

**BENEFITS CHECKLIST**

Name: \_\_\_\_\_

\_\_\_\_ Professional Staff

SSN: \_\_\_\_\_

\_\_\_\_ New Agent Trainee

EOD Date: \_\_\_\_\_

\_\_\_\_ Intelligence Analyst

Cost Code: \_\_\_\_\_

\_\_\_\_ Prior Fed Service

Benefits/Retirement Forms:

\_\_\_ Health Benefits Election Form (SF-2809)

\_\_\_ FEGLI Life Insurance Election Form (SF-2817)

\_\_\_ FEGLI Designation of Beneficiary (SF-2823)

\_\_\_ FERS Designation of Beneficiary (SF-3102)

\_\_\_ Unpaid Compensation Designation of Beneficiary (SF-1152)

\_\_\_ SAIF/ Charles S. Ross Fund Membership/Designation of Beneficiary (AGENTS ONLY)

\*\*\* Employee Benevolent Fund enrollment should be done at [www.sambaplans.com](http://www.sambaplans.com) by the employee\*\*\*

\*\*\* TSP-3 forms must be mailed/faxed directly to TSP by the employee\*\*\*

Notes for Benefits and/or Retirements:

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