

Attachment A

Sample DBTS Information Collection Screens and Paper Forms

The following screens and scanned forms are a representative sample of the information collection processes and outcomes anticipated for Wave 1. Since the DBTS is still completing its testing phases at the time of this submission, the contents of the screens and forms may change based on testing and review sessions with OPM.

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Privacy Act, Terms of Service, and Public Burden Statement

Upon loading the Your Benefits Resources (YBR) website the user will be prompted for his/her login credentials. This screen also provides links to the system Privacy Statement, Terms of Service, and Public Burden Statement, and indicates the OMB Control number.

The screenshot shows the login page of the Your Benefits Resources (YBR) website. The browser title is "08887 [1.0 10-05-07] Log On - Microsoft Internet Explorer". The address bar shows the URL: <https://qlb31.resources.hewitt.com/cl7ybr5qc/ybr5cl74b/CsLogn010InptOpen.do?wdw=primary&fVdvw=intro&fPg=%2FCsLogn005WelcOpen&fTkn=f9bb8c02477a3732553410>. The page header includes the United States Office of Personnel Management logo and the text "yourbenefitsresources™ OMB No. 3206-XXXX". The main content area is titled "Log On" and contains a login form with fields for "User ID", "Password", and "Trns ID". Below the form is a "Log On" button and a checkbox for "Use this site with a screen reader.". To the right of the login form is a "Log On Help" section with links for "Register as a New User", "I Forgot My User ID", and "I Forgot My Password". Below that is an "Answer Center" section with a link for "What Is a User ID?". At the bottom of the page, there are several links: "Browser and Software Considerations", "Legal Information", "Privacy Statement", "About Hewitt", and "Public Burden Statement". Red callout boxes point to these links and the OMB number in the header. One callout points to the "Terms of Service" link, another to the "Privacy Statement" link, and a third to the "Public Burden Statement" link. A fourth callout points to the "OMB No. 3206-XXXX" text in the header, stating "OMB Control Number will be updated upon approval".

08887 [1.0 10-05-07] Log On - Microsoft Internet Explorer

Address <https://qlb31.resources.hewitt.com/cl7ybr5qc/ybr5cl74b/CsLogn010InptOpen.do?wdw=primary&fVdvw=intro&fPg=%2FCsLogn005WelcOpen&fTkn=f9bb8c02477a3732553410>

United States Office of Personnel Management

yourbenefitsresources™

OMB No. 3206-XXXX

Log On

By logging on, you agree to the [Terms of Service](#). Also see our [Privacy Statement](#) to learn how we collect, use, and protect your personal information.

User ID

Password

Trns ID

Use this site with a screen reader.

Log On

[Browser and Software Considerations](#) | [Legal Information](#) | [Privacy Statement](#) | [About Hewitt](#) | [Public Burden Statement](#)

Log On Help

- [Register as a New User](#)
- [I Forgot My User ID](#)
- [I Forgot My Password](#)

Answer Center

[What Is a User ID?](#)

Link to Terms of Service

Link to OPM Public Burden Statement

Link to OPM.gov Privacy Policy

OMB Control Number will be updated upon approval

Public Burden Statement

08887 [1.0 12-13-07] Log On - Windows Internet Explorer

https://qlb31.resources.hewitt.com/d7ybr5qc/ybr5d74a/CsLogn010Inpt

United States Office of Personnel Management

yourbenefitsresources™

Public Burden Statement

Public Burden reporting for this information collection is estimated to vary between 1 to 60 minutes with an average of 20 minutes per response, including the time for reviewing instructions, internet connection speed, searching existing data sources, getting the needed data, and completing and reviewing the collection of information. Send comments regarding our estimate or any other aspect of the information collection, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-XXXX), Washington, D.C. 20415-7900. The OMB number 3206-XXXX is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed

OMB numbers will be updated upon approval of PRA request

Done Internet 100%

This page intentionally left blank

OPM.gov Privacy Policy

The screenshot shows a Windows Internet Explorer browser window displaying the OPM.gov Privacy Policy page. The address bar shows the URL <http://www.opm.gov/privacy/web.asp>. The page header includes navigation links: OPM.gov Home, Subject Index, Important Links, Contact Us, and Help. The main heading is "U.S. OFFICE OF PERSONNEL MANAGEMENT" with the tagline "Ensuring the Federal Government has an effective civilian workforce". A search bar is present with a "Go" button and a link to "Advanced Search". The page features a banner image of a scale of justice with the word "Privacy" overlaid. Below the banner is a navigation menu with links: Main, Web Privacy Notice, Privacy Impact Assessments, and Privacy References. The main content area is titled "Privacy Policy" and begins with a thank-you message: "Thank you for visiting the Office of Personnel Management (OPM) website and reviewing our privacy policy. Our privacy policy is clear. We will collect no personal information about you when you visit our website unless you choose to provide that information to us." It then states: "Here is how we handle information about your visit to our website:" followed by a section titled "Information Collected and Stored Automatically". This section explains that information is collected automatically when users browse, read pages, or download information. A list of five items is provided: 1. The Internet domain (e.g., "youragency.gov" or "yourschool.edu" or "xcompany.com" or IP address); 2. The type of browser and operating system; 3. The date and time of access; 4. The pages visited; 5. The address of the website linked to. The text continues: "We use this information to help us make our site more useful to visitors to learn about the number of visitors to our site and the types of technology our visitors use. We do not track or record information about individuals and their visits. We do not enable 'cookies.' (A 'cookie' is a file placed on your hard drive by a website that allows it to monitor your use of the site.)" Next is a section titled "If You Send Us Personal Information", which states that personal information is used to respond to messages and requests, but not for commercial marketing. This is followed by "Links to Other Sites", which notes that links to other agencies or organizations do not constitute an endorsement. The "Site Security" section states that the website is secured by a Government computer system. At the bottom, the contact information for the U.S. Office of Personnel Management is provided: 1900 E Street NW, Washington, DC 20415 | (202) 606-1800 | TTY (202) 606-2532. A small "HELP" icon is visible in the bottom right corner of the page content.

Privacy Policy - Windows Internet Explorer

<http://www.opm.gov/privacy/web.asp>

OPM.gov Home | Subject Index | Important Links | Contact Us | Help

U.S. OFFICE OF PERSONNEL MANAGEMENT
Ensuring the Federal Government has an effective civilian workforce

Privacy

Main | Web Privacy Notice | Privacy Impact Assessments | Privacy References

Privacy Policy

Thank you for visiting the Office of Personnel Management (OPM) website and reviewing our privacy policy. Our privacy policy is clear. We will collect no personal information about you when you visit our website unless you choose to provide that information to us.

Here is how we handle information about your visit to our website:

Information Collected and Stored Automatically

If you do nothing during your visit but browse through the website, read pages, or download information, we will gather and store certain information about your visit automatically. This information does not identify you personally. We automatically collect and store only the following information about your visit:

1. The Internet domain (for example, "youragency.gov" if you connect from a government domain, "yourschool.edu" if you connect from a university's domain, or "xcompany.com" if you use a private Internet access account) and IP address (an IP address is a number that is automatically assigned to your computer whenever you are surfing the Web) from which you access our website;
2. The type of browser and operating system used to access our site;
3. The date and time you access our site;
4. The pages you visit; and
5. If you linked to our website from another website, the address of that website.

We use this information to help us make our site more useful to visitors to learn about the number of visitors to our site and the types of technology our visitors use. We do not track or record information about individuals and their visits. We do not enable "cookies." (A "cookie" is a file placed on your hard drive by a website that allows it to monitor your use of the site.)

If You Send Us Personal Information

If you choose to provide us with personal information as in an email to one of our online email boxes, or by filling out a form with your personal information and submitting it to us through our website we use that information to respond to your message and to help us get you the information you have requested. We treat emails the same way we treat letters sent to OPM, but we do not collect personal information for any purpose other than to respond to you. We collect personally identifiable information (name, email address, Social Security number, or other unique identifier) only if specifically and knowingly provided by you. We only share the information you give us with another government agency if your inquiry relates to that agency, or as otherwise required by law. Moreover, we do not create individual profiles with the information you provide or give it to any private organizations. We do not collect information for commercial marketing.

Links to Other Sites

Our website has links to other federal agencies. We also link to other organizations' websites when we have a good business reason to do so. This does not constitute an endorsement of their policies or products. Once you link to another site, you are subject to the privacy policy of the new site.

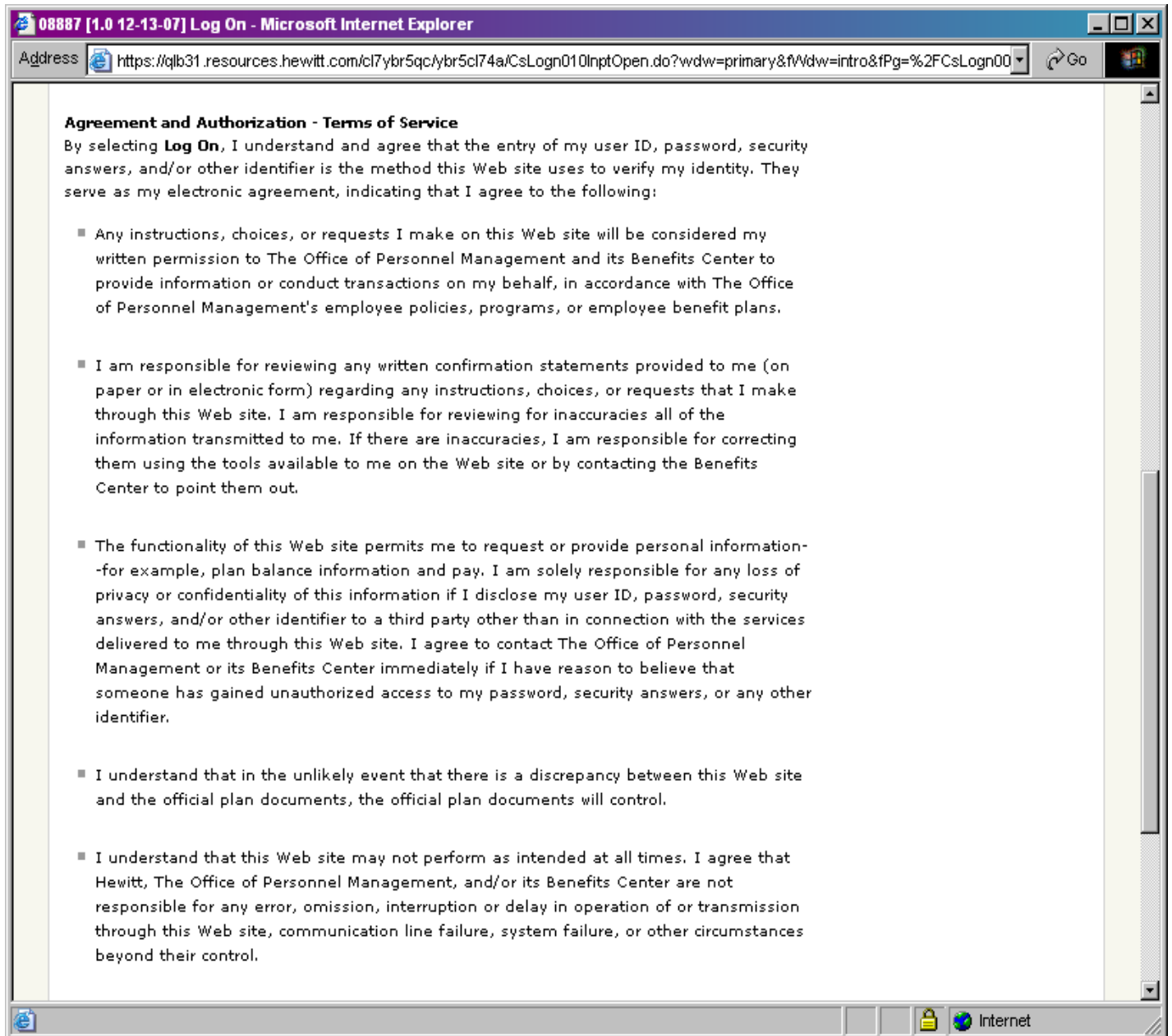
Site Security

We ensure that our website remains available to all users by using a Government computer system that employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage.

U.S. Office of Personnel Management 1900 E Street NW, Washington, DC 20415 | (202) 606-1800 | TTY (202) 606-2532

Internet 100%

Terms of Service



The screenshot shows a Microsoft Internet Explorer browser window. The title bar reads "08887 [1.0 12-13-07] Log On - Microsoft Internet Explorer". The address bar contains the URL: "https://qlb31.resources.hewitt.com/cl7ybr5qc/ybr5cl74a/CsLogn010lnptOpen.do?wdw=primary&fVvdw=intro&fPg=%2FCsLogn00". The main content area displays the following text:

Agreement and Authorization - Terms of Service

By selecting **Log On**, I understand and agree that the entry of my user ID, password, security answers, and/or other identifier is the method this Web site uses to verify my identity. They serve as my electronic agreement, indicating that I agree to the following:

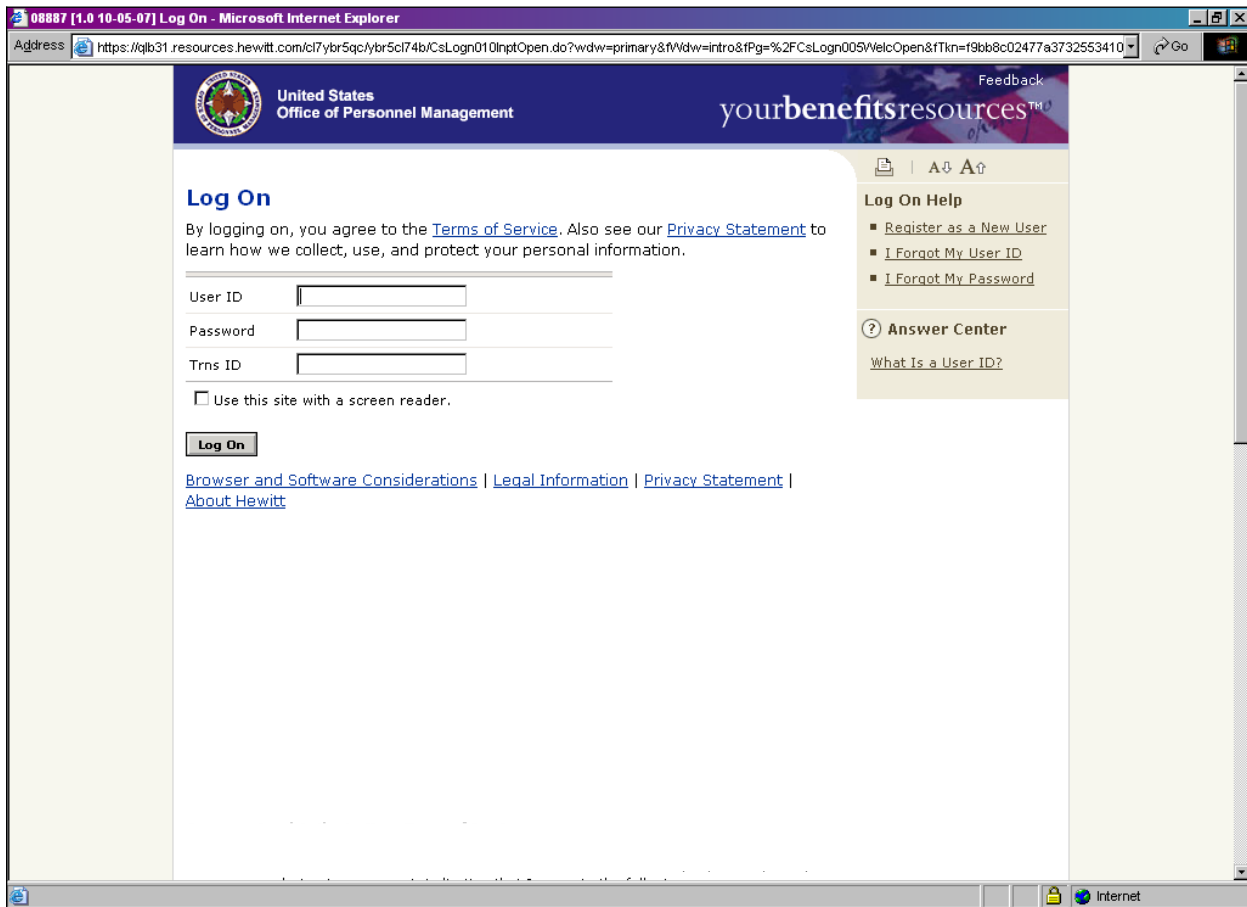
- Any instructions, choices, or requests I make on this Web site will be considered my written permission to The Office of Personnel Management and its Benefits Center to provide information or conduct transactions on my behalf, in accordance with The Office of Personnel Management's employee policies, programs, or employee benefit plans.
- I am responsible for reviewing any written confirmation statements provided to me (on paper or in electronic form) regarding any instructions, choices, or requests that I make through this Web site. I am responsible for reviewing for inaccuracies all of the information transmitted to me. If there are inaccuracies, I am responsible for correcting them using the tools available to me on the Web site or by contacting the Benefits Center to point them out.
- The functionality of this Web site permits me to request or provide personal information - for example, plan balance information and pay. I am solely responsible for any loss of privacy or confidentiality of this information if I disclose my user ID, password, security answers, and/or other identifier to a third party other than in connection with the services delivered to me through this Web site. I agree to contact The Office of Personnel Management or its Benefits Center immediately if I have reason to believe that someone has gained unauthorized access to my password, security answers, or any other identifier.
- I understand that in the unlikely event that there is a discrepancy between this Web site and the official plan documents, the official plan documents will control.
- I understand that this Web site may not perform as intended at all times. I agree that Hewitt, The Office of Personnel Management, and/or its Benefits Center are not responsible for any error, omission, interruption or delay in operation of or transmission through this Web site, communication line failure, system failure, or other circumstances beyond their control.

The browser's status bar at the bottom shows a lock icon and the text "Internet".

Information Collection - Confirmation of Password Reset

Description: Sent to any YBR user new to the system needing a temporary password for initial access.

Step 1 – User logs in to the YBR tool.



Step 2 – User clicks on ‘Personal Info’ tab and then ‘log on info’ tab

The screenshot shows the 'Your Profile' page of the United States Office of Personnel Management. The browser title is '08887 [1.0 10-05-07] Your Profile - Microsoft Internet Explorer'. The address bar shows a URL from hewitt.com. The page header includes 'United States Office of Personnel Management' and 'yourbenefitsresources™'. Navigation tabs include 'Personal Info' (circled in red) and 'Log On Info' (circled in red). The main content area is titled 'Your Profile' and contains sections for 'About You', 'Email Addresses', and 'Mailing Addresses'. The 'About You' section includes fields for Name, Birth Date, Zip Code, Employment Category, Day Phone, Hire Date, Spouse Birth Date, and Location. The 'Email Addresses' section shows a 'Personal Email' field with the value '123@hewitt.com' and a 'Change | Delete' link. The 'Mailing Addresses' section shows a 'Permanent' address. A 'Did You Know?' box is present, stating: 'You'll receive benefits communications as quickly as possible if you change your preferred form of correspondence to the Secure Mailbox. Communications are delivered more quickly to the Secure Mailbox on this site than by postal mail.' Below this, there is a heading for 'Preferred Form of Correspondence' and a 'Preferred Mailing Address' field with a 'Change' link. The footer contains links for 'About This Site', 'Legal Info', 'Privacy Statement', 'Contact Us', and 'Log Off', along with a copyright notice for Hewitt Management Company LLC.

Step 3 – User clicks on ‘change’ link under ‘Password and Hint’ heading

08887 [1.0 10-05-07] Log On Info - Microsoft Internet Explorer
Address https://qib31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/CsLognInfo010GdeOpen.do?wdw=primary&Pg=%2FCsPrfl010GdeOpen&ITkn=49d4a3bbba9260cc98bd8a7e228c4fd

United States Office of Personnel Management
Secure Mailbox | Feedback | Contact Us | Log Off
yourbenefitsresources™

Pension Retirement Planning **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Log On Info

User ID
471000047035 [Change](#)

Password and Hint
Your password is on file. [Change](#)
Your hint is Number

Security Questions
Your answers are on file. [Change](#)

Find It Fast
Personal Info
Beneficiaries

a Hewitt eSolution [About This Site](#) | [Legal Info](#) | [Privacy Statement](#) | [Feedback](#) | [Contact Us](#) | [Log Off](#)
Copyright © 2005-2007 Hewitt Management Company LLC

Internal Links and Test Information

[Manifest Info](#) | [Client Id Override](#) | [PartParmChanger](#)

Session Id: uGcC83703mv4dzUF0zmF6Pe **System Date:** Mon Oct 01 14:22:57 CDT 2007
Request Id: 5969762535 **Trns Id:** GLLB
Prsn Id: 035771300 **Prsn Intn Id:** 471350047
Action: /CsLognInfo010GdeOpen

Done Internet

Step 4 – User clicks enters new password, re-enters new password, and a password hint (optional)

08887 [1.0 10-05-07] Password - Change Your Password and Hint - Microsoft Internet Explorer

Address <https://qjb31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/CsLoginInfo030PswdHintOpen.do?wdw=primary&Pg=%2FCsLoginInfo010GdeOpen&Tkn=97e52607d533teff9sec259>

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Pension Retirement Planning **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Change Your Password and Hint

New Password

Password Tips
(Enter 8 to 20 letters and/or numbers. Passwords aren't case sensitive. Spaces and special characters aren't allowed.)

Reenter Password

Hint (optional)

(Enter up to 60 letters and/or numbers. Hints aren't case sensitive.)

[About This Site](#) | [Legal Info](#) | [Privacy Statement](#) | [Feedback](#) | [Contact Us](#) | [Log Off](#)

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Internal Links and Test Information

[Manifest Info](#) | [Client Id Override](#) | [PartParmChanger](#)

Session Id: uGcC83703mv4dzUF0zmF6Pe **System Date:** Mon Oct 01 14:22:57 CDT 2007
Request Id: 5104255369 **Trns Id:** GLLB
Prsn Id: 035771300 **Prsn Intn Id:** 471350047
Action: /CsLoginInfo030PswdHintOpen

Internet

Step 5 – Once user has entered his/her new password information, they click the 'Change Password' button and the following confirmation form is sent to them via mail:



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

Office of Personnel Management Confirmation of Password Reset

Statement Date 10-01-2007



A000002
JANE DOE-016
4655 N. OAKLEY
CHICAGO IL 60657

This statement confirms your request to reset your Password. As of October 1, 2007, your new temporary Password is **35000044**.

To access your personal information via the Web site, go to the *Your Benefits Resources™* at <http://resources.hewitt.com/opm>, and enter:

- Your User ID
- Your temporary Password
- A permanent Password you'll create when prompted

To access your personal information via the automated telephone system, call **1-888-767-6738** and enter:

- Information to uniquely identify yourself
- Your temporary Password
- A permanent Password you'll create when prompted

You'll need to uniquely identify yourself and provide your Password to access your personal information. If you forget your Password, you can't access your information until you request and receive a new Password.

It is important that you carefully read the Authorization Statement below before you use your Password and Security Answers. This Authorization Statement, which is a legal agreement between you and Office of Personnel Management, makes it possible for Office of Personnel Management to offer you easy and convenient access to your personal information. By using your Password and Security Answers, you agree to be bound by the terms of the Authorization Statement.

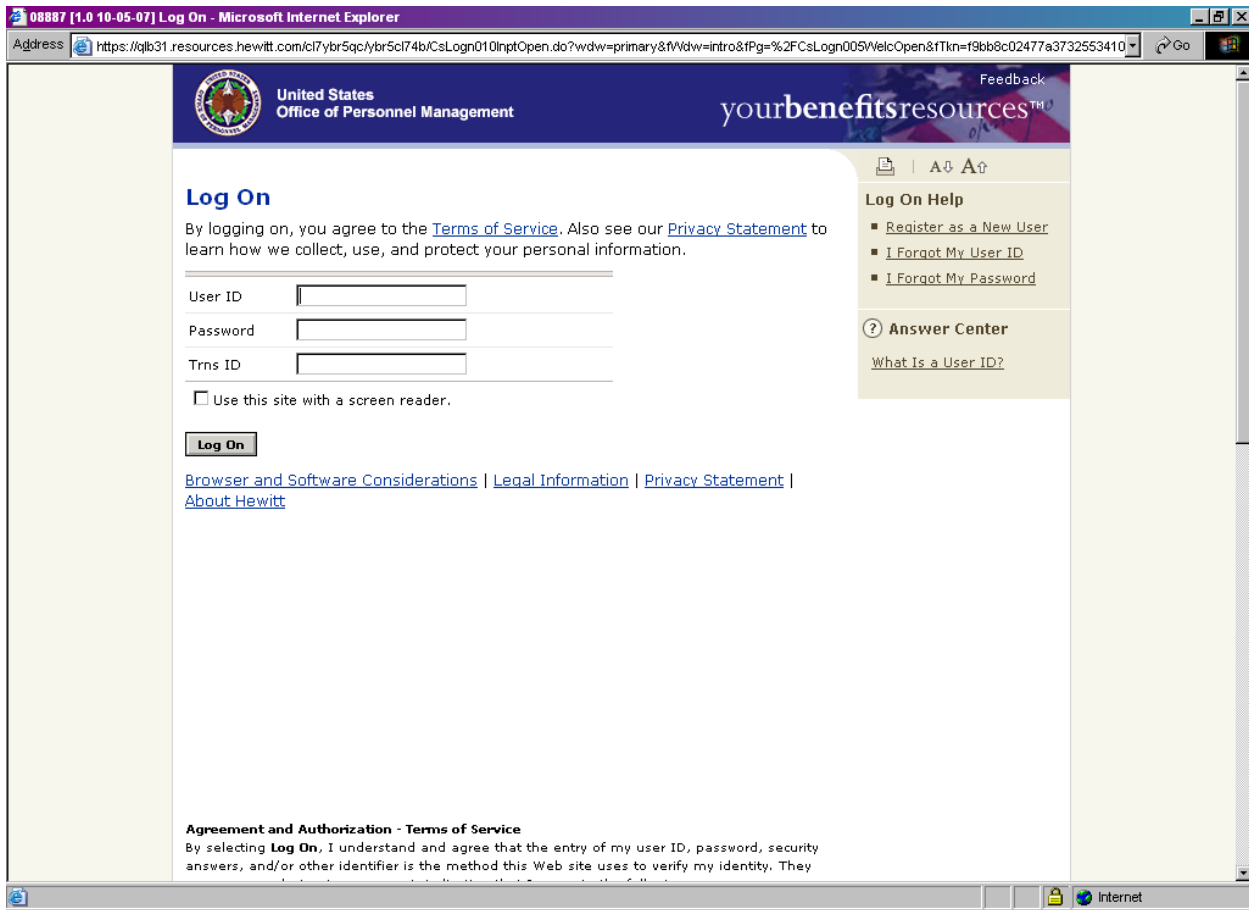
471160059 08887-A000002



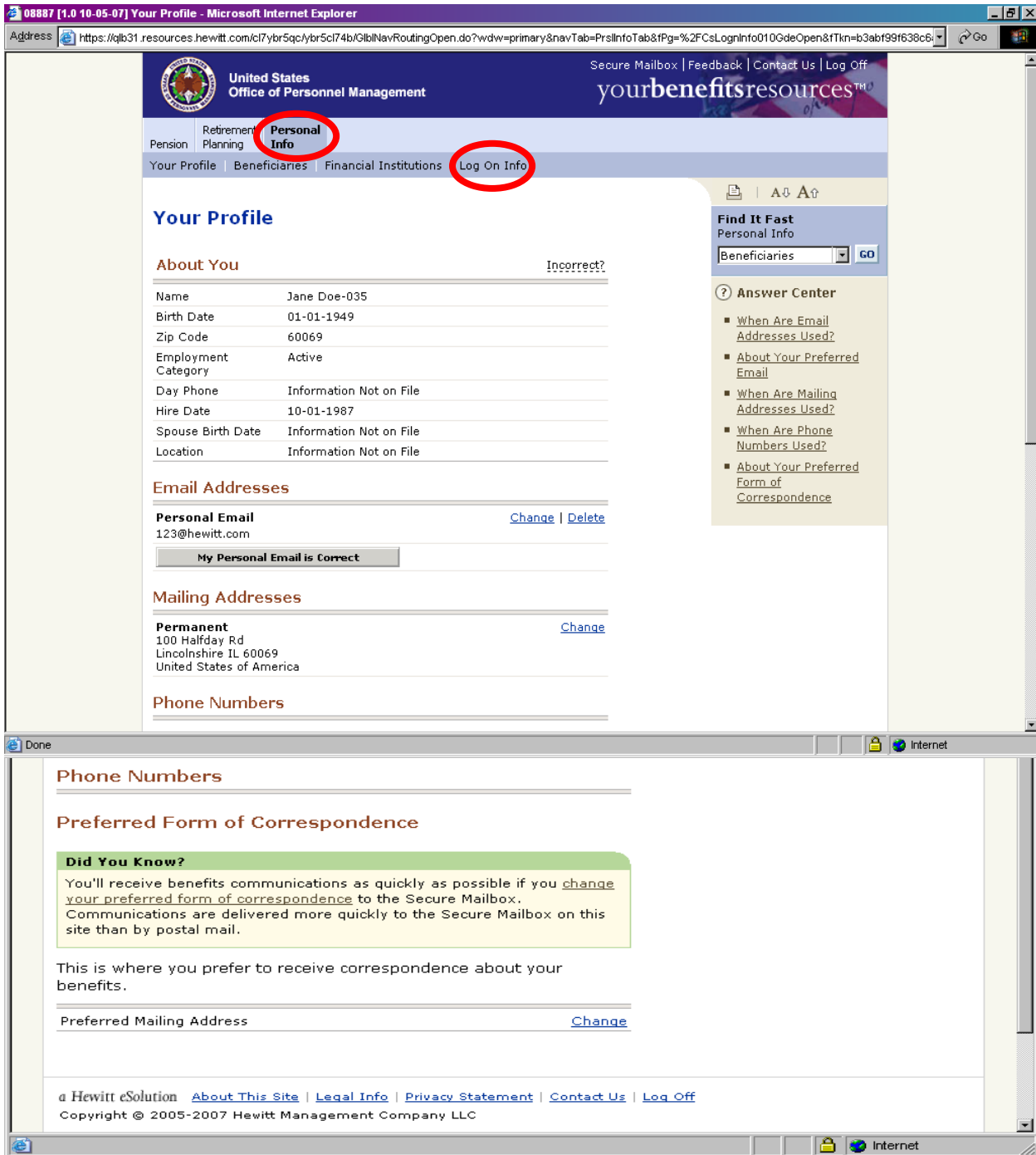
Information Collection: Confirmation of Security Change

Description: This notice is sent to anyone who updates or changes their security credentials on YBR to mitigate possible fraud.

Step 1 – User logs in to the YBR tool.



Step 2 – User clicks on ‘Personal Info’ tab and then ‘log on info’ tab



Step 3 – User clicks on ‘change’ link under ‘Security Questions’ heading

08887 [1.0 10-05-07] Log On Info - Microsoft Internet Explorer

Address <https://qib31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/CsLognInfo010GdeOpen.do?wdw=primary&Pg=%2FCsPrfl010GdeOpen&TKn=49d4a3bbba9260cc98bd8a7e228c4fd>

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Pension Retirement Planning **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Log On Info

User ID
471000047035 [Change](#)

Password and Hint
Your password is on file. [Change](#)
Your hint is Number

Security Questions
Your answers are on file. [Change](#)

Find It Fast
Personal Info
Beneficiaries

a Hewitt eSolution [About This Site](#) | [Legal Info](#) | [Privacy Statement](#) | [Feedback](#) | [Contact Us](#) | [Log Off](#)
Copyright © 2005-2007 Hewitt Management Company LLC

Internal Links and Test Information

[Manifest Info](#) | [Client Id Override](#) | [PartParmChanger](#)

Session Id: uGcC83703mv4dzUF0zmF6Pe **System Date:** Mon Oct 01 14:22:57 CDT 2007
Request Id: 5969762535 **Trns Id:** GLLB
Prsn Id: 035771300 **Prsn Intn Id:** 471350047
Action: /CsLognInfo010GdeOpen

Done Internet

Step 4 – The user provides answers to 5 security questions that will be used in the event the user forgets his/her password.

08887 [1.0 10-05-07] Security Questions - Change Your Security Questions - Microsoft Internet Explorer

Address <https://qlb31.resources.hewitt.com/ci7ybr5qc/yr5ci74b/CsLoginInfo040SecuQuesOpen.do?wdw=primary&fPg=%2FCsLoginInfo010GdeOpen&fTkn=a7e3bc930b6a6aaa2d7cbl> Go

United States Office of Personnel Management Secure Mailbox | Feedback | Contact Us | Log Off
yourbenefitsresources™

Action Needed | Health, Insurance... | Pension | Retirement Planning | **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Security Questions

Change Your Security Questions



This security feature saves you time if you ever forget your password. If that happens, you'll be asked to answer security questions. Your answers must match exactly how you enter the information below. If your answers match, you'll be able to change your password and access the site immediately. You won't have to wait until you request and receive a new password.

Choose and answer 5 different questions. (Answers aren't case sensitive and you must remember exact spelling.)

1.
--Choose One--
What's your father's middle name?
What's your spouse's middle name?
2.
What's your best friend's last name?
What was the name of your best friend when you were growing up?
What was the name of your first pet?
3.
What's the name of the city or town you were born in?
What was the name of the street you lived on when you were growing up?
What was the name of your first school?
4.
Answer
5.
Answer

Done Internet

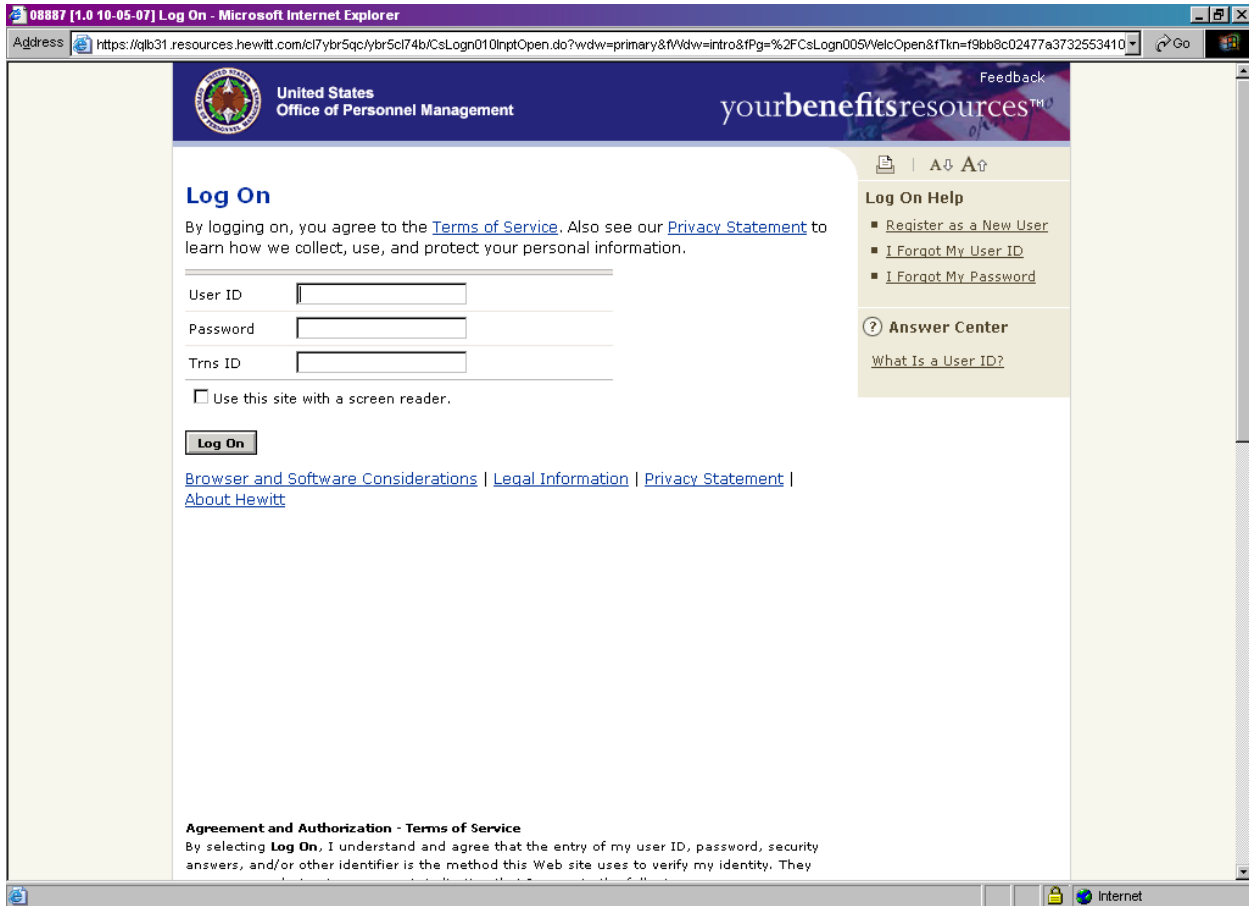
Step 5 – Once user has entered his/her security question answers, they click the 'Change Security Questions' button and the following confirmation form is sent to them via mail:

<p>U.S. Office of Personnel Management Retirement Operations Center Post Office Box 45 Boyers, PA 16017-0045</p>	<p>Office of Personnel Management Confirmation of Security Change</p>
<p>Statement Date 11-01-2007</p>	
<p> A000013 JANE HM-UAT-TEST A. UAT001010000-001 DO NOT MAIL NORFOLK VA 23503</p>	
<p>This statement confirms that you initialized/changed one or more of the following items on March 23, 2007.</p>	
<ul style="list-style-type: none">• User ID• Password• Security Answers	
<p>It is important that you carefully read the Authorization Statement below before you use your Password and Security Answers. This Authorization Statement, which is a legal agreement between you and Office of Personnel Management, makes it possible for Office of Personnel Management to offer you easy and convenient access to your personal information. By using your Password and Security Answers, you agree to be bound by the terms of the Authorization Statement.</p>	
<p>Authorization Statement</p>	
<p>Your User ID, Password and Security Answers are used to verify your identity and allow you to access and affect changes to your personal information. When used, they serve as your electronic agreement, indicating that you agree to the following:</p>	
<ul style="list-style-type: none">• Any instructions, choices or requests you make through the Web site or the Retirement Information Office will be considered your written permission to the Office of Personnel Management and the Retirement Information Office to provide information or conduct transactions on your behalf, in accordance with the policies, programs, practices and benefit plans administered by the Office of Personnel Management.	
<p>000011000 08887-A000013 </p>	

Information Collection: Confirmation of Address Change

Description: This notice is sent to any annuitant or former employee on DBTS who changes their address to mitigate possible fraud (it is sent to the former and new address).

Step 1 – User logs in to the YBR tool.



Step 2 – User clicks on ‘Personal Info’ tab and then ‘Your Profile’ tab

The screenshot shows a web browser window with the URL: <https://qib31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/GlbNavRoutingOpen.do?wdw=primary&navTab=PrsInfoTab&fPg=%2FCsLoginInfo010GdeOpen&ITkn=b3abf99f638c6i>. The page header includes the United States Office of Personnel Management logo and the text "yourbenefitsresources™". Navigation links include "Retirement", "Personal Info", "Your Profile", "Beneficiaries", and "Financial Institutions | Log On Info". The "Personal Info" and "Your Profile" tabs are circled in red. The main content area is titled "Your Profile" and contains sections for "About You", "Email Addresses", "Mailing Addresses", and "Phone Numbers". The "About You" section includes fields for Name, Birth Date, Zip Code, Employment Category, Day Phone, Hire Date, Spouse Birth Date, and Location. The "Email Addresses" section shows a "Personal Email" of 123@hewitt.com with "Change" and "Delete" links, and a confirmation message "My Personal Email is Correct". The "Mailing Addresses" section shows a "Permanent" address: 100 Halfday Rd, Lincolnshire IL 60069, United States of America. The "Phone Numbers" section is currently empty. On the right side, there is a "Find It Fast" search box with "Personal Info" selected and a "GO" button, and an "Answer Center" with several links: "When Are Email Addresses Used?", "About Your Preferred Email", "When Are Mailing Addresses Used?", "When Are Phone Numbers Used?", and "About Your Preferred Form of Correspondence".

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Retirement
Personal Info
Your Profile
Beneficiaries | Financial Institutions | Log On Info

Your Profile

About You [Incorrect?](#)

Name	Jane Doe-035
Birth Date	01-01-1949
Zip Code	60069
Employment Category	Active
Day Phone	Information Not on File
Hire Date	10-01-1987
Spouse Birth Date	Information Not on File
Location	Information Not on File

Email Addresses

Personal Email [Change](#) | [Delete](#)
123@hewitt.com

My Personal Email is Correct

Mailing Addresses

Permanent [Change](#)
100 Halfday Rd
Lincolnshire IL 60069
United States of America

Phone Numbers

Find It Fast
Personal Info
Beneficiaries

Answer Center

- When Are Email Addresses Used?
- About Your Preferred Email
- When Are Mailing Addresses Used?
- When Are Phone Numbers Used?
- About Your Preferred Form of Correspondence

Step 3 – User clicks on ‘change’ link under ‘Mailing Address’ heading

The screenshot shows a Microsoft Internet Explorer browser window displaying a user profile page from the United States Office of Personnel Management. The page is titled "Your Profile" and contains several sections: "About You", "Email Addresses", "Mailing Addresses", and "Phone Numbers". The "Mailing Addresses" section is highlighted with a red circle around the "Change" link. The "Email Addresses" section shows a personal email address "123@hewitt.com" with "Change" and "Delete" links. The "About You" section contains a table of personal information. The "Answer Center" sidebar on the right lists various help topics.

08887 [1.0 10-05-07] Your Profile - Microsoft Internet Explorer
Address https://qjb31_resources.hewitt.com/ci7ybr5qc/ybr5ci74b/GliiNavRoutingOpen.do?wdw=primary&navTab=PrslInfoTab&fPg=%2FCsLognInfo010GdeOpen&fTkn=b3abf99f638c6i

United States Office of Personnel Management
Secure Mailbox | Feedback | Contact Us | Log Off
yourbenefitsresources™

Pension Retirement Planning **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Your Profile

About You Incorrect?

Name	Jane Doe-035
Birth Date	01-01-1949
Zip Code	60069
Employment Category	Active
Day Phone	Information Not on File
Hire Date	10-01-1987
Spouse Birth Date	Information Not on File
Location	Information Not on File

Email Addresses

Personal Email Change | Delete
123@hewitt.com

My Personal Email is Correct

Mailing Addresses

Permanent Change
100 Halfday Rd
Lincolnshire IL 60069
United States of America

Phone Numbers

Find It Fast
Personal Info
Beneficiaries

Answer Center

- When Are Email Addresses Used?
- About Your Preferred Email
- When Are Mailing Addresses Used?
- When Are Phone Numbers Used?
- About Your Preferred Form of Correspondence

Done Internet

Step 4 – The user provides updated mailing address information including city, state, zip code, and country (if applicable).

08887 [1.0 10-05-07] Mailing Address - Change Mailing Address - United States of America - Microsoft Internet Explorer

Address https://qjlb31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/CsPstIAddr010Updt_10Open.do?wdwv=primary&fPg=%2FCsPrfl010GdeOpen&fTkn=60d55e4eab79238ab0354ad6c0e6 Go

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Action Needed | Health, Insurance... | Pension | Retirement Planning | **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Mailing Address

Change Mailing Address - United States of America

Your current country choice is United States of America. If you need to add an address in a different country, [Choose a Different Country](#).

Permanent

Address

City

State

Zip Code

Country United States of America

Warning: Changing this mailing address may affect where future correspondence is sent.

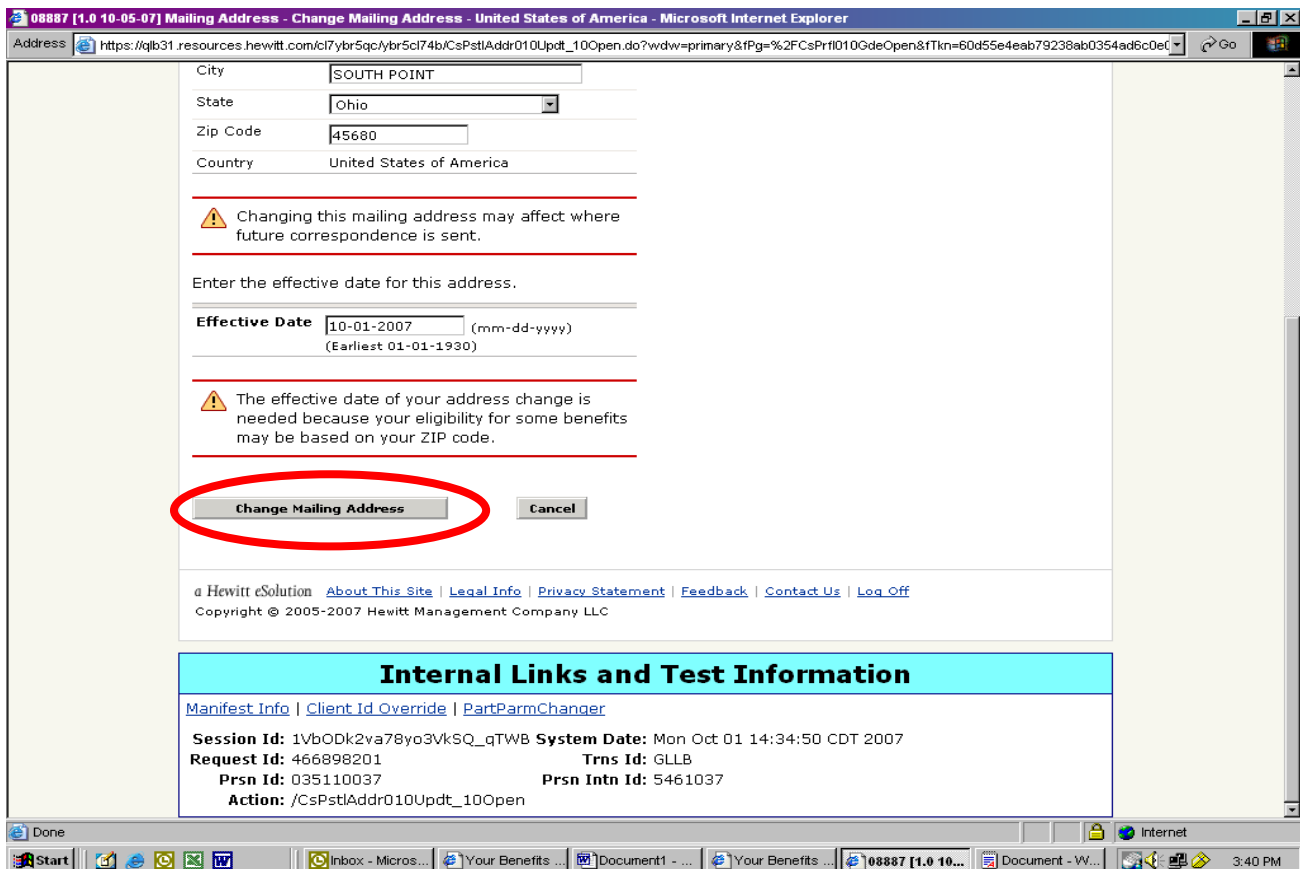
Enter the effective date for this address.

Effective Date (mm-dd-yyyy)
(Earliest 01-01-1930)



Warning: The effective date of your address change is needed because your eligibility for some benefits may be based on your ZIP code.

Done Internet

Step 4 (continued) – User completes updates, provides the effective date of the address, and clicks the ‘Change Mailing Address’ button



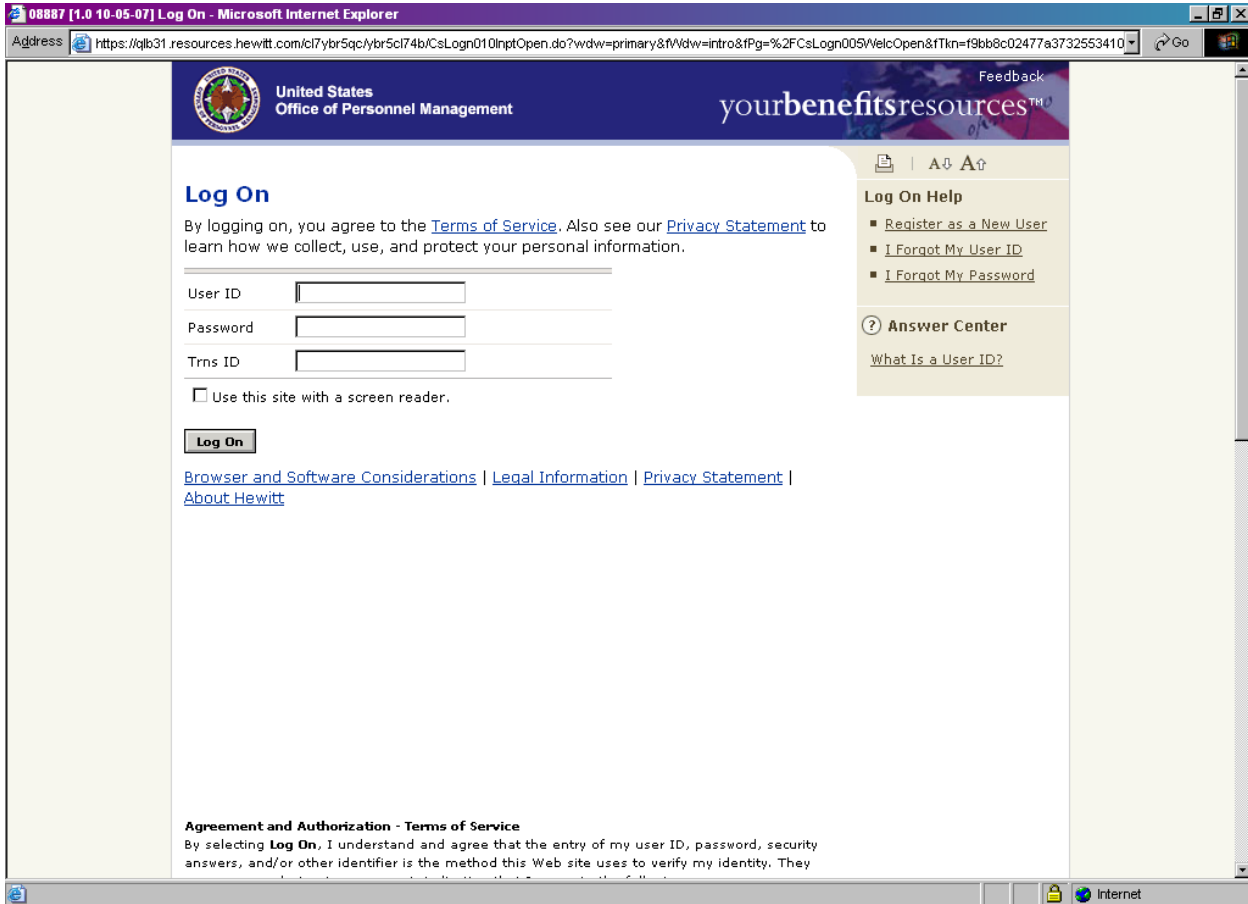
Step 5 – Once user has submitted his/her new address information the following confirmation form is sent to them via mail:

	U.S. Office of Personnel Management Retirement Operations Center Post Office Box 45 Boyers, PA 16017-0045	Office of Personnel Management Confirmation of Address Change
		Statement Date 02-01-2008
 A006002 JOHN DOE-001-029 123 MAIN STREET CITY HE LIVES IL 60240		
This statement confirms that you added or changed a permanent address on file on February 1, 2008. For security reasons, this confirmation notice was sent to your previous permanent address.		
Your new address is:		
100 Half Day Road Lincolnshire IL 60069		
For More Information		
If you need additional information, access the <i>Your Benefits Resources™</i> Web site at http://resources.hewitt.com/opm or call the Retirement Information Office toll-free at 1-888-767-6738 . Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.		
<i>Your Benefits Resources™</i> is a trademark of Hewitt Management Company LLC.		
		050003908 08887-A000002 

Information Collection: Confirmation of Preference Change

Description: This notice is sent to anyone who changes the preference of how they would like to receive forms from DBTS (electronic or US Mail).

Step 1 – User logs in to the YBR tool.



Step 2 – The user selects the ‘Personal Info’ tab. Once on the ‘Your Profile’ screen, the user can then make address (email or mailing) changes.

08887 [1.0 10-05-07] Your Profile - Microsoft Internet Explorer
Address <https://qib31.resources.hewitt.com/ci7ybr5qc/ybr5c174b/Glb/NavRoutingOpen.do?wdw=primary&navTab=PrslInfoTab&Pg=%2FCsLognInfo010GdeOpen&ITkn=b3abf99f638c6>

United States Office of Personnel Management
Secure Mailbox | Feedback | Contact Us | Log Off
yourbenefitsresources™

Pension Retirement Planning **Personal Info**

Your Profile | Beneficiaries | Financial Institutions | Log On Info

Your Profile

About You [Incorrect?](#)

Name	Jane Doe-035
Birth Date	01-01-1949
Zip Code	60069
Employment Category	Active
Day Phone	Information Not on File
Hire Date	10-01-1987
Spouse Birth Date	Information Not on File
Location	Information Not on File

Email Addresses

Personal Email [Change](#) | [Delete](#)
123@hewitt.com

My Personal Email is Correct

Mailing Addresses

Permanent [Change](#)
100 Halfday Rd
Lincolnshire IL 60069
United States of America

Phone Numbers

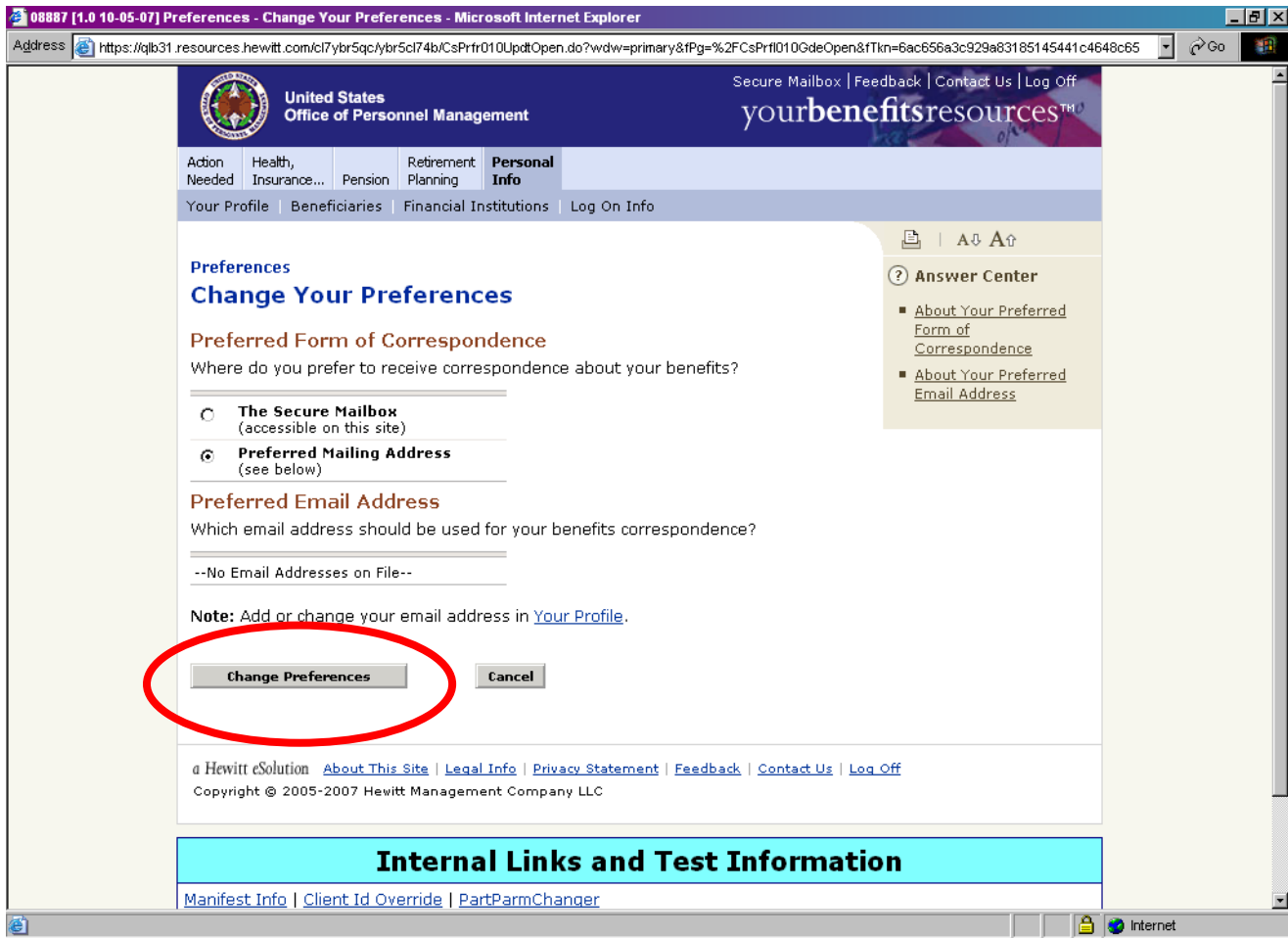
Find It Fast
Personal Info
Beneficiaries

Answer Center

- When Are Email Addresses Used?
- About Your Preferred Email
- When Are Mailing Addresses Used?
- When Are Phone Numbers Used?
- About Your Preferred Form of Correspondence

Done Internet

Step 3 – The user will be prompted to select his/her preferred form of correspondence and then clicks the ‘Change Preferences’ button.



Step 4 – Once user has submitted his/her preferences the following confirmation form is sent to them via mail:



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

Office of Personnel Management Confirmation of Preference Change

Statement Date 02-01-2008



A000001
JOHN DOE-001-029
123 MAIN STREET
CITY HE LIVES IL 60240

This statement confirms that you changed one or more of your address preferences on February 1, 2008.
For security reasons, this confirmation notice was sent to your permanent address.

Your correspondence preference is U.S. Mail.

Your mailing address preference is:

100 Half Day Road
Lincolnshire IL 60069

You do not have an e-mail address preference on file.

For More Information

If you need additional information, access the *Your Benefits Resources*[™] Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at **1-888-767-6738**. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

Your Benefits Resources[™] is a trademark of Hewitt Management Company LLC.

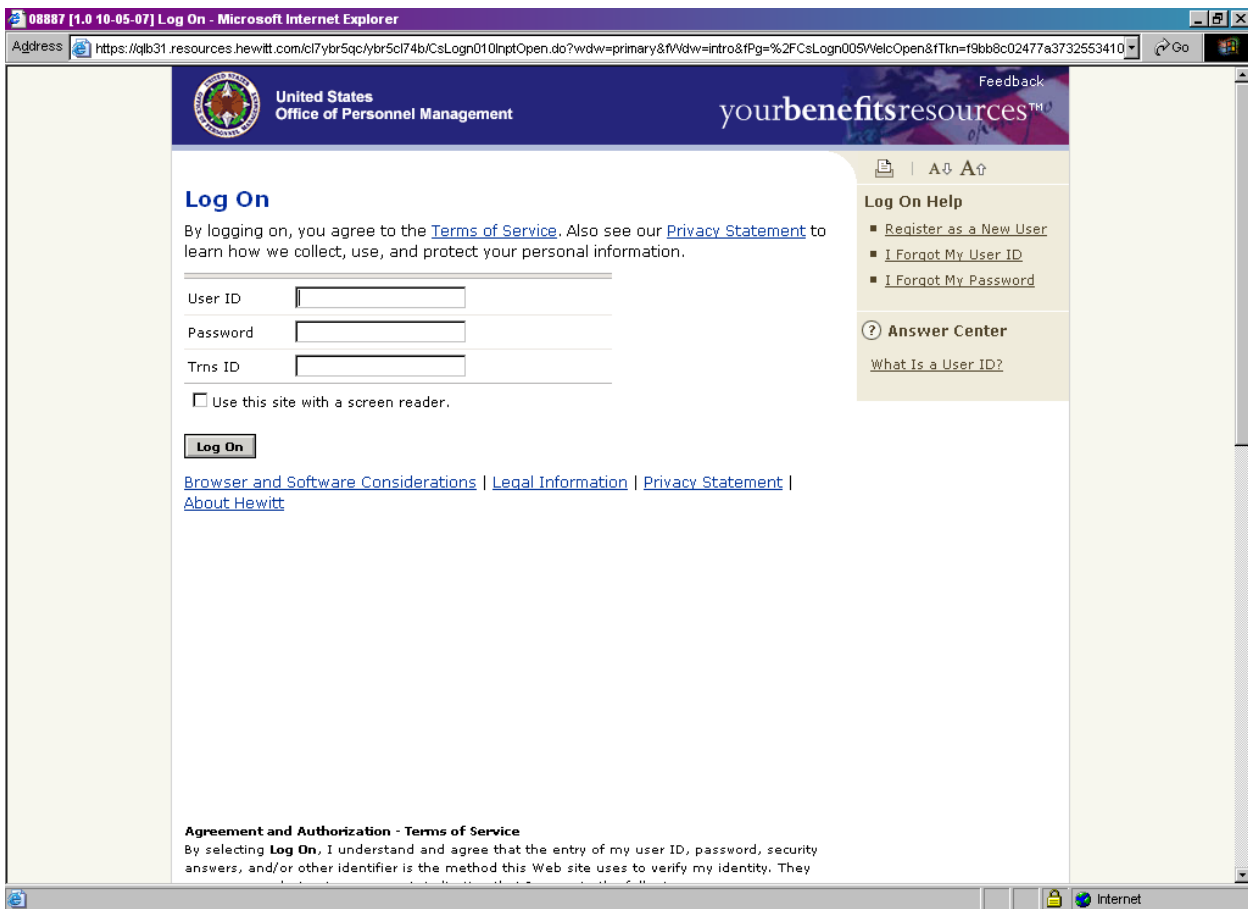
050003908 08887-A000001



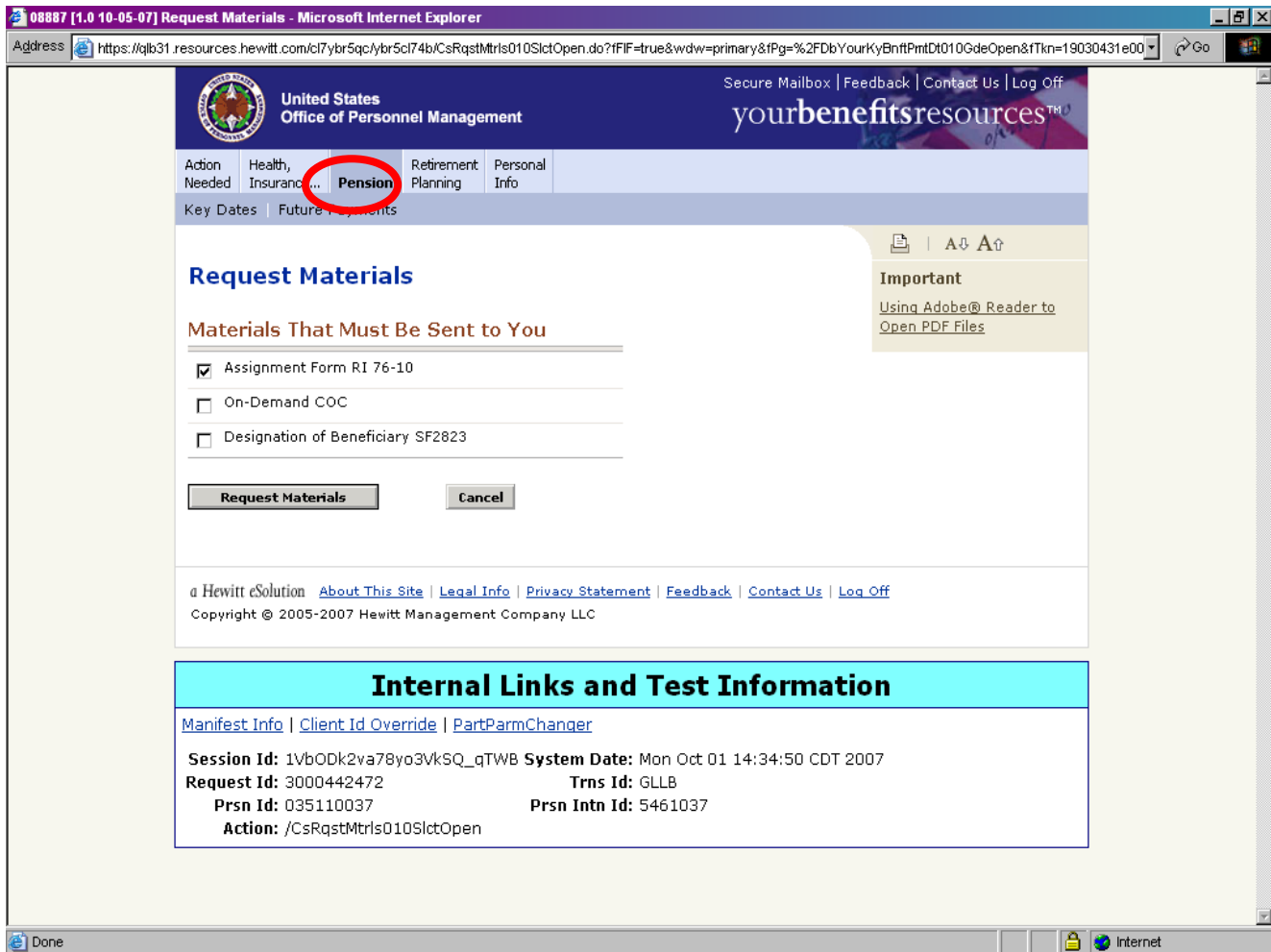
Information Collection: Assignment Cover Letter

Description: This cover letter accompanies the Assignment Form which provides a method to the annuitant of assigning his or her Basic Life Insurance, Option A Standard Life Insurance, and Option B Additional Life Insurance to another individual or a trust.



Step 1 – User logs in to the YBR tool.



Step 2 – The user selects the ‘Pension’ tab and will select the ‘assignment form’ to be sent to their preferred mailing address. The user selects the ‘Request Materials’ button.



Step 3 – The user will receive the following confirmation form via mail as well as the requested Assignment Form (RI 76-10):

U.S. Office of Personnel Management Retirement Operations Center Post Office Box 45 Boyers, PA 16017-0045	Assignment Cover Letter
Statement Date 11-01-2007	
 A000012 C3 UAT 2-70 TESTCASE YBR-017 100 HALF DAY ROAD LINCOLNSHIRE IL 60069	
Attached is the Assignment Form you requested.	
Instructions	
<ol style="list-style-type: none">1. Complete the form.2. Sign the form. Make sure you sign and date the form.3. The form must be signed by two witnesses. (A witness cannot be an assignee).4. Make a copy of the form for your files and return the original form to OPM in the return envelope provided.	
The Assignment Form will be forwarded to the insurance company for approval.	
For More Information	
If you need additional information, access the <i>Your Benefits Resources</i> [™] Web site at http://resources.hewitt.com/opm or call the Retirement Information Office toll-free at 1-888-767-6738 . Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.	
<i>Your Benefits Resources</i> [™] is a trademark of Hewitt Management Company LLC.	
031189037 08887-A000012	



Assignment Federal Employees' Group Life Insurance (FEGLI) Program

Note: Read instructions on the back of Part 2 before completing this form.

***This is NOT a Designation of Beneficiary. Use SF 2823 to designate beneficiaries.**

A. Information About the Insured (not the Assignee) (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: <input type="checkbox"/> As an employee Place an "X" in the appropriate box. <input type="checkbox"/> A retiree <input type="checkbox"/> A compensation		If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSP", or "OWCP" claim number:	
Department or agency in which the Insured is presently employed (if retired, list department or agency where the Insured worked):			
Department or agency	Branch or Division	Location (City, state, and ZIP code)	

B. Information About the Assignee(s) (type or print)

Full name (last, first, middle) and address (including ZIP code)	Share of the premium	Policy description (if known)	Beneficiary	Assigned (check box)

Total (Must equal 100% or 1.0) (Do not use dollar amounts or types of insurance) _____

C. Statement of Insured or Assignee (type or print)

Your name and address (including ZIP code)	Please check one: I am:	Please check both of these:
	<input type="checkbox"/> the Insured <input type="checkbox"/> an Assignee	<input type="checkbox"/> I have signed this form in the presence of the two witnesses who have signed below. <input type="checkbox"/> I did not name either witness as an assignee.
See back of Part 2 for definitions.		

I understand that upon the Insured's death, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay the share of any living assignee to the assignee's designated beneficiary, if there is one. If the assignee did not designate a beneficiary, OFEGLI will pay the assignee, if living. If the assignee dies before the Insured dies, and he/she did not designate a beneficiary, or all of the beneficiary(ies) die(s) before the Insured dies, OFEGLI will pay the assignee's estate.

I understand that the Insured must continue to pay life insurance premiums, even after the assignment.

I understand that I can never cancel this assignment.

I assign all present and future right, title, interest, and incidents of ownership in the Insured's FEGLI coverage (except Option C - Family) to the Assignee(s) listed above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures 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)
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D. Witnesses To Signature (A witness cannot be an assignee)

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
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See back of Part 2 for instructions on where to send this form. Do not send it to the Office of Federal Employees' Group Life Insurance.



Assignment Federal Employees' Group Life Insurance (FEGLI) Program

***This is NOT a Designation of Beneficiary. Use SF 2823 to designate beneficiaries.**

Note: Read instructions on the back of Part 2 before completing in this form.

A. Information About the Insured (not the Assignee) (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: <input type="checkbox"/> An employee Place an "X" in the appropriate box. <input type="checkbox"/> A retiree <input type="checkbox"/> A compensation		
If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number:		
Department or agency in which the Insured is presently employed (if retired, list department or agency where the Insured worked):		
Department or agency	Bureau or Division	Location (City, state, and ZIP code)

B. Information About the Assignee(s) (type or print)

Name (Last, first, middle) and Federal Employee or Retiree Number	Share of Ownership	Address (including ZIP code)	Relationship	Type of Property Interest
Total (Must equal 100% or 1.0) (Do not use dollar amounts or types of insurance)				

C. Statement of Insured or Assignee (type or print)

Your name and address (including ZIP code)	Please check one: I am <input type="checkbox"/> the Insured <input type="checkbox"/> an Assignee	Please check both of these: <input type="checkbox"/> I have signed this form in the presence of the two witnesses who have signed below. <input type="checkbox"/> I did not name either witness as an assignee.
See back of Part 2 for definitions.		
I understand that upon the Insured's death, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay the share of any living assignee to the assignee's designated beneficiary, if there is one. If the assignee did not designate a beneficiary, OFEGLI will pay the assignee, if living. If the assignee dies before the Insured dies, and he/she did not designate a beneficiary, or all of the beneficiary(ies) die(s) before the Insured dies, OFEGLI will pay the assignee's estate.		I understand that the Insured must continue to pay life insurance premiums, even after the assignment. I understand that I can never cancel this assignment. I assign all present and future right, title, interest, and incidents of ownership in the Insured's FEGLI coverage (except Option C - Family) to the Assignee(s) listed above.
Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures 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 cannot be an assignee)

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
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See back of Part 2 for instructions on where to send this form. Do not send it to the Office of Federal Employees' Group Life Insurance.

Information for the Person Completing This Form (Either the Insured or an Assignee Who Is Reassigning Coverage)

The **Insured** is the employee (with the following exceptions). The **Assignee** is the person who is assigned the life insurance coverage from the Insured. The Insured and Assignee are the insured with respect to the coverage. You have assigned the coverage as a contingent beneficiary.

General

What Is An Assignment? An assignment of life insurance is the transfer of ownership and control of life insurance coverage from the Insured person to one or more persons, firms or trusts. The assignee receives the death benefits when the Insured dies, or may designate someone else to receive those benefits.

How Does An Assignment Differ From A Designation Of Beneficiary? An assignment transfers ownership and control of life insurance coverage. A designation does not. An assignee has the right to reassign the coverage to someone else. A designated beneficiary does not. The Insured can cancel a designation of beneficiary at any time, but cannot cancel an assignment. You should use this form (KI 70-10) to make an assignment and SF 2813 to make a designation.

How Does This Assignment Affect My Rights? By assigning the insurance, you give up:

1. The right to cancel the insurance coverage;
2. The right to designate and change beneficiaries;
3. The right to port (continue) Option B, if eligible, after the Insured resigns or ends ID member company status;
4. The right to convert to a private insurance policy when the FEGLI coverage terminates for any reason other than cancellation;
5. The right to change the post-65 reduction schedule for Basic insurance after the Insured makes the original election when he/she retires or begins to receive compensation. If the Insured chose No Reduction or 50% Reduction, the Assignee(s) can change it to 75% Reduction (unless the Insured received a Living Benefit). No one can change an election of No Reduction to 50% Reduction. See the SF 2818, *Continuation of Life Insurance Coverage as a Retiree or Compensationeer*, for more information.
6. The right to change the post-65 reduction schedule for Option B insurance after the Insured makes the original election when he/she retires or begins to receive compensation, under certain circumstances. If the Insured chose No Reduction, the assignee(s) can change it to Full Reduction. If the Insured chose Full Reduction, the assignee cannot change it. See the SF 2818, *Continuation of Life Insurance Coverage as a Retiree or Compensationeer*, for more information.

What Reduction Elections Can The Insured Make At Retirement? The Insured has the right to make the original election on how much Basic and Option B coverage he/she wishes to retain after he/she is age 65 and retired.

The Insured can elect either 75% Reduction, 50% Reduction or No Reduction for Basic (see the SF 2818 for more information about these choices).

The Insured can elect either Full Reduction or No Reduction for Option B (see the SF 2818 for more information about these choices). The Insured can change an election of Full Reduction to No Reduction, as applicable.

What Reduction Elections Can The Assignee(s) Make? The assignee(s) can change the Insured's Basic election to 75% Reduction (if the Insured did not already elect 75% Reduction). The assignee(s) can change the Insured's Option B election to Full Reduction (if the Insured did not already elect Full Reduction).

Can I Cancel This Assignment? No. This is an irrevocable assignment of life insurance coverage. For example, you should not make an assignment as collateral for a bank loan which you intend to repay in full. Even though you repay the loan, that assignment will remain in effect.

When Is An Assignment Cancelled? An assignment is void 31 days after the Insured's FEGLI coverage ends.

Should I Consult A Tax Attorney Or Other Professional Before Making This Assignment? You may want to. It is possible that assignment to a trust may not

exclude FEGLI benefits from your estate. It is also possible that you could inherit the FEGLI coverage through designation or death of your assignee(s).

Is There Anything I Cannot Assign? Yes. You cannot assign: (1) Family optional insurance coverage (Option C). However, if the assignee(s) cancel(s) Basic insurance, such cancellation automatically cancels all other FEGLI coverage, including Option C. (2) The right to elect more insurance coverage. The Insured retains this right. However, all of the insurance (except for Option C) that the Insured elects will automatically be subject to the existing assignment. (This applies to employees only; annuitants and compensationers cannot elect more insurance coverage.)

Who Can Cancel The Premiums? The assignee(s) can cancel the coverage. If they do so, the premiums also stop. The Insured cannot cancel the premiums or the coverage.

Completing the Form

Can I Name A Contingent Assignee? No. You cannot name a contingent assignee (for example, you cannot assign to Maria if she is living; otherwise to Joe.)

What If I Make A Mistake? If you erase or change anything on the form, you should start again with a new form. Do not submit a form with erasures or cross-outs.

What If The Insured Has Several Types Of FEGLI (Like Basic And Option A)? You must assign all of the insurance, although you do not have to assign it all to the same person. You must assign percentages or fractions of the total insurance that add up to 100% or 1, respectively.

Can I Assign Basic To Someone And Optional To Someone Else? No. You cannot assign types of coverage.

Can I Assign Dollar Amounts? No.

Can I Assign Coverage To Myself? No.

What If I Don't Have An Assignee's Social Security Number? If you don't know the number, leave it blank. We ask for the number because having it sometimes helps to identify and locate the proper assignee.

Other Information

Where Should I Send This Form? If the Insured:

- is an employee, or
- has been receiving compensation payments from the Office of Workers' Compensation Programs for less than 12 months and is still on the agency's rolls as an employee, then

send it to the Insured's employing agency.

If the Insured:

- is a retiree; or
- is receiving compensation payments from the Office of Workers' Compensation Programs and is not still employed or has been receiving compensation payments for at least 12 months; then

send it to: **Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Bajors, PA 16837-0045**

When Is The Assignment Effective? The assignment is effective on the date that the Insured's employing office or retirement system, as appropriate, receives the properly completed, signed and witnessed form.

**You cannot cancel this assignment.
The Insured cannot cancel life insurance premium withholdings for assigned FEGLI coverage.
No one can assign Option C.**

Privacy Act Statement

Title 5, U.S. Code, chapter 51, Life Insurance, authorizes collection of this information. The data you furnish will be used to determine ownership of the Insured's Federal Employees' Group Life Insurance. This information will be shared with the Office of Federal Employees' Group Life Insurance in the event of the Insured's death. It will also be shared with the Office of Personnel Management and be placed in the Insured's Official Personnel Folder or retirement file. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also request that you provide the Insured's Social Security Number so that it may be used as an individual identifier in the Federal Employees' Group Life Insurance Program. Public Law 104-104 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 5, Section 7701.

While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your assignment.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from its records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.



Assignment
Federal Employees' Group Life Insurance (FEGLI) Program
**This is NOT a Designation of Beneficiary. Use SF 2823 to designate beneficiaries.*

Note: Read instructions on the back of Part 2 before completing in this form.

A. Information About the Insured (not the Assignee) (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:		If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number:	
<input type="checkbox"/> An employee	<input type="checkbox"/> A retiree		
<input type="checkbox"/> A compensation			
Department or agency in which the Insured is presently employed (if retired, list department or agency where the Insured worked):			
Department or agency		Bureau or Division	Location (City, state, and ZIP code)

B. Information About the Assignee(s) (type or print)

Percentage of ownership of each assignee	SSN (Number)	Address (Including ZIP code)	Relationship	Percentage of each assignee
Total (Must equal 100% or 1.0) (Do not use dollar amounts or types of insurance)				

C. Statement of Insured or Assignee (type or print)

Your name and address (including ZIP code)	Please check one:	Please check both of these:
	<input type="checkbox"/> I am the Insured <input type="checkbox"/> an Assignee See back of Part 2 for definitions.	<input type="checkbox"/> I have signed this form in the presence of the two witnesses who have signed below. <input type="checkbox"/> I did not name either witness as an assignee.

I understand that upon the Insured's death, the Office of Federal Employees' Group Life Insurance (OFEGLI) will pay the share of any living assignee to the assignee's designated beneficiary, if there is one. If the assignee did not designate a beneficiary, OFEGLI will pay the assignee, if living. If the assignee dies before the Insured dies, and he/she did not designate a beneficiary, or all of the beneficiary(ies) die(s) before the Insured dies, OFEGLI will pay the assignee's estate.

I understand that the Insured must continue to pay life insurance premiums, even after the assignment.

I understand that I can never cancel this assignment.

I assign all present and future right, title, interest, and incidents of ownership in the Insured's FEGLI coverage (except Option C -- Family) to the Assignee(s) listed above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures 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 cannot be an assignee)

Signature of witness	Address (including ZIP code)
Signature of witness	Address (including ZIP code)

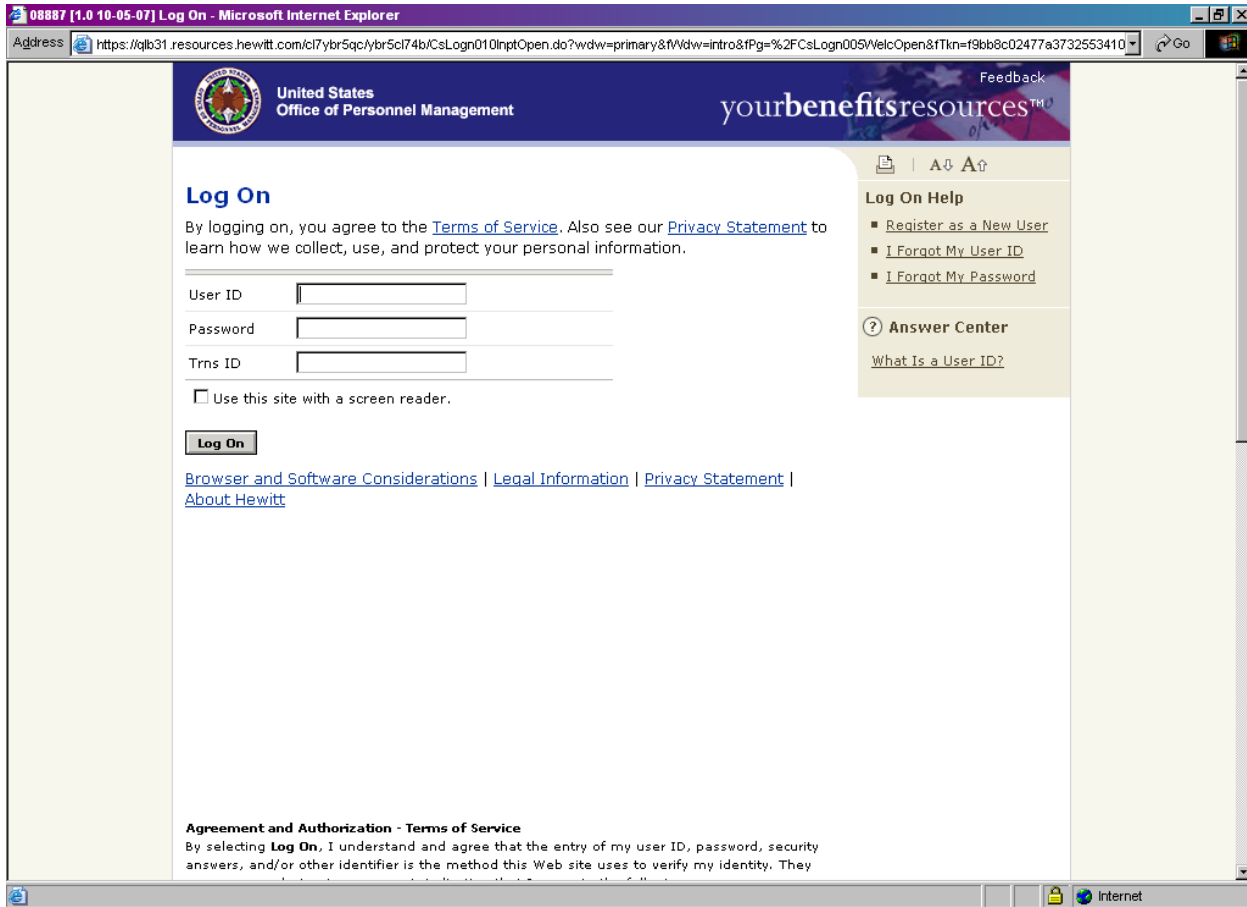
E. For Agency Use Only

Receiving agency	Date of receipt (mm/dd/yyyy)	Signature of authorized agency official	Title
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See back of Part 2 for instructions on where to send this form. Do not send it to the Office of Federal Employees' Group Life Insurance.

Information Collection: Confirmation of Election

Step 1 – User logs in to the YBR tool.



Step 2 – The user selects the ‘Health, Insurance, and Other Benefits’ tab.

The screenshot shows a web browser window displaying the United States Office of Personnel Management's 'yourbenefitsresources' website. The browser's address bar shows the URL: <https://qlb31.resources.hewitt.com/cl7ybr5qc/ybr5cl74b/Glb/NavRoutingOpen.do?wdw=primary&navTab=HthInsTab&IPg=%2FCsYAN010GdeOpen&fTkn=45a1672cd852273cl>. The website header includes the United States Office of Personnel Management logo and navigation links for 'Secure Mailbox', 'Feedback', 'Contact Us', and 'Log Off'. A navigation menu at the top features tabs for 'Action Need', 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. The 'Health, Insurance...' tab is circled in red. Below the navigation menu, the page is titled 'Health' and displays 'Your Plan Facts as of 10-01-2007'. Under the 'Medical' section, it lists 'Coverage' for '105-Blue Cross and Blue Shield Service Benefit Plan-Std(BCBS) - Self and Family'. A sidebar on the right contains a 'Find It Fast' search box, a 'What to Do When' section with a 'GO' button, and 'Related Info' links for 'Coverage as of Today for You and Your Dependents' and 'Coverage as of 11-01-2007 for You and Your Dependents'. At the bottom of the page, there is an 'Internal Links and Test Information' section with links for 'Manifest Info', 'Client Id Override', and 'PartParmChanger'. The footer includes session and request IDs: 'Session Id: 1VbODk2va78yo3VksQ_qTWB', 'System Date: Mon Oct 01 14:34:50 CDT 2007', 'Request Id: 4962946477', and 'Trns Id: GLLB'. The browser's status bar at the bottom shows the URL and 'Internet' connectivity.

Step 3 – The user selects ‘change’ from the drop-down menu on the right.

The screenshot shows a web browser window displaying the 'yourbenefitsresources' portal. The page is titled 'Health' and features a navigation bar with 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. The main content area is titled 'Your Plan Facts as of 10-01-2007' and includes a 'Medical' section with coverage details for '105-Blue Cross and Blue Shield Service Benefit Plan-Std(BCBS) - Self and Family'. On the right side, a dropdown menu is open, listing options: 'Beneficiaries', 'Forms and Materials', 'Your Coverage', '--Current', and '--Change'. The '--Change' option is highlighted and circled in red. Below the dropdown, there are links for 'Coverage as of Today for You and Your Dependents' and 'Coverage as of 11-01-2007 for You and Your Dependents'. The footer contains session and request IDs, and an 'Internal Links and Test Information' section with links like 'Manifest Info' and 'Client Id Override'.

Step 4 – The user selects the relevant qualifying life event from the drop down list.

08887 [1.0 10-05-07] Change Your Current Coverage - Microsoft Internet Explorer

Address <https://qib31.resources.hewitt.com/ci75qclybr5ci74b/HmCvChg020ChgYourCurrCvRsnDtOpen.do?IFIF=true&wdw=primary&Pg=%2FHmGde190HlthSnglPgOpen&fTkn=35c>

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Action Needed: **Health, Insurance...** Pension Retirement Planning Personal Info

Health | Insurance and Other Benefits | Other Sites

Change Your Current Coverage

Choose the reason for your change in coverage. If the reason for your coverage change isn't listed here, call the Retirement Information Office.

If you've experienced more than one reason for your coverage change, choose the one that occurred first. When you're finished changing your current coverage, come back to this page to make changes based on the reason that occurred second.

- No life event has been chosen.
- Cancellation of FEHB enrollment to be covered under a family member's FEHB enrollment
- Cancellation of FEHB coverage for other reasons
- Death of Family Member-I have no other eligible dependents
- Death of Family Member-I have other eligible dependents
- Death of Spouse on Overseas Duty-I have no other eligible dependents
- Death of Spouse on Overseas Duty-I have other eligible dependents
- Divorce - I have no other eligible dependents**
- Divorce - I still have eligible dependents
- Entitlement to Medicare/Medicaid Coverage
- FEGLI Coverage Change
- Former Dependent Address Change-I have no other eligible dependents

Continue

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Internal Links and Test Information

[Manifest Info](#) | [Client Id Override](#) | [PartParmChanger](#)

Done Internet

Step 5 – The user reads and agrees to the Privacy Act Statement and additional information regarding the collection of information.

08887 [1.0 10-05-07] Change Your Current Coverage - Important Information - Microsoft Internet Explorer

Address <https://qjlb31.resources.hewitt.com/ci7ybr5qc/ybr5cl74b/HmCvChg020ChgYourCurrCvRsnDtHandler.do>

United States Office of Personnel Management

Secure Mailbox | Feedback | Contact Us | Log Off

yourbenefitsresources™

Action Needed: Health, Insurance... Pension Retirement Planning Personal Info

Health Insurance and Other Benefits Other Sites

Change Your Current Coverage Important Information

The Office of Personnel Management may require you to provide documentation regarding the date of your life event. You're permitted to change your coverage during the year only if you experience certain life events, such as marriage.

By completing this change, you certify that you have experienced an allowable change in status and that the information you're about to provide is true and correct.

Privacy Act Statement: The information you provide when completing your enrollment is needed to process your enrollment in the Federal Employees Health Benefits Program (FEHB) under Chapter 89, title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to their Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your life insurance coverage. This information may be shared and is subject to verification, via paper, electronic media, or through the use of the computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may result in OPM's inability to determine your life insurance coverage.

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Step 6 – The user reviews their current coverage as presented by the system and clicks on their plan name link.

The screenshot shows the 'Enroll in Your Benefits' page for the United States Office of Personnel Management. The page is titled 'Enroll in Your Benefits' and includes a navigation menu with options like 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. The main content area displays 'Coverage as of 10-01-2007' and a table of available plans. The 'FEHB' plan is highlighted with a red circle. Below the table, the page shows 'Your Total Premium' and 'Your Cost' as \$290.98. At the bottom, there are buttons for 'Complete Enrollment' and 'Quit'.

Plan	Monthly
FEHB	\$290.98

105- Blue Cross and Blue Shield Service Benefit Plan-Std(BCBS) - Self and Family

Your Cost \$290.98

Your Total Premium

Your Total	Monthly
Your Cost	\$290.98

Confirm Your Choices

Step 7 – The user indicates their enrollment code and then selects ‘Ok and view choices’.

The screenshot shows a web browser window with the title "08887 [1.0 10-05-07] Enrollment - FEHB - Microsoft Internet Explorer". The address bar shows the URL: https://qjb31.resources.hewitt.com/ci7ybr5qc/ybr5ci74b/HrnEnrI020PIElec_8000Handler.do. The page header includes the United States Office of Personnel Management logo and the text "yourbenefitsresources™". Navigation links include "Secure Mailbox", "Feedback", "Contact Us", and "Log Off". A menu bar contains "Action Needed", "Health, Insurance...", "Pension", "Retirement Planning", and "Personal Info". Below this is a secondary menu with "Health", "Insurance and Other Benefits", and "Other Sites".

The main content area is titled "Enrollment FEHB" and includes a "Review Your Option" section for "Coverage effective 10-01-2007". It states: "The price shown for each option is the Monthly amount." Below this is a table:

Option	Price
<input checked="" type="radio"/> Coverage	\$124.15

Below the table, it says: "You have selected Plan - Blue Cross and Blue Shield Service Benefit Plan-Std(BCBS) - Self Only".

The "FEHB Enrollment Code" section has a text input field containing "104" and a "Refresh" button.

At the bottom of the main content area, there is a "Finished With Your Choices?" section with an "OK and View Choices" button.

Footer text includes: "a Hewitt eSolution", "About This Site", "Legal Info", "Privacy Statement", "Feedback", "Contact Us", "Log Off", and "Copyright © 2005-2007 Hewitt Management Company LLC".

A blue banner at the bottom of the page reads "Internal Links and Test Information".

Step 8 – The user reviews their elections and clicks ‘Complete Enrollment’.

The screenshot shows a web browser window titled "08887 [1.0 10-05-07] Enrollment - Enroll in Your Benefits - Microsoft Internet Explorer". The address bar shows the URL: https://qlb31.resources.he Witt.com/cl7ybr5qc/ybr5cl74b/HmEnr1020PIElec_8000Handler.do. The page header includes the United States Office of Personnel Management logo and the text "yourbenefitsresources™". Navigation links include "Secure Mailbox | Feedback | Contact Us | Log Off". A menu bar shows "Action Needed", "Health, Insurance...", "Pension", "Retirement Planning", and "Personal Info". Below the menu, there are links for "Health", "Insurance and Other Benefits", and "Other Sites".

The main content area is titled "Enrollment" and "Enroll in Your Benefits". It contains the instruction: "Choose a plan name in the table below to see a list of available options and make changes." Below this, it states "Coverage as of 10-01-2007".

Plan	Monthly
FEHB	\$124.15
Coverage 104- Blue Cross and Blue Shield Service Benefit Plan- Std(BCBS) - Self Only	
Your Cost	\$124.15

Below the table, it says "Your Total Premium".

Your Total	Monthly
Your Cost	\$124.15

Underneath, there is a section titled "Confirm Your Choices" with two buttons: "Complete Enrollment" and "Quit". The "Complete Enrollment" button is circled in red.

At the bottom of the page, there are links for "a Hewitt eSolution", "About This Site", "Legal Info", "Privacy Statement", "Feedback", "Contact Us", and "Log Off". The footer also includes "Copyright © 2005-2007 Hewitt Management Company LLC".

The browser's status bar at the bottom shows "Done" and "Internet".

Step 9 – The user will receive the following confirmation form in the mail.

U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

Qualifying Life Event Confirmation of Election

Statement Date 11-01-2007



A000010
JANE DOR000330083-002
DO NOT MAIL
BILOXI MS 39530

Based on your recent qualifying life event, this statement confirms your benefit choices and prices. These elections remain in effect until the end of the plan year unless you experience another qualifying life event.

If you added or changed your FEHB coverage you should receive an ID card from your medical plan usually within 30 days from the date they receive notice of your enrollment change. You should direct questions about ID cards to your plan. If you require medical services before you receive your card, you should call your insurance plan.

The recent benefit choices you made are shown below. If you need to make a correction, call the Retirement Information Office at **1-888-767-6738**. Customers located within the Washington, DC area and internationally, must call **202-757-6738**. Hearing impaired customers may call **1-800-878-5707**. Your benefit choices coverage is effective **September 1, 2007**.

Your Benefit Choices

	Monthly Price
● FEHB	
Coverage	\$105.48
Self Only	
* 454 - Mail Handlers Benefit Plan-Std (MH)	
● Federal Employee Basic Life	
75% Reduction*	\$0.00
Current Coverage	\$18,000
Coverage Before Reduction	\$18,000
Monthly Reduction	\$360
Coverage After Final Reduction	\$4,500
* If you've chosen reduced coverage, automatic coverage reductions will begin after age 65.	

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		<u>Monthly Price</u>
● FEGLI Standard Life (Option A)		
Standard Coverage*		\$13.00
Current Coverage	\$10,000	
Coverage Before Reduction	\$10,000	
Monthly Reduction	\$200	
Coverage After Final Reduction	\$2,500	
* Automatic coverage reductions will begin after age 65.		
● FEGLI Additional (Option B)		
5 Multiples*		\$104.00
0 No Reduction		
5 Full Reduction		
Current Coverage	\$80,000	
Coverage Before Reduction	\$80,000	
Monthly Reduction	\$1,600	
Coverage After Final Reduction	\$0	
* If you've chosen reduced coverage, automatic coverage reductions will begin after age 65.		
● FEGLI Family (Option C)		
2 Multiples		\$11.26
2 No Reduction		
0 Full Reduction		
Current Coverage		
--- Spouse	\$10,000	
--- Each Child	\$5,000	
Coverage Before Reduction		
--- Spouse	\$10,000	
--- Each Child	\$5,000	
Monthly Reduction		
--- Spouse	\$0	
--- Each Child	\$0	
Coverage After Final Reduction		
--- Spouse	\$10,000	
--- Each Child	\$5,000	
Total Benefit Choices		\$233.74

Next Steps

If you make corrections to your elections, you will receive a new Confirmation of Election.

For More Information

If you need additional information, access the *Your Benefits Resources*™ Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at **1-888-767-6738**. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

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000330103 08887-A-000010



Information Collection: Other Qualifying Life Events

Description: Qualifying Life events (e.g. death of annuitant) and DBTS system updates such as pension recalculations may trigger paper forms to be sent to an annuitant, survivor, or other member of the public.


Users will log in to YBR and then follow a standard process (below) to indicate their Qualifying Life Event in the tool. The following screenshots demonstrate the information collection for changes to an FEHB enrollment; the same process also applies to other life events and generates the following forms (provided at end of section):

- **FEGLI Notice of Conversion Privilege Option C**
- **FERS Starting your Beneficiary Pension Benefit – In Pay Status**
- **CSRS Beneficiary Pension Election Authorization Form**

For system-generated changes resulting from an update in the DBTS (e.g., recalculations) the following forms will be sent to the public (provided at end of section):

- **Confirmation of Coverage**
- **FERS Pension Recalculation Notice**
- **CSRS Confirmation of Beneficiary Pension Election Authorization Form**
- **Notice of Time Limit**

Step 1: Logon using user id and password



United States
Office of Personnel Management

yourbenefitsresources™

Log On

By logging on, you agree to the [Terms of Service](#). Also see our [Privacy Statement](#) to learn how we collect, use, and protect your personal information.

User ID

Password

Trns ID

Use this site with a screen reader.

Log On

[Browser and Software Considerations](#) | [Legal Information](#) | [Privacy Statement](#) | [About Hewitt](#)

Log On Help

- Register as a New User
- I Forgot My User ID
- I Forgot My Password

Answer Center

[What Is a User ID?](#)

Step 2: User will receive the 'Action needed' page will appear on successful login

The screenshot shows the top navigation bar of the United States Office of Personnel Management's 'yourbenefitsresources' portal. The header includes the OPM logo, the text 'United States Office of Personnel Management', and links for 'Secure Mailbox', 'Contact Us', and 'Log Off'. Below the header is a navigation menu with tabs for 'Action Needed', 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. The main content area features a welcome message for 'Jane Doe371660009', a section titled 'Action Needed', and a link to 'Enter Your Email Address'. A note explains that items are usually deleted after action is taken and the user logs off, unless administrative processing is required.

United States Office of Personnel Management | Secure Mailbox | Contact Us | Log Off
yourbenefitsresources™

Action Needed | Health, Insurance... | Pension | Retirement Planning | Personal Info

Welcome, Jane Doe371660009.

Action Needed

[Enter Your Email Address](#)

Note: An item is usually deleted once you take the required action and log off the site. If your action requires administrative processing, the item will be deleted when processing is completed.

Step 3: Users will then go to main 'Health & Insurance' tab and choose change current coverage from Find it Fast drop down

United States Office of Personnel Management

Secure Mailbox | Contact Us | Log Off

yourbenefitsresources™

Action Needs: **Health, Insurance...** Pension Retirement Planning Personal Info

Health Insurance and Other Benefits | Other Sites

Health

Your Plan Facts as of 10-10-2008

Medical

Coverage
105-Blue Cross and Blue Shield Service
Benefit Plan-Standard-Self and Family

Find It Fast
Health, Insurance...
Beneficiaries
What to Do When
FELI Coverage Ch

Related Info

- [Coverage as of Today for You and Your Dependents](#)

Need forms or documents?
You can [Request Materials](#).

Step 4: The user chooses the reason code for the Qualifying Life Event from the drop down and enters the date of event

The screenshot shows the top navigation bar of the United States Office of Personnel Management website. It includes the agency logo, the text 'United States Office of Personnel Management', and the slogan 'yourbenefitsresources™'. There are links for 'Secure Mailbox', 'Contact Us', and 'Log Off'. Below the navigation bar is a menu with 'Action Needed', 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. A secondary menu shows 'Health', 'Insurance and Other Benefits', and 'Other Sites'. The main content area is titled 'Change Your Current Coverage' and contains instructions for selecting a reason for coverage change and entering the date of the event. A dropdown menu is set to 'Addition of Family Member: change to Self Only coverage-I have other eligible dependents' and a date field is filled with '10-10-2008'. A 'Continue' button is at the bottom.

United States Office of Personnel Management

Secure Mailbox | Contact Us | Log Off

yourbenefitsresources™

Action Needed: Health, Insurance... | Pension | Retirement Planning | Personal Info

Health | Insurance and Other Benefits | Other Sites

Change Your Current Coverage

Choose the reason for your change in coverage. If the reason for your coverage change isn't listed here, call the Retirement Information Office.

If you've experienced more than one reason for your coverage change, choose the one that occurred first. When you're finished changing your current coverage, come back to this page to make changes based on the reason that occurred second.

Addition of Family Member: change to Self Only coverage-I have other eligible dependents

Enter the date of the life event you choose (for example, the date of your marriage or your child's birth/adoption). If choosing the FEHB Coverage Change-Self and Family to Self Only or Entitlement to Medicare/Medicaid reasons, please enter today's date.

Enter date of life event: 10-10-2008 (mm-dd-yyyy)

Continue

Step 5: The 'Important Information' page containing the **Privacy Act Statement** will appear after selecting the reason code and life event date

United States Office of Personnel Management

Secure Mailbox | Contact Us | Log Off

yourbenefitsresources™

Action Needed	Health, Insurance...	Pension	Retirement Planning	Personal Info
---------------	-----------------------------	---------	---------------------	---------------

Health | Insurance and Other Benefits | Other Sites

Change Your Current Coverage

Important Information

The Office of Personnel Management may require you to provide documentation regarding the date of your life event. You're permitted to change your coverage during the year only if you experience certain life events, such as marriage.

By completing this change, you certify that you have experienced an allowable change in status and that the information you're about to provide is true and correct.

Privacy Act Statement: The information you provide when completing your enrollment is needed to process your enrollment in the Federal Employees Health Benefits Program (FEHB) under Chapter 89, title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to their Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

I Agree

Step 6: The 'Enroll in your benefits page' will appear showing current coverage for FEHB Plan

Enrollment





Enroll in Your Benefits

Choose a plan name in the table below to see a list of available options and make changes.

Coverage as of 10-01-2008

Plan	Monthly
FEHB	\$198.61
Coverage	
112- Blue Cross and Blue Shield Service Benefit Plan- Basic-Self and Family	
Your Cost	\$198.61

Confirm Your Choices

 |   

Related Info
[View current coverage for you and your dependents](#)

Step 7: After going into FEHB link the user can change the FEHB enrolment code

The screenshot shows the 'yourbenefitsresources' website. At the top, there is a navigation bar with the United States Office of Personnel Management logo and links for 'Secure Mailbox', 'Contact Us', and 'Log Off'. Below this is a menu with 'Action Needed', 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. A secondary menu shows 'Health', 'Insurance and Other Benefits', and 'Other Sites'. The main content area is titled 'Enrollment FEHB' and includes a 'Review Your Option' section for coverage effective 10-01-2008. A table shows a selected 'Coverage' option with a price of \$313.35. Below the table, the user has selected 'Plan - Unicare HMO-High-Self and Family'. The 'FEHB Enrollment Code' field contains '172'. A 'Refresh' button is present. At the bottom, there is a 'Finished With Your Choices?' section with an 'OK and View Choices' button. On the right side, there is a 'Related Info' box with a link to 'View your current FEHB coverage'.

Enrollment
FEHB

Review Your Option
Coverage effective 10-01-2008

The price shown for each option is the Monthly amount.

Option	Price
<input checked="" type="radio"/> Coverage	\$313.35

You have selected Plan - Unicare HMO-High-Self and Family

FEHB Enrollment Code
172

Refresh

Finished With Your Choices?
OK and View Choices

Related Info
[View your current FEHB coverage](#)

This screenshot shows the 'Enroll in Your Benefits' section of the website. It includes a 'Related Info' box with a link to 'View current coverage for you and your dependents'. The main content area is titled 'Enroll in Your Benefits' and instructs the user to choose a plan name from a table to see available options. The table shows a plan named 'FEHB' with a monthly cost of \$313.35. Below the table, the user's 'Your Cost' is listed as \$313.35. At the bottom, there is a 'Confirm Your Choices' section with 'Complete Enrollment' and 'Quit' buttons.

Enrollment
Enroll in Your Benefits

Choose a plan name in the table below to see a list of available options and make changes.

Coverage as of 10-01-2008

Plan	Monthly
FEHB Coverage 172- Unicare HMO-High-Self and Family	\$313.35
Your Cost	\$313.35

Confirm Your Choices
Complete Enrollment **Quit**

Related Info
[View current coverage for you and your dependents](#)

Step 8: Once the user has entered the information and selected 'Complete Enrollment' they will receive the 'Complete Successfully' Page

The screenshot shows the top navigation bar of the United States Office of Personnel Management website. It includes the agency logo, the text 'United States Office of Personnel Management', and the 'yourbenefitsresources' logo. Navigation links for 'Secure Mailbox', 'Contact Us', and 'Log Off' are present. A menu bar contains 'Action Needed', 'Health, Insurance...', 'Pension', 'Retirement Planning', and 'Personal Info'. Below this is a secondary navigation bar with 'Health', 'Insurance and Other Benefits', and 'Other Sites'. On the right side of the page, there are icons for printing, zooming in, and zooming out.

Enrollment

Completed Successfully

Your enrollment has been completed successfully. You will receive a statement in the mail.

What Happens Next

You should print this page for future reference.

Transaction Recap

Jane Doe371660009

Coverage as of 10-01-2008

Plan	Monthly
FEHB	\$313.35
Coverage	
172- Unicare HMO-High-Self and Family	
Your Cost	\$313.35



U.S. Office of Personnel Management
 Retirement Operations Center
 Post Office Box 45
 Boyers, PA 16017-0045

Confirmation of Coverage

Statement Date 02-01-2008



U.S. Office of Personnel Management
 Retirement Operations Center
 Post Office Box 45
 Boyers, PA 16017-0045

FEGLI Notice of Conversion Privilege - Option C

Statement Date 11-26-2007



A000003
 JOHN DOE001320024-009
 DO NOT MAIL
 INDIAN TRAIL NC 28079

You May Convert Option C - Family Life Insurance

John Doe001320024-009 had Option C – Family Life insurance in the amount of **\$5,000.00** for a spouse and **\$2,500.00** for each eligible child. Eligible family members of a former Federal employee covered by Option C – Family insurance may convert to an individual direct-pay policy (minimum coverage \$1,000) upon the death of the covered former employee. Eligible family members are the former employee's spouse and unmarried dependent children under age 22 (including adopted children, stepchildren and foster children who lived with the employee in a regular parent-child relationship, and recognized natural children), and unmarried dependent children age 22 and older who are incapable of self-support because of a mental or physical disability which existed before reaching age 22.

The time in which you may convert is limited – You must complete this form and mail it to the Office of Federal Employee's Group Life Insurance (OFEGLI) within 31 days after the death of the former employee or within 31 days of the date you receive this notice whichever gives you more time. If you fail to request conversion information within the 31-day time limit due to cause beyond your control, you may be allowed to convert your family life insurance within six months after the date of death shown above, provided you attach a full explanation of what prevented you from making a timely request. If approved, the conversion policy will be effective the day after the group coverage ended.

How to convert - If, after reading the information in this notice, you wish to convert to an individual direct-pay policy, you must:

1. In the space provided, list eligible family member show wish to convert, their dates of birth and relationship to the deceased, and provide the name and address where OFEGLI should mail additional information about conversion.

001399312 08887-A000003



2. Mail the completed form to the Office of Federal Employee's Group Life Insurance, P.O. Box 2627, Jersey City, NJ 07303-2627. That office will promptly mail you detailed information on how to apply for conversion, together with a list of insurance companies to convert your insurance.

31-day extension of coverage - Under certain circumstances, life insurance is payable if death of an eligible family member occurs within 31 days after the group life insurance terminates, regardless of whether conversion had been requested. The group life insurance terminated on the date of the death shown above. The extension of the conversion privilege beyond 31 days (as described above) **does not extend** coverage under any circumstances. If death of an eligible family member occurs within 31-day period, further information concerning possible benefits may be obtained from the Office of Personnel Management by writing to address at the top of this notice.

Here are the important things you should know about your conversion privilege:

- No medical examination is required.
- You must pay the life insurance premium applicable to the type of policy you select and your age and class of risk.
- The Government will not pay any part of the premium cost of your individual policy.
- The individual policy you purchase will be a private transaction between you and the company you select.
- Your individual policy may be issued by any insurance company you select from the list of eligible companies which you will receive if you apply for conversion.
- The individual policy may be an ordinary life policy or a variation of ordinary life. They are described below. It must be a type of insurance customarily issued by the insurance company you selected. However, it cannot be term insurance or universal life insurance or any other form of life insurance that has an indeterminate premium. It cannot have disability or accidental death and dismemberment benefits.
- The time you have to convert is limited. If you do not act promptly, you will lose your conversion right.

There are two basic types of life insurance available.

An Ordinary Life policy, also known as a Whole Life policy or a Straight Life policy, provides lifetime protection in return for premium payments throughout the insured's entire life (or to age 100). The policy builds a CASH VALUE after one, two, or three years. The cash may be withdrawn if premium payments are stopped. You may borrow against the cash value of the policy at any time for any purpose.

A variation of Ordinary Life provides for a shorter premium payment period, usually to age 95, at which time the policy becomes paid-up for the remainder of the insured's life. This variation provides the same lifetime protection and benefits as an Ordinary Life policy, provided that premiums are paid for the prescribed premium payment period. However, since premiums are payable for a shorter period of time, they normally would be higher. And, because the premiums are normally higher, the policy's CASH VALUE usually increases more quickly.

Cost of Individual Policy

Life insurance policies whether Ordinary Life or a variation are issued on a participating or non-participating basis.

Premiums for participating policies are higher than those for non-participating policies. The part of a participating policy's premium which is not needed to furnish protection is refunded to the policy holder in the form of an annual dividend. The first dividend is usually available after premiums have been paid for one, two, or three years. To obtain the net cost of a participating policy, you should deduct these yearly dividends from the premiums.

For non-participating policies, premiums are set as close as possible to the actual cost of insurance protection. The premium is the guaranteed cost to the policyholder. No dividends are paid under these policies.

Option C - Family Insurance

- Deceased Annuitant or Compensationee **John Doe001320024-009**
- Date of Birth **1940-08-27**
- Date of Death **2007-04-15**
- Date of Retirement **1999-12-04**
- Claim number **A00132000**



Family Member(s) Application for Conversion

To:
 Office of Federal Employee's Group Life Insurance
 P.O. Box 2627
 Jersey City, NJ 07303-2627

I have read the information above. The family members listed on this form are eligible for conversion to a direct-pay policy. Please send me additional information.

Signature (do not print)	Date
Type or print name	Mailing Address (including Zip Code)

Eligible Family Members: Under "Relationship to Deceased" show "spouse" or "child". If a child is adopted or is an eligible stepchild, recognized natural child, foster child, or disabled child, so indicate.

Name of eligible Family Members	Date of Birth	Relationship to deceased

Privacy Act Statement - Title 5, United States Code, Chapter 87, Life Insurance, authorizes solicitation of this information. The data you furnish will be used by the Office of Federal Employees' Group Life Insurance to determine eligibility for conversion of life insurance coverage. This information may be shared with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs, or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law.

Need More Information

If you need additional information or want to obtain application forms, please direct your inquiries to the insurance company Web site or call the phone number indicated above. If you decide to complete an application, you must include a copy of this Conversion Notice with your completed application. This form will serve as the employer portion of the application.

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Qualifying Life Event Form – FERS Starting Your Beneficiary Pension Benefit – In Pay Status



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

FERS Starting Your Beneficiary Pension Benefit - In Pay Status

Statement Date 01-01-2007



A000000
FERSANN DOE003620066
DO NOT MAIL
LINCOLNSHIRE IL 60069

Payment Option Information for FERS Election - Life Only Annuity

As the survivor of John Doe003620066, you're entitled to a monthly benefit of **\$1,581.00** beginning on **February 1, 2007**. This amount is based on the payment option John Doe003620066 selected at retirement.

We are required to advise you of your rights for your benefit calculation. You have the right to request reconsideration if you do not agree with our calculation. To request reconsideration, please contact the Retirement Information Office **1-888-767-6738**.

Contact the Retirement Information Office

A Beneficiary Pension Election Confirmation Statement and Beneficiary Pension Election Authorization Form will be mailed to you.

You must sign and date the Beneficiary Pension Election Authorization Form.

You must also provide a certified death certificate for John Doe003620066.

161000027 06887-A000000

If you can't get a copy of the death certificate, you may submit a statement of the attending physician or the superintendent, physician, or intern of the institution where the death occurred; a statement of the funeral director or an authorized employee who prepared for burial or buried the body of the decedent; a copy of the coroner's report of death or verdict of the coroner's jury of the state or community where death occurred made the custodial of such records; or where the death of a civilian occurred outside the United States and the body was not returned to this country, a report of the death by and United States consul or other agent of the State Department bearing his or her signature and official seal of a certified copy of the public record of death authenticated by the United States consul or other agent of the state Department.

Please send the death certificate to:
Retirement Information Office
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017

However, there are some decisions you can make about your benefit payment. Access the *Your Benefits Resources™* Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office at 1-888-767-6738 to:

- Choose how much federal and state tax to have withheld from your payment.
- Choose where your payment will be sent. If you do not make a selection, payments will automatically be sent to your home address. If you would like to have your monthly benefit deposited directly into a bank account, provide the following information:
 - Financial Institution Name
 - Account Number
 - Type of Account (Checking/Savings)
 - Financial Institution ABA Routing Number (available from your financial institution)

Send Information to the Retirement Information Office

Please return any uncashed checks payable to John Doe003620066 to the Retirement Information Office.

In addition, you will not receive a payment unless the Beneficiary Pension Election Authorization Form has been signed and returned and a copy of John Doe003620066's death certificate has been provided.

The Retirement Information Office address is:

Retirement Information Office
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017

State Income Tax Withholding Information

The payments you receive from the Federal Employees Retirement System may be subject to state income tax withholding unless you choose not to have withholding apply.

Each state has different withholding requirements. While some states require state income tax withholding, other states have no income tax withholding at all. In addition, for some states, income tax withholding is optional and you are able to elect not to have withholding apply. More information on the specific state withholding options for your state is available through the *Your Benefits Resources™* Web site or through the Retirement Information Office.

Your choice will remain in effect until you revoke it. You can make or revoke your withholding choice not to have withholding apply as often as you wish. To make or revoke your withholding choice, you can access the *Your Benefits Resources™* Web site or you can call the Retirement Information Office.

Once you begin receiving your benefits, you may contact the Retirement Information Office to update your withholding elections. If you don't make a choice, state income tax will be withheld from the taxable portion of your payment based on the rules of the state of your permanent address.

If you elect not to have withholding apply to your pension payments or if you do not have enough state income tax withheld from your pension payments, state tax penalties may apply. For additional tax guidance, please consult a personal tax advisor.

Federal Income Tax Withholding Information

The payments you receive from the Federal Employees Retirement System are subject to federal income tax withholding unless you choose not to have withholding apply.

Withholding applies only to the portion of your benefit that is already included in your income subject to federal income tax and is determined similarly to wage withholding.

You can choose to have no federal taxes withheld from your payments, or you can choose to have withholding apply based upon a marital status and number of allowances. You can also specify an additional dollar amount to withhold.

Your choice will remain in effect until you revoke it. You can make or revoke your choice not to have withholding apply as often as you wish. To make or revoke your withholding choice, you can access the *Your Benefits Resources™* Web site or you can call the Retirement Information Office.

Once you begin receiving your benefits, you may contact the Retirement Information Office to update your withholding elections. If you don't make a choice, federal income tax will be withheld from the taxable portion of your payment as if you were married and claiming three withholding allowances (even if you are currently single).

If you choose not to have taxes withheld from your benefit or if you do not have enough tax withheld from your benefit, you may be responsible for payments of estimated tax. Penalties may be assessed under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

For More Information

If you need additional information, access the *Your Benefits Resources™* Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at 1-888-767-6738. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

Your Benefits Resources™ is a trademark of Hewitt Management Company LLC.

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Qualifying Life Event Form – CSRS Beneficiary Pension Election Authorization Form



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

CSRS Beneficiary Pension Election Authorization Form

Statement Date 02-28-2010



A080803
BENE #1
DO NOT MAIL
HARTFORD CT 12345

Please read the following information. Complete the list of known heirs. Sign and date below to certify your elections. **You must sign, date, and return this form to begin your benefit from the Civil Service Retirement System.**

Please list any known heirs of Jonathan Iret.

Is there, or will there be, an estate for Jonathan Iret Yes/No? _____

My signature below:

- Certifies that I acknowledge that I have a benefit commencing on **March 1, 2010**.
- This benefit pays **\$105.00** per month. This amount may change based on final data.
- Certifies that my date of birth is **January 1, 1960**.
- Certifies that Jonathan Iret's date of birth is **April 21, 1959**.
- Certifies that I am the survivor of Jonathan Iret.

Signature _____

Date _____



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For More Information

If you need additional information, access the *Your Benefits Resources*[™] Web site at <http://resources.hewitt.com/spm> or call the Retirement Information Office toll-free at 1-888-767-6738. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

DBTS/System-Generated Events – CSRS Confirmation of Beneficiary Pension Election Authorization Form



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

CSRS Confirmation of Beneficiary Pension Election Authorization

Statement Date 01-01-2009



AD05083
SPOUSE DOR000740050
26
CHICAGO LA 12378

This statement confirms we have received and processed your Beneficiary Pension Election Authorization Form from the Civil Service Retirement System.

Payment Information

Your first annuity payment will be made on **February 1, 2009**.

Any annuity payments that should have been made prior to your first payment will be included in your first annuity payment.

For More Information

If you need additional information, access the *Your Benefits Resources*[™] Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at **1-888-767-6738**. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

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DBTS/System-Generated Events – FERS Pension Recalculation Notice



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

FERS Pension Recalculation Notice

Statement Date 11-21-2007



4080302
JANE DOE112560041
DO NOT MAIL
HOULTON ME 04730

You chose to receive your Federal Employees Retirement System benefit as an annuity payment. The initial calculation of your benefit was based on the information we had on file about you at that time.

We've recalculated your benefit based on updated information. Your actual Social Security benefit was used in this recalculation.

The amount of your annuity benefit is now \$709.00. You will receive one retroactive adjustment of \$709.00 in your next check.

Please note that these benefit amounts don't reflect deductions, such as tax withholding, healthcare coverage or life insurance coverage. The Pension Advice Notice will outline these deductions.

For More Information

If you need additional information, access the *Your Benefits Resources™* Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at 1-888-767-6738. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

Your Benefits Resources™ is a trademark of Hewitt Management Company LLC.

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DBTS/System-Generated Events – Confirmation of Coverage



U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017-0045

Confirmation of Coverage

Statement Date 02-01-2008



A000004
JOHN DOR001320024-009
DO NOT MAIL
INDIAN TRAIL NC 28079

As a result of your loss of annuity, your benefit coverage was terminated as detailed below.

Coverage That Ends

	Coverage End Date
● FEHB Coverage Self & Family	04-15-2007
● Federal Employee Basic Life 75% Reduction	04-15-2007
● FEGLI Standard Life (Option A) Standard Coverage	04-15-2007
● FEGLI Additional (Option B) 2 Multiples	04-15-2007
● FEGLI Family (Option C) 1 Multiple	04-15-2007

For More Information

If you need additional information, access the *Your Benefits Resources™* Web site at <http://resources.hewitt.com/opm> or call the Retirement Information Office toll-free at 1-888-767-6738. Customers located within the Washington, DC area and internationally, must call 202-757-6738. Hearing impaired customers may call 1-800-878-5707. Customer Service Specialists are available between 7:30 a.m. and 7:45 p.m., Eastern time, Monday through Friday.

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DBTS/System-Generated Events – Notice of Time Limit to Change Your Elections

Description: This letter alerts retirees of the deadline they have to make changes to their annuity election options relating to survivor benefits and to make changes to their post-retirement basic life insurance reduction election.

Notice of Time Limit to Change Your Elections

January 6, 2008

Pat Annuitant
123 Ambitious Road
RSM, DC

Dear Mr. Annuitant:

This notice is to inform you that we have completed work on your application for retirement under the **Civil Service Retirement System /Federal Employees' Retirement System** [use the one that is appropriate], and have established your monthly annuity rate. The type of annuity you elected, the gross monthly rate of annuity payable to you, and the gross monthly rate of annuity payable to your survivor upon your death are provided below. Your election for Post-Retirement Basic Life Insurance is also provided below.

In accordance with subpart B of part 850 of title 5, code of Federal Regulations, we are providing this notice to inform you that if you wish to change or revoke either your annuity election or your Post-Retirement Basic Life Insurance election, you must contact the Office of Personnel Management no later than **February 11, 2008**. [This is the date that is 35 days from the date of the letter in this example – we want to see the actual date the person must respond by in the letter]. **After that date,**

- your options to make changes to your annuity election will be limited to the situations described in the Changes to Annuity Elections After Retirement information provided below;
- your options to change your Post Retirement Basic Life Insurance election may also be limited as described in the Changes to Post Retirement Basic Life Insurance Reduction Election information below.

In addition, if you wish to pay a service credit deposit to obtain credit for additional Federal civilian service, you must also complete the deposit by **February 11, 2008**. [This is the date that is 35 days from the date of the letter in this example – we want to see the actual date the person must respond by in the letter]. After that date, you will not have another opportunity to complete the deposit.

Annuity Election:

- You Elected:
 - A reduced annuity to provide a partial survivor annuity to your spouse, Chris.*
- The gross monthly annuity payable to you is: \$1,500.
- The gross monthly survivor annuity payable to Chris after your death is: \$500

(These amounts are subject to change due to cost-of-living adjustments.)

Post Retirement Basic Life Insurance Reduction Election

- You Elected:
 - 50 Percent Reduction Option**
- Amount of Post-Retirement Basic Life Insurance
 - Before Insurance Starts to Reduce: \$80,000
 - After Insurance is fully Reduced: \$40,000
- Basic Life Insurance Monthly Premium:
 - Until the month after your 65th birthday: \$74.00
 - Starting the month after your 65th birthday: \$48.00.

TO MAKE A CHANGE in your annuity election or Post Retirement Basic Life Insurance Election **your written request must be post-marked before February 11, 2008**, [*This is the date that is 35 days from the date of the letter in this example – we want to see the actual date the person must respond by in the letter*] and sent to:

U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017

If you have any questions about this notice, you can call the Retirement Information Office at 1 (888) 767-6738, or email us at retire@opm.gov.

CHANGES TO ANNUITY ELECTIONS AFTER RETIREMENT

- a. You may name a new survivor or change your election not later than 35 days after the date of this notice as described above. If the person you named to receive a survivor annuity dies or your current marriage ends in death, divorce or annulment, you should write OPM, Retirement Operations Center, Boyers, PA 16017. (Note: If your marriage to the spouse you had at retirement continues, you must have his or her consent to any election that does not provide the maximum current spouse survivor annuity.)
- b. When this 35-day period for changing your election described above has passed, you cannot change your election except under the circumstances explained in the following paragraphs.
- c. You may change your decision not to provide a survivor annuity for your spouse at retirement or you may increase the survivor annuity amount for your spouse at retirement if you request the change in writing no later than eighteen months after the commencing date of your annuity. Such an election would cancel any joint waivers made at retirement. You must also pay a deposit representing the difference between the reduction for the new survivor election and the original survivor election, plus a charge, with interest on both. Under **CSRS**, the charge is \$245.00 for each thousand-dollar change in the designated survivor's base. Under **FERS**, the charge for a full survivor annuity is 24.5 percent of your annual annuity, and for a partial survivor annuity, 12.25 percent.
- d. The reduction in your annuity to provide a survivor annuity for your current spouse stops if your marriage ends because of death, divorce, or annulment. However, you may elect, within 2 years after

the marriage ends by divorce or annulment, to continue the reduction to provide a former spouse survivor annuity for that person, subject to the restrictions in paragraph j. Please note that the pre-divorce or pre-annulment survivor annuity election automatically terminates upon divorce. You must make a new election within 2 years after the divorce to provide a survivor annuity for a former spouse, even if you made a survivor annuity election for him or her as a current spouse at the time of retirement. ***Continuing a survivor reduction, by itself, is not a former spouse survivor election.*** If you marry someone else before you make this election, your new spouse must consent to your election.

- e. The reduction in your annuity to provide a survivor annuity for a former spouse ends (1) when the former spouse dies, (2) when the former spouse remarries before reaching age 55, or (3) under the terms of the court order that required you to provide the survivor annuity for the former spouse when you retired. (Modifications of the court order issued after you retire do not affect the former spouse annuity.) If you and your former spouse were married for 30 years or longer, the reduction does not end. However, if at retirement, you had elected a survivor annuity for your current spouse (or another former spouse), the reduction will be continued to provide the survivor annuity for that person. If you have not previously made an election regarding a current spouse whom you married after retirement (or if your election regarding a current spouse at retirement was based on a waiver of spousal consent), you may, within 2 years after the former spouse is no longer eligible because of remarriage before age 55 or death, elect a reduced annuity to provide a survivor annuity for that current spouse. This election is subject to the restrictions given in paragraph j.
- f. If you were not married at retirement, you may elect, within 2 years after a post-retirement marriage, a reduced annuity to provide a maximum or less-than-maximum survivor annuity for your spouse, subject to the restrictions given in paragraph j.
- g. If you were married at retirement, that marriage ends, and you marry again, you may elect a reduced annuity to provide a maximum or less-than-maximum survivor annuity for your new spouse, subject to the restrictions given in paragraph j. If you remarry the same person you were married to at retirement and that person had previously consented to your election of no survivor annuity, you may not elect to provide a survivor annuity for that person when you remarry.
- h. If, at retirement, you received (by election or court order) a reduced annuity to provide a survivor annuity for a former spouse and you elected to provide an insurable interest survivor annuity for your current spouse, you may change the insurable interest election to a regular current spouse survivor annuity within 2 years after your former spouse loses entitlement (because of remarriage before age 55, death, or the terms in the court order), subject to restrictions (1) and (2) given in paragraph j.
- i. The reduction in your annuity to provide an insurable interest survivor annuity ends if the person you named to receive the insurable interest annuity dies or when the person you named is your current spouse and you change your election as explained in paragraph h. The reduction also ends if, after you retire, you marry the insurable interest beneficiary and elect to provide a regular survivor annuity for that person. If you marry someone other than the insurable interest beneficiary after you retire and elect to provide a regular survivor annuity for your new spouse, you may elect to cancel the insurable interest reduction.
- j. Post-retirement survivor elections are subject to the following restrictions:
 - They cannot be honored to the extent that they conflict with the terms of a qualifying court order that requires you to provide a survivor annuity for a former spouse.

- They cannot be honored if they cause combined current and former spouse survivor annuities to exceed maximum survivor annuity; and
 - If, during any period after you retired, your annuity was not reduced to provide a current or former spouse survivor annuity, ***you must pay into the retirement fund an amount equal to the amount your annuity would have been reduced during that period, plus any applicable charges (see item c., above), plus 6% annual interest.***
- k. Insurable interest elections are not available after retirement.

CHANGES TO POST RETIREMENT BASIC LIFE INSURANCE REDUCTION ELECTION

- You have 35 days from the date of this notice as described above to change your Post Retirement Basic Life Insurance Reduction election. Your request to make a change in your reduction must be in writing and must be post-marked before ***February 11, 2008.*** *[This is the date that is 35 days from the date of the letter in this example – we want to see the actual date the person must respond by in the letter].* Your request should be sent to:

U.S. Office of Personnel Management
Retirement Operations Center
Post Office Box 45
Boyers, PA 16017

- After ***February 11, 2008,*** *[This is the date that is 35 days from the date of the letter in this example – we want to see the actual date the person must respond by in the letter]* you or the assignee(s), if applicable, may only change to 75% Reduction and not to 50% Reduction or No Reduction. If you or the assignee(s), if applicable, change to 75% Reduction, we will compute the amount of your Basic as if you had originally elected 75% Reduction. The additional premium for the No Reduction or the 50 Percent Reduction election will stop. You will ***not*** receive a refund of premiums you already paid.