

DRAFT

Welcome to the Board of Governors of the Federal Reserve System (the Board). We are pleased that you made the decision to join us.

Your new colleagues are a dedicated group of people who care about their work and their role in serving the American people. Your work here will support the Federal Reserve System's important mission of creating the financial conditions that foster economic growth. We do that by setting national monetary policy to promote stable prices and full employment, supervising and regulating banks to foster a sound financial system, and advancing economic and community development.

Your unique talents, experiences, and ideas can help us move forward as an organization and think differently about what we do and how we do it.

Congratulations on your new position. I am confident that the Board will offer you many opportunities to make a positive impact as well as fulfill your career aspirations.



Sincerely,

A handwritten signature in blue ink that reads "Tameika Pope".

Tameika Pope
Chief Human Capital Officer

Please click "Complete" to move forward to the next task.

[Complete](#)

[Next Task](#)

New Hire Portal – PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and pre-populate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

PRIVACY ACT STATEMENTS

General personal information. General personal information includes biographic information such as name, social security number, date of birth, gender, and marital status along with contact information; demographic information such as citizenship; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available [here](#)). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

Fingerprint information. Fingerprint information consists of eye and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available [here](#)). We are authorized to collect your information by 12 U.S.C. §§ 243 and 248. Furnishing the information requested is voluntary. Failure to provide any of the information on or before your first day of employment may result in disapproval of your request for a Board identification card and for access to the Federal Reserve Board's premises and lead to the Board declining to employ you or continue your employment.

Ethnicity and Race Self-Identification/EEO. Ethnicity and Race Self-Identification and EEO information is collected and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available [here](#)). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

Direct Deposit/Payroll Information. The direct deposit and payroll information is collected and maintained by the Board for payroll, attendance, leave, insurance, tax, retirement, budget, and cost-accounting programs, and to facilitate compliance with statutory requirements. In order to do this, we may disclose information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-7 "FRB-Payroll and Leave Records," including to certain named or appropriate federal and state agencies for child support enforcement, unemployment insurance, FICA deductions, debt collection, and tax purposes; to disclose information to charitable institutions to report contributions; and to contractors, agents, and others. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available [here](#)). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available [here](#)). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

[Complete](#)

[Next Task](#)

DRAFT

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for Federal Transfers, including the time for reviewing instructions, gathering and maintaining the information needed, and completing and reviewing the collection of information. A Federal agency may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information, unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Ave NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-XXXX), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

[Complete](#)

[Next Task](#)

DRAFT

Your career starts here!

To help you prepare for a successful experience at the Board, this portal will provide you with information about the great benefits and perks we offer our employees.

This portal will also introduce you to a set of required forms that you need to complete so that the Board can conduct the standard background checks required for all new employees.

We encourage you to read all of the information in each section—including the instruction page that follows.

Please click "Complete" to move forward to the next task.

Complete

Next Task

Welcome to the Board.

We are pleased that you will be joining us. During your time at the Board, we encourage you to ask questions, engage with your team and fellow interns, and participate fully in the projects you are assigned.

This portal will introduce you to a set of required forms that you need to complete so that the Board can conduct the standard background checks required for all new employees and interns.

This portal will also provide you with information about the perks we offer our Board interns.

We encourage you to read all of the information in each section—including the instruction page that follows—to ensure a successful experience here at the Board.

Please click "Complete" to move forward to the next task.

Complete

Next Task

As you navigate the portal, required forms and additional information will appear in the list of tasks on the left.

When your review of a task is complete and all required fields are populated, click either "**Complete**" or "**Submit**" to indicate your completion of that task. More tasks may be added as you finish certain steps.

Please review all information carefully. **Once a task is submitted, the information within that task cannot be changed.** If a task is partially completed and you exit or navigate to the next task (if applicable), prior to submitting, the information will not be saved.

Other options for selection include "**Next Task**", "**Next Page**" and "**Print Preview**".

"**Next Task**" navigates to the next task available to you (if applicable). If you skipped a prior task or would like to review information in a task that you already submitted, you can navigate back to that task by clicking on the task name in the list of tasks.

"**Next Page**" navigates to the next page within a task. This option only appears if you have multiple pages in a task.

"**Print Preview**" displays the task and your responses in a printable view that you can then print and retain for your records. To return to your task, click "Back" in the upper left-hand portion of the print preview screen.

If you have questions as you navigate the portal, contact Board.New.Employee.Orientation@frb.gov.

Complete

Next Task

New Employee Data - Instructions

This subset of tasks includes personal information that you must complete. Once all required fields are populated, click the "Next Page" button to proceed.

Next Page

Next Task

Print Preview

New Employee Data - Personal Information

Mandatory fields are marked with a red indicator.

Prefix (Mr., Mrs., Ms.)

*First Name

*Middle Name

If no middle name, enter NMN.

*Last Name

Suffix (Jr., Sr., II, III)

*Do you have a Social Security Number?

*Date of Birth

Format MM/DD/YYYY

*Birth Country

*Birth City

*Birth State/Province

*Citizenship Status

If selected "Other", please specify

Country of Citizenship if outside the U.S.

*Primary Phone

*Primary Phone Type

Secondary Phone

Secondary Phone Type

*Marital Status

*Marital Status Date

Format MM/DD/YYYY. If not married, enter start date.

*Gender

*Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military?

Fingerprint Information

*Hair Color

*Eye Color

*Height

*Weight

The two questions below are designed to identify your ethnicity and race. As described in the earlier Privacy Act statement, providing ethnicity and race information is voluntary and has no impact on your employment status; but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation. Please see the earlier Privacy Act statements. **Regardless of your answer to the Hispanic or Latino Ethnicity question, the Race Self-Identification question should also be filled in below.**

Ethnicity Self-Identification

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Please select your Ethnicity

Race Self-Identification (select one or more)

American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

[Previous Page](#)[Next Page](#)[Next Task](#)[Print Preview](#)

New Employee Data - Address

Mandatory fields are marked with a red indicator.

Current Address

*Address (line 1)

Address (line 2)

*City

*State

*Zip Code

*County (not Country)

Mailing Address (if different from Current Address)

Address (line 1)

Address (line 2)

City/Town

State/Province

Zip/Postal Code

County (not Country)

Country

*Please select the state for which you would like to complete a state tax form. If you select District of Columbia, Maryland or Virginia you can complete the tax form using this portal. If you select any other state you will complete your state tax form on your first day (if applicable).

[Previous Page](#)

[Next Page](#)

[Next Task](#)

[Print Preview](#)

New Employee Data - Education

Please list most recent educational institution and program first.

1. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Year Graduated (YYYY)

2. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Year Graduated (YYYY)

3. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Year Graduated (YYYY)

[Previous Page](#)

[Next Page](#)

[Next Task](#)

[Print Preview](#)

New Employee Data - Emergency Contact

Mandatory fields are marked with a red indicator.

Primary Emergency Contact

*Full Name (Last, First MI)

*Relationship to Employee

*Address (line 1)

Address (line 2)

*City/Town

*State/Province

*Zip/Postal Code

*Country

*County

*Primary Phone

*Primary Phone Type

Secondary Phone

Secondary Phone Type

Secondary Emergency Contact

Full Name (Last, First MI)

Relationship to Employee

Address (line 1)

Address (line 2)

City/Town

State/Province

Zip/Postal Code

Country

County

Primary Phone

Primary Phone Type

Secondary Phone

Secondary Phone Type

[Previous Page](#)

[Next Page](#)

[Next Task](#)

[Print Preview](#)

New Employee Data - Board Relatives

Relatives Employed at the Board

Full Name (Last, First MI)

Relationship to Employee

 

Full Name (Last, First MI)

Relationship to Employee

 

Full Name (Last, First MI)

Relationship to Employee

 

Full Name (Last, First MI)

Relationship to Employee

 

[Previous Page](#)

[Next Page](#)

[Next Task](#)

[Print Preview](#)

New Employee Data - Review

Please review your responses to the questions below to ensure they are correct before clicking "Submit".

If you need to make a change to your responses, continue clicking the "Previous Page" button until you reach the New Employee Data - Personal Information page. Make any necessary changes and click the "Next Page" button until you reach the New Employee Data - Review page, then submit.

Date of Birth

05/05/1985

Do you have a Social Security Number?

Yes

[Previous Page](#)

[Submit](#)

[Next Task](#)

[Print Preview](#)

DRAFT

Social Security Number

Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you have a social security number. Please provide your social security number below and review for accuracy before clicking "Submit".

*Social Security Number

(999-99-9999)

Submit

Next Task

Print Preview

DRAFT

Direct Deposit

Mandatory fields are marked with a red indicator.

I hereby authorize the Board of Governors of the Federal Reserve System to initiate direct deposits for payroll to the account listed below.

*Depository (Bank) Name

*City

*State

*Nine Digit Bank Transit/ABA Number

*Account Number

*Account Type

 

This authorization is to remain in full force and effect until the Board of Governors of the Federal Reserve System has received written notification from me of its termination in such a time and manner as to afford Agency a reasonable opportunity to act upon it.

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

[Submit](#)

[Next Task](#)

[Print Preview](#)

DRAFT

Federal W-4

Mandatory fields are marked with a red indicator.

For more information and instructions, including the Paperwork Reduction Act notice and the Privacy Act statement, [click here](#) to see the W-4 form. OMB No. 1545-0074

If you're a nonresident alien, see [Notice 1392](#), Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

*Are you a Nonresident Alien?

Not Specified

If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

*Tax filing status

Not Specified

Note: *If married filing separately, check "Married, but withhold at higher Single rate."*

*Total number of allowances you're claiming

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

I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption.

- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here

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

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit

Next Task

Print Preview

D-4 DC Withholding Allowance Certificate

Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for the District of Columbia.

For more information and instructions, [click here](#) to view the D-4 DC Withholding Allowance Certificate.

*1. Tax filing status



2. Total number of withholding allowances from worksheet.

*Enter total from Sec. A, Line i

*Enter total from Sec. B, Line m

*Total number of withholding allowances, Line n

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

4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

*5. My domicile is a state other than the District of Columbia



If yes, give name of state of domicile

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

If claiming exemption from withholding, are you a full-time student?



Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

[Submit](#)

[Next Task](#)

[Print Preview](#)

DRAFT

VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate

Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for Virginia.

For more information and instructions, [click here](#) to view the VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate.

If subject to withholding, enter the number of exemptions claimed on:

*Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet

Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet

*Total Exemptions - line 8 of the Personal Exemption Worksheet

Enter the amount of additional withholding requested (see instructions)

- I certify that I am not subject to Virginia withholding. I meet conditions set forth in the instructions.
- I certify that I am not subject to Virginia withholding. I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit

Next Task

Print Preview

MW507 Employee's Maryland Withholding Exemption Certificate

Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for Maryland.

For more information, [click here](#) to view the MW507 Employee's Maryland Withholding Exemption Certificate.

*County of residence

Not Specified

*Tax filing status

Not Specified

*1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2

2. Additional withholding per pay period under agreement with employer

3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.

- a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
- b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.

If both a and b apply, enter year applicable (year effective)

Enter "Exempt" here

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

Not Specified

I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "Exempt" here.

5. I claim exemption from Maryland **state** withholding because I am domiciled in Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions. Enter "Exempt" here.

6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "Exempt" here and on line 4.

7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "Exempt" here and on line 4.

8. I certify that I am a legal resident of the state of

and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief act, as amended by the Military Spouses Residency Relief Act.

Enter "Exempt" here.

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowance claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

[Submit](#)

[Next Task](#)

[Print Preview](#)

Prior Service Details

Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you have prior service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military.

Retired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military and retired under the Plan.

Not retired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military which I believe was at one time creditable service under the Plan, but did not retire.

*Please indicate which of the above apply to you.

If **Retired with service** is selected, please enter the effective date in which you retired under the Plan.

Format MM/DD/YYYY

If **Not retired with service** is selected, please list the inclusive dates of the service and the employer with which it was performed below. I ask for confirmation that the service was at one time creditable service under the Plan.

From	Employer, including military
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

From	Employer, including military
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

From	Employer, including military
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

From	Employer, including military
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

From	Employer, including military
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

*Format MM/YYYY***Member's other names during periods stated**

From	Full Name
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

From	Full Name
<input type="text"/>	<input type="text"/>

Format MM/YYYY

To
<input type="text"/>

Format MM/YYYY

I understand that the purpose of this form is to identify the portion of any previous service that was at one time creditable service under the Plan; that confirmation of any creditable service on this form does not constitute a reinstatement of credit for the service, and that reinstatement of such credit occurs only under the terms and conditions stated in the Plan.

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

[Submit](#)[Next Task](#)[Print Preview](#)

Dependent Information for Federal Transfers

Mandatory fields are marked with a red indicator.

You're receiving this task because you've been identified as a Federal Transfer. Please complete the below information regarding your plan and dependents.

*Are any of your dependents covered under your current health plan?

If you answered "Yes" to the above question, please complete the questions below regarding marital and children information where applicable.

If you answered "No" to the above question, you do not need to complete marital and children information.

Marital Information

Are you currently married?

If yes, please provide your spouse's information below.

Spouse's Name (Last, First, Middle Initial)

Spouse's Date of Birth

Format MM/DD/YYYY

Marriage Date

Format MM/DD/YYYY

Children

Do you have children?

If yes, please provide information for dependent children below (list in order, eldest child first)

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

[Submit](#)

[Next Task](#)

[Print Preview](#)

DRAFT

Congratulations, you have completed the forms process!

You have successfully completed the new hire forms available in this portal. For future reference, these forms can be viewed but not edited. To receive a copy of your signed documents, send your request to mgt-hrir@frb.gov or make request during your first day of orientation. We are excited to have you join us on Jun 24, 2018.

As a reminder, your employment is contingent upon successful completion of a background screening and investigation, which includes employment and education verification, an FBI fingerprint report, and a criminal records check.

- Please arrive at 8:45 AM ET.
- Bring a government issued ID (such as a passport, and/or a Social Security card and/or a state issued driver's license).
- Your orientation will be at our 1850 K Street offices, please come to the third floor guard station. The Farragut West Metro station (on the Blue, Orange and Silver lines) and the Farragut North Metro station (on the Red line) are conveniently located nearby. With limited street and public parking, HR staff strongly recommends using public transportation to reach this location. For details on the metro system, please visit the metro website www.wmata.com.
- Continental breakfast and lunch will be provided.
- On your first day, for verification purposes, it is imperative that you bring your completed I-9 form and the acceptable identification documentation used to complete the I-9 process.

If you should have any questions, please do not hesitate to contact your recruiter or contact the Talent Acquisition hotline at (202) 452-3880 or by email FRBRecruiting@frb.gov.

We look forward to seeing you.

WELCOME ABOARD!

Your Human Resources Team

Complete

Next Task