

CHECKLIST

1. RACE AND NATIONAL ORIGIN IDENTIFICATION - SF 181: This is an optional form. Information on this form is used for statistical purposes.
2. SELF-IDENTIFICATION OF MEDICAL DISABILITY - SF 256: Complete according to instructions.
3. DIRECT DEPOSIT SIGN-UP FORM - SF 1199A: All new employees are required to have their payroll checks direct deposit in their banks. Complete Section 1, your claim number is your social security number. Have your bank complete Section 3. Do not leave this form at the bank.
4. EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE - FORM W-4: These forms are used for Federal and state income taxes. If you are not a New Jersey resident, you may waive the duty station taxes (New Jersey) and elect to pay the resident state taxes **or** you may elect to pay both duty station and resident state taxes **or** you may elect to pay the duty station taxes.
5. AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE IN UNITED STATES SERIES EE SAVINGS BONDS: Complete all sections of the bond card if you wish to authorize purchase of savings bonds through payroll deductions.
6. STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK - SF 177: Complete according to instructions.
7. 2008 ENROLLMENT INFORMATION GUIDE AND PLAN COMPARISON CHART R 170-1: This booklet provides a plan comparison chart to help you decide on a health plan. Brochures on all plans are available in the Personnel Office. Enrollment in a health program is voluntary. If you elect a health plan, premiums are withheld on a biweekly basis from your payroll check. You have 31 days from the date of your appointment to enroll in a plan of your choice.
8. HEALTH BENEFITS REGISTRATION FORM - SF 2809: If you wish to elect a health plan, complete Part A, B, and F. If you choose not to enroll, complete Part A, D and F. If you choose to enroll in a plan, coverage is effective the beginning of the pay period after the one in which we receive your enrollment form.
9. FEDERAL EMPLOYEES' GROUP LIFE INSURANCE - SF 2817A: Describes enrollment in the Federal Employees Group Life Insurance (FEGLI) Program. You are automatically covered by Basic Life Insurance unless you waive coverage. You have 31 days from the date of your appointment to elect additional coverage under FEGLI.
10. FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ELECTION - SF 2817: Complete this form if you wish to elect Basic Life and any options. In order to elect an

option insurance, you must elect Basic Life. If you wish to waive coverage under FEGLI, you must complete items 2 and 6.

11. DESIGNATION OF BENEFICIARY FEGLI - SF 2823: Self- explanatory.
12. FERS - FEDERAL EMPLOYEES RETIREMENT SYSTEM - RI 90-1: This booklet describes your retirement coverage.
13. DESIGNATION OF BENEFICIARY FERS - SF 3102: Self-explanatory.
14. DESIGNATION OF BENEFICIARY UNPAID COMPENSATION - SF 1152: Self explanatory.
15. THRIFT SAVINGS PLAN (TSP) BROCHURE: This booklet provides a summary of the Thrift Savings Plan. Participating into TSP is voluntary. You have 60 days from the date of your appointment to participate.
16. TSP ELECTION FORM - TSP - 1: Complete this form if you wish to contribute to the Thrift Savings Plan. Your contributions will begin no later than the first full pay period after we receive your election form. If you do not make an election within this 60-day period, you must wait until an open season to do so. Matching will begin the last month of the second open season after you were hired.
17. TSP DESIGNATION OF BENEFICIARY - TSP-3:- Self explanatory.
18. EMPLOYEE LOCATOR INFORMATION - DOJ 543: Self- explanatory.
19. EMPLOYEE ADDRESS - AD 349: Omit the section on "Check mailing address other than bank".
20. FEDERAL FIRST DISABILITY PLAN - If interested, please fill out forms.
21. VOLUNTARY LEAVE BANK PROGRAM -
22. VOLUNTARY LEAVE BANK APPLICATION - If interested, please fill out forms.
23. FEDERAL EMPLOYEE INSURANCE BENEFITS INFORMATION