Please use the resources at www.plansmartchoice.com and www.opm.gov/insure to help with your decisions. The election you make is going to carry you through the calendar year. However, if you have a Qualifying Life Event (QLE), you will have the opportunity to make a change outside of the open season (Nov/Dec). To view QLEs, please see FEHB handbook (*http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/tabs/fehb-handbook/)*

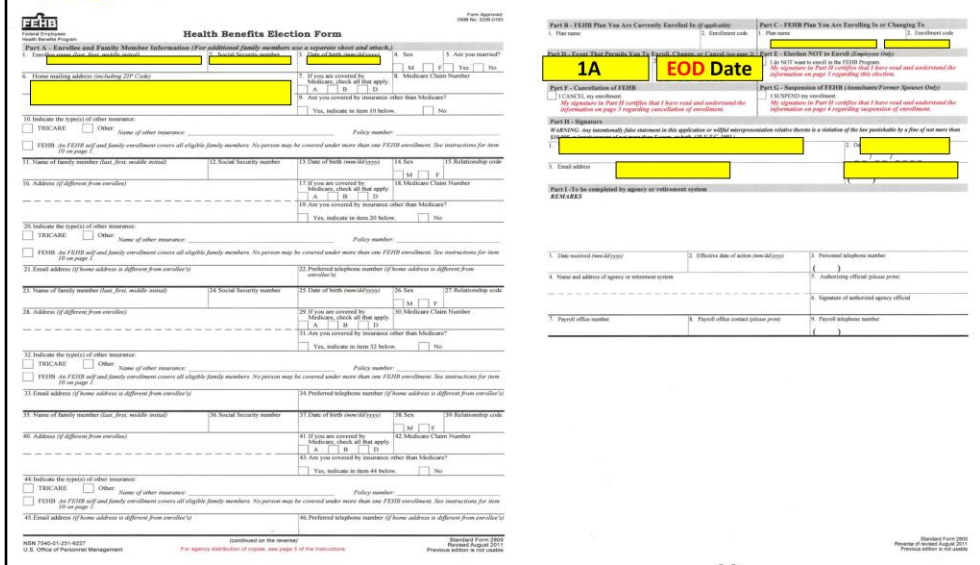
Plan Smart Choice

There are a lot of federal health insurance plans and options available to you, so, take your time. Do you want an HMO, a PPO, a National Fee-For-Service plan? The resources listed will help you to learn about the different types of plans to make the best decision for you. In addition to the online information already mentioned, you will have an opportunity to meet with one of our Federal Account Managers during your onboarding session at the Benefits 101 session. He/She will break down the federal plan and hopefully answer any remaining questions you may have. Be proactive and come to our Benefits 101 session with your questions.

A Health Benefits Informational Fair is also provided for you during your onboarding. Several of the major carriers that are listed in the FEHB Handbook participate in the Health Benefits Informational Fair. This is an opportunity for you to ask specific questions about their plans. Please come prepared by doing your research ahead of time on www.plansmartchoice.com and www.opm.gov/insure. This information is helpful for the SF-2809, not the other five benefits forms.

So, if you are ready – lets begin completing the forms.

Health Benefits Election Form SF-2809



23

Have you decided which health insurance provider you want? No or Yes.

If "no," okay, no problem. Please continue to the next form. Remember, you have 60 days to make a decision.

If "yes," you will complete the SF-2809 called the Health Benefits Election Form.

1. Part A – Complete with all of the appropriate information for everyone who will be covered under the plan.
2. Part B – Leave blank
3. Part C – Plan Name and Enrollment Code. This information is found in the FEHB Handbook
4. Part D – Event Code: 1A is the event code for a new employee. Date of Event: This is your Entry on Duty (EOD) date.
5. Part E – Leave Blank
6. Part F – Leave Blank
7. Part G – Leave Blank
8. Part H – Complete: Signature, Date, Email Address, and Phone
9. Congratulations, you have completed the SF-2809 and can move on to the next form.

I am choosing to not enroll in the Federal Employees Health Benefits Plan…do I need to complete the SF-2809?

Yes…

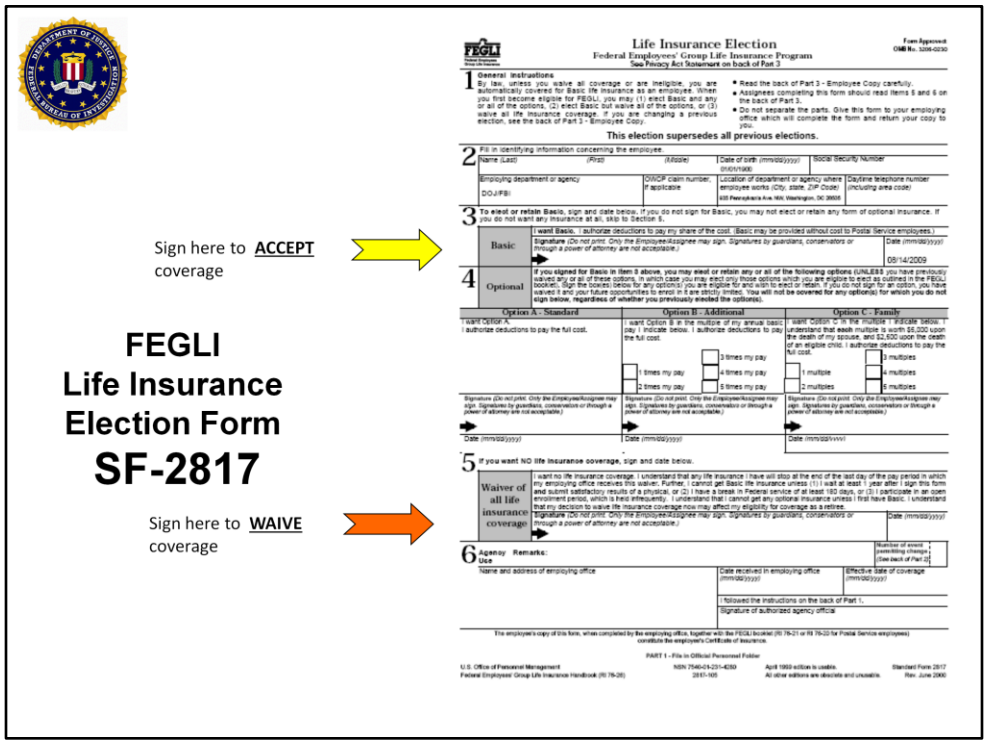
1. Part A – Complete with all of the appropriate information for everyone who will be covered under the plan.
2. Part B – Leave blank
3. Part C – Leave Blank
4. Part D – Leave Blank
5. Part E – Complete
6. Part F – Leave Blank
7. Part G – Leave Blank
8. Part H – Complete: Signature, Date, Email Address, and Phone
9. Congratulations, you have completed the SF-2809 and can move on to the next form.

As a supplement to your health insurance options, you can choose to elect dental and/or vision coverage. Enrollment in these plans does not require that you be enrolled in a federal health plan. You can elect this as a stand-alone option or in addition to health coverage.

Information on these plans can be found in your FEHB handbook.

Just like the health insurance elections, you have 60 days to make a decision on dental and vision coverage.

Enrollment in this supplemental plan is done online at www.benefeds.com or by calling them directly.



Life Insurance Election for the Federal Employees' Group Life Insurance (FEGLI) Program

Unlike health insurance, you are automatically covered under life insurance which is effective the day you EOD'd.

The benefit that is paid to your beneficiary in the event of your death is your annual salary plus $2,000 rounded up to the next $1,000. This benefit costs you $.15 biweekly per $1,000.

Keep in mind that you are getting this coverage no matter what your current health situation – no questions asked. If you decide to waive coverage, there is no annual open season like health insurance coverage and there is no qualifying life event that will allow you to add the coverage if you waived it initially. Transferees you will keep your same coverage, so if you waived at your previous agency, you are not able to add this coverage at this time.

FEGLI does have open seasons, but they are rare – the last one was in 2004 and we have no way of knowing when the next one will be.

There are several other options that you can elect to add if the basic coverage is not enough for your personal situation. In order to determine how much these options will cost you biweekly, you will have to use the FEGLI calculator located on the OPM website (www.opm.gov/calculator/worksheet.asp). The biweekly premium is going to be based on your salary, the options you choose, and your age.

The optional coverages you can add are:
Option A – an additional $10,000 worth of coverage on top of your basic salary
Option B – multiples of your salary
Option C – is family coverage which pays out a benefit to you in the event of the death of your spouse or children under age 22

Again, the only way to know how much these options will cost you is to use the FEGLI calculator. (www.opm.gov/calculator/worksheet.asp)

If you are signing up for the basic option, you do not need to turn in the SF-2817 form because you are automatically covered. However, if you are electing any of the options, you must sign for the basic in addition to the options you choose.

You have 60 days to make a decision and keep in mind that you can always decrease coverage's at anytime.

Designation of Beneficiaries

Designation of Beneficiaries

What you will need:

- Information about your Beneficiaries
  - Full Name
  - SSN
  - Address
  - Relationship

The designation of beneficiary forms will help the Benefits Unit know who and what percentage of your benefit you want distributed.

Completion of the three Designation of Beneficiary Forms is **not** mandatory. If you would prefer to go with the order or precedence (next page) you do not need to submit the three forms.

Important Information about the Designation of Beneficiary forms:

1. The information on the forms is in effect until you submit an updated form
2. The forms need to be witnessed twice (anyone, other than the designated beneficiary, can witness the forms)
3. Your designations must equal 100% and if you are listing a contingent beneficiary you **must** include the wording "if living'" and "otherwise to"
4. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.
5. We recommend that you update your beneficiary forms with every qualifying life event, or, if you cannot remember who you have designated. To view QLEs, please see the FEHB handbook.

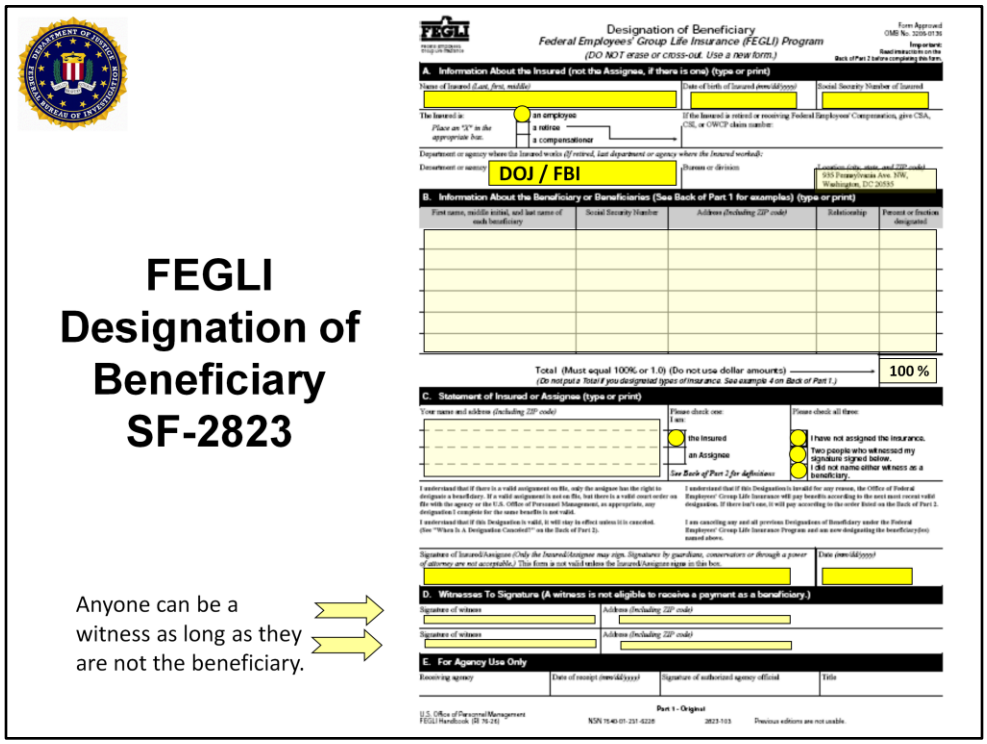
If you are ready to complete the Designation of Beneficiary Forms…let's begin.

Designation of Beneficiaries

Order of Precedence:

- Widow or widower
- Child or children equally, and descendants of deceased children
- Parents equally or to the surviving parent
- Appointed executor or administrator of your estate
- Next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death

Order of Precedence



FEGLI Designation of Beneficiary SF-2823

Anyone can be a witness as long as they are not the beneficiary.

FEGLI

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/yyyy)*

Social Security Number of Insured

The Insured is: *Place an "X" in the appropriate box.*
- an employee
- a retiree
- a compensationer

If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSE, or OWCP claim number:

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

Department or agency: DOJ / FBI

Bureau or division

Location *(city, state, and ZIP code)*: 935 Pennsylvania Ave. NW, Washington, DC 20535

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)*	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts) → 100 %
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

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

See Back of Part 2 for definitions

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.

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 valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 1).

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. Signature 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

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

U.S. Office of Personnel Management
FEGLI Handbook (RI 70-21)

Part 1 - Original

NSN 7540-01-231-6228 2823-103 Previous editions are not usable.

SF-2823 Designation of Beneficiary Federal Employees' Group Life Insurance (FEGLI) Program

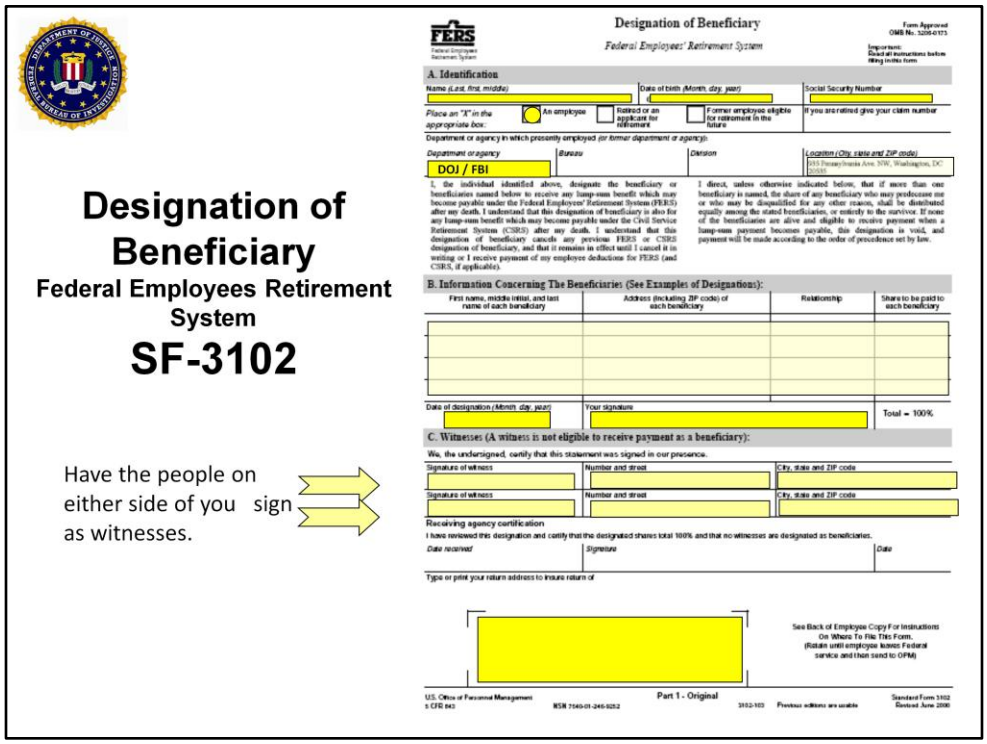
The FEGLI Designation of Beneficiary form determines who receives your life insurance.

Section A:
1. Name, DOB, SSN, check the block for "an employee"
2. Department or Agency: DOJ
3. Bureau or Division: FBI
4. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:
1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording "if living'" and "otherwise to"
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

Section C:
1. Provide your mailing address and check the box for "Insured"
2. Check all three boxes – *not assigned*, *two people witnessed* and *did not name either witness as a beneficiary*
3. Sign and Date

Section D:
1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. Congratulations, you have completed SF-2823. Please continue to the next form.

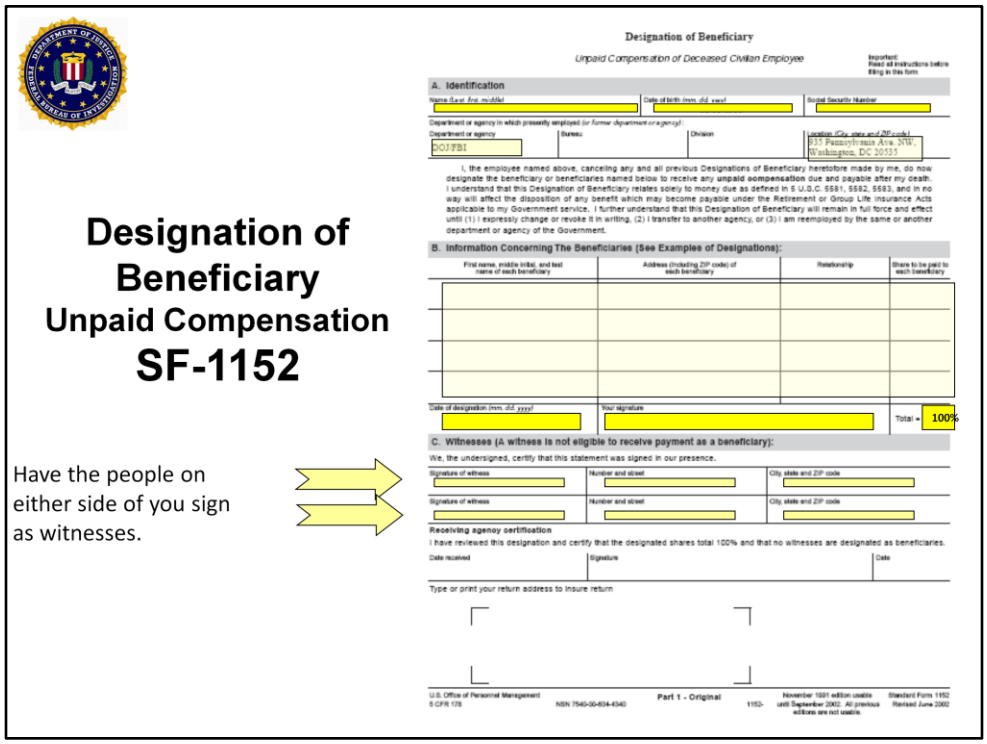


SF-3102 Designation of Beneficiary Federal Employees Retirement System (FERS)

Section A:
1. Name, DOB, SSN, check the block for “an employee”
2. Department or Agency: DOJ
3. Bureau: FBI
4. Division: Where you will be working
5. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:
1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording “if living’” and “otherwise to”
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

Section C:
1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. “Receiving Agency Certification” - Leave Blank
3. Type or print your return address in the bottom box
4. Congratulations, you have completed SF-3102. Please continue to the next form.



SF-1152 Designation of Beneficiary Unpaid Compensation of Deceased Civilian Employee

The Unpaid Compensation Designation determines who receives any annual/sick leave, time off awards, and/or pay that has not been paid to you prior to your death.

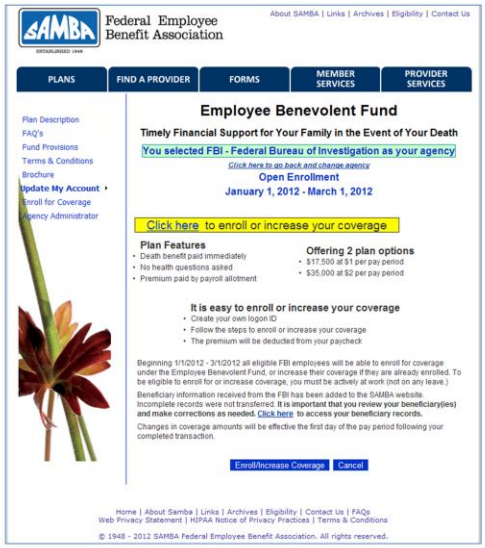
Section A:
1. Name, DOB, and SSN
2. Department or Agency: DOJ
3. Bureau: FBI
4. Division: Where you will be working
5. Location: Washington, DC (every FBI employee puts Washington, DC)

Section B:
1. Your designations must equal 100% and if you are listing a contingent beneficiary you must include the wording “if living’” and “otherwise to”
2. Your forms must be legible with no alterations or corrections. If you have made a mistake, you will need a new form.

Section C:
1. Obtain your two witnesses – anyone can be a witness as long as they are not the beneficiary
2. “Receiving Agency Certification” - Leave Blank
3. Type or print your return address in the bottom box
4. Congratulations, you have completed SF-1152. Please continue to the next form.

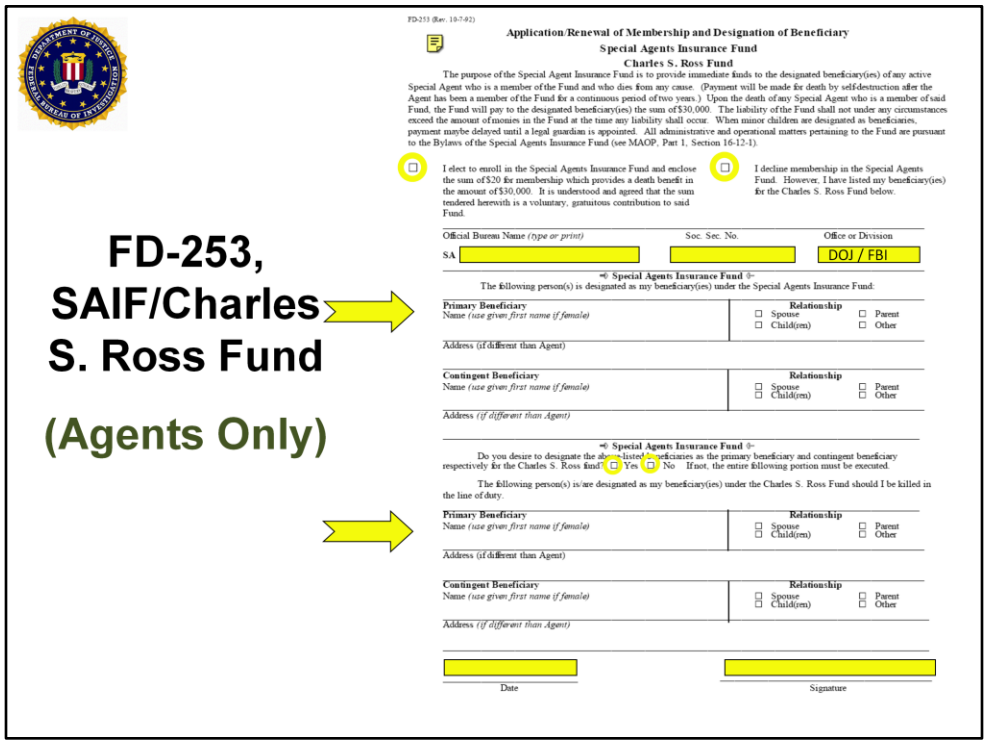
Employee Benevolent Fund (FD-863)

Enroll at www.sambaplans.com



The Employee Benevolent Fund is open to all FBI employees. Funds are dispersed within three business days of your death, either $17,500 or $35,000 to your beneficiaries. The cost is $1 per pay period for the $17,500 coverage or $2 per pay period for the $35,000 coverage.

Enrollment and designation of beneficiary is completed online at Samba Plans (www.sambaplans.com). The Employee Benevolent Fund forms are not turned in to the Benefits Unit…only online at www.sambaplans.com. This is in lieu of form FD-863.



Are you a new FBI Professional Staff employee or are you a New Special Agent Trainee?

Professional Staff:

Congratulations, you have completed all of the benefits paperwork. Please continue to the retirement segment.

New Special Agent Trainee:

As a new Special Agent Trainee, you have additional life insurance available to you. The two additional insurance plans are called the Special Agents Insurance Fund and the Charles S. Ross Fund. The form you will need to complete is the FD-253 Designation of Beneficiary Special Agents Insurance Fund and Charles S. Ross Fund

The Special Agent Insurance Fund provides immediate funds to the designated beneficiary of any active Special Agent who is a member of the fund and who dies from any cause. This fund pays a $30,000 benefit within 48 hours of your death. There is a $20 initial assessment with periodic assessments of the same to replenish the fund as needed. The $20.00 is deducted from your first paycheck.

The Charles S. Ross Fund provides a benefit to the designated beneficiary upon the death of an active Special Agent should he/she be killed in the line of duty. There is no fee for this fund.

Important information about these two life insurance options:
1. You have 60 days from your Entry on Duty (EOD) to enroll.
2. If you chose to decline these life insurance benefit plans – you will NEVER be given an opportunity to enroll again.
3. Qualifying Life Events (QLE) do not apply to these two plans and there is no open season.

Completing the FD-253 form:

1. Check the box to enroll.
2. Complete – Official Bureau Name, SSN, Office/Division. Put DOJ/FBI for Office/Division.
3. Complete the section for Beneficiary information
4. Check the box for “yes” or “no” about beneficiary information for the Charles S. Ross Fund.
5. If you mark “no,” please complete that section with the correct beneficiary information and then sign and date the form.
6. If you mark “yes,” please sign and date the form.
7. Congratulations, you have completed the FD-253. Please continue to the retirement segment.

Benefits and Beneficiaries

Congratulations!!!

You have completed all of the benefits and beneficiary designation Forms

Congratulations, this completes the Benefits segment. The next, and last, segment is the Retirement segment.

Retirement

Retirement Forms

What you will need:

- Onboarding Forms Checklist
- Retirement Forms
- Information about your Beneficiaries (Full Name, SSN, Address, Relationship)

Resources:

- Federal Employees Retirement System (FERS) Overview – Online Version
- Thrift Savings Plan (TSP) Summary – Online Version

If you are ready – lets begin.

TSP 1 - TSP Election Form (optional)

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. Name _____ *(First)* _____ *(Middle)*
2. *Street Address* _____ *City* _____ *State* _____ *Zip Code*
3. _____ – _____ 4. ( ) – *Daytime Phone (Area Code and Number)*
5. *Office Identification (Agency and Organization)*

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel all previous elections.

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period **or** a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or $0 contributed.

6. Traditional (Pre-Tax) Contributions _____ .0% **OR** 7. $ _____ .00
8. Roth (After-Tax) Contributions _____ .0% **OR** 9. $ _____ .00

III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or any portion of your contributions to the TSP, check the box in Item 10 that applies and complete Section IV. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees' Retirement System (FERS) employee, and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic (1%) Contributions will continue. Read the instructions on the back.)

10. ☐ I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.
    - ☐ Stop only my traditional (pre-tax) payroll contributions to my TSP account.
    - ☐ Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

11. _____ *Participant's Signature* 12. ___/___/___ *Date Signed (mm/dd/yyyy)*

V. FOR EMPLOYING OFFICE USE ONLY

13. _____ *Payroll Office Number* 14. ___/___/___ *Receipt Date (mm/dd/yyyy)* 15. ___/___/___ *Effective Date (mm/dd/yyyy)*

16. _____ *Signature of Agency Official*

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Retirement portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (5/2012)
PREVIOUS EDITIONS OBSOLETE

In preparation for completing the TSP-1, the Election of Retirements Contribution Form, please open the TSP Summary Brochure located on www.tsp.gov on your computer. Please review your Thrift Savings Plan Summary Brochure for a description of how the Traditional and Roth TSP differ and the various funds to which you can contribute. Additionally, you can browse the TSP website (www.tsp.gov) for more in-depth information. You will observe that the FBI matches your contributions in the Traditional TSP from 1% to 5%. You can determine what percentage, or dollar amount, you want to contribute to your TSP. Once enrolled, you have the ability to adjust or stop your contributions at anytime. Upon hire, you are automatically enrolled at a 3% contribution in the Traditional plan.

Do you want to keep your enrollment at 3%? "Yes" or "No."

If "yes," you do not need to complete the TSP-1 form. Please continue to the next form.

If "no," you will need to complete the TSP-1 form.

Please make sure the form you are using is the most up to date.

Section I:
1. Name
2. Address
3. SSN
4. Phone Number
5. Write DOJ/FBI

Section II:
6. Traditional (pre-tax) Contribution. The traditional contributions will come out of your pay before income taxes are calculated; you pay income taxes on these contributions and their earning when you withdraw them. The FBI matches your contribution with the a traditional contribution.
7. If you would like this option. Please make your election in either percentage or dollar value.
8. Roth (After Tax) Contribution. Roth contributions are made from your pay after taxes, and the earnings grow in your account tax-deferred. Withdrawals of Roth contributions are tax-free. The FBI does match Roth Contributions, however the matching funds will be deposited in the traditional (non-Roth) account.
9. If you would like this option. Please make your election in either percentage or dollar value.
10. You have the option of choosing both a Traditional and Roth Contribution. One needs to be completed as a percentage and the other as a dollar value. Combined, both contributions can not exceed the annual limit for contributions.

Section III:
If you do not want to enroll in the TSP, please complete Section III.

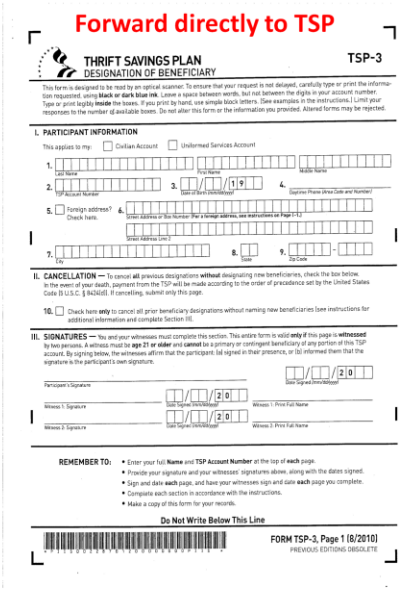
Section IV:
1. Sign and Date.
2. Congratulations, you have completed the TSP-1. Please continue to the next form.

Your TSP account number and login will be emailed to you within your first two weeks of employment.

Designation of Beneficiary TSP-3

Thrift Savings Plan Designation of Beneficiary TSP-3

The TSP-3 can be witnessed by anyone other than the beneficiary.



Forward directly to TSP

THRIFT SAVINGS PLAN
DESIGNATION OF BENEFICIARY

TSP-3

This form is designed to be read by an optical scanner. To ensure that your request is not delayed, carefully type or print the information requested, using **black or dark blue ink**. Leave a space between words, but not between the digits in your account number. Type or print legibly **inside** the boxes. If you print by hand, use simple block letters. (See examples in the instructions.) Limit your responses to the number of available boxes. Do not alter this form or the information you provided. Altered forms may be rejected.

I. PARTICIPANT INFORMATION

This applies to my: ☐ Civilian Account ☐ Uniformed Services Account

1. Last Name First Name Middle Name
2. TSP Account Number
3. Date of Birth (mm/dd/yyyy) 19
4. Daytime Phone (Area Code and Number)
5. ☐ Foreign address? Check here.
6. Street Address or Box Number (**For a foreign address, see instructions on Page 1-1.**)
Street Address Line 2
7. City
8. State
9. Zip Code

II. CANCELLATION — To cancel **all** previous designations **without** designating new beneficiaries, check the box below. In the event of your death, payment from the TSP will be made according to the order of precedence set by the United States Code (5 U.S.C. § 8424(d)). If cancelling, submit only this page.

10. ☐ Check here **only** to cancel all prior beneficiary designations without naming new beneficiaries (see instructions for additional information and complete Section III).

III. SIGNATURES — You and your witnesses must complete this section. This entire form is valid **only if** this page is **witnessed** by two persons. A witness must be **age 21 or older** and **cannot** be a primary or contingent beneficiary of any portion of this TSP account. By signing below, the witnesses affirm that the participant (a) signed in their presence, or (b) informed them that the signature is the participant's own signature.

Participant's Signature Date Signed (mm/dd/yyyy) 20

Witness 1: Signature Date Signed (mm/dd/yyyy) 20 Witness 1: Print Full Name

Witness 2: Signature Date Signed (mm/dd/yyyy) 20 Witness 2: Print Full Name

REMEMBER TO:
- Enter your full **Name** and **TSP Account Number** at the top of **each** page.
- Provide your signature and your witnesses' signatures above, along with the dates signed.
- Sign and date **each** page, and have your witnesses sign and date **each** page you complete.
- Complete each section in accordance with the instructions.
- Make a copy of this form for your records.

Do Not Write Below This Line

FORM TSP-3, Page 1 (8/2010)
PREVIOUS EDITIONS OBSOLETE

TSP-3 Thrift Savings Plan Designation of Beneficiary

This four page form allows you to name your beneficiary for your TSP account upon your death. You can use the Order of Precedence shown previously. Upon completion, you will mail or fax the TSP-3 form directly to TSP. You will need to wait until you receive your TSP account number (usually about two weeks after enrollment) before you can complete the TSP-3 Thrift Savings Plan Designation of Beneficiary form.

Do you wish to use the "order of precedence" for your TSP designation? "Yes" or "No".

If "yes," you do not need to complete the TSP-3. You have completed the Retirement segment. Please continue to the next slide.

If "no," you will need to complete the TSP-3. Please keep in mind, there can be no alterations on the form and the writing must be legible. If you need to correct something, please use a new TSP-3 form.

Section I:
1. Check the box for "Civilian Account"
2. Name
3. TSP Account Number – you will receive this account number in the mail about two weeks after you submitted your TSP-1 form.
4. DOB & Phone Number

Section II:
Check this box if you want to cancel all previous beneficiaries. Since this is a new account for you, this block will probably be left blank.

Section III:
1. Sign & Date
2. Obtain two witnesses. The witnesses can be anyone other than the beneficiary. All four pages need to be signed and witnessed.
3. Mail or fax the form to TSP.
4. Congratulations, you have completed all of the forms for the Retirement segment. Please continue to the next slide.

Congratulations!

Congratulations!!!

You have completed all of the Human Resources Paperwork.

Important information about the forms:

Payroll:
1. All 12 payroll forms will be collected upon the day of your arrival at the ONE seminar
2. Bring all of the completed forms with you to your onboarding
3. Organize the forms in the order of the checklist
4. Ensure you have all of the necessary documentation with you (voided check, valid identification, SF-50, DD214, etc)
5. Make copies of the completed forms…should you desire a copy

Benefits:
1. You have 60 days to submit the benefits paperwork
2. If you are prepared to submit them at your onboarding, please have them organized in the order on the checklist
3. You will have an opportunity to submit the benefits forms on the day of your arrival and also on Tuesday & Wednesday of your onboarding week.

Retirement:
1. TSP-1 will be collected upon the day of your arrival at the ONE seminar and is listed on the forms checklist
2. TSP-3 you will mail directly to TSP upon receiving your account number

You are done!!! The ONE Unit looks forward to meeting you at your ONE seminar. Congratulations on your new job!