

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Enrollment / Change Form

PLEASE NOTE:

You must complete separate forms if you want to enroll or change enrollment in both a Dental plan and a Vision plan. When completing the information below, please refer to the instructions located at the end of this form.

Part A Your Enrollment and Plan Information

(Refer to instructions on page 6)

1. This is a: New enrollment Change in plan, option, or enrollment type Cancellation

2. Because of: Open Season Qualifying life event New hire/newly eligible employee

3. This is a (choose one): Dental plan Vision plan

4. Plan Name: _____

5. Plan Option: High Standard

6. Enrollment Type: Self Only Self Plus One Self and Family

7. Are you enrolled in the FEHB Program? Yes No

7a. If "no" to #7, are you eligible for the FEHB Program? Yes No

7b. If "yes" to #7, please provide: Your FEHB Plan Name: _____

Your FEHB Plan Code: _____

Part B Your Status with the Federal Government

(Refer to instructions on page 6)

8. Your Status: Federal or USPS Employee (Not a new hire) Annuitant Survivor Annuitant

Newly hired/newly eligible Federal or USPS Employee FERS MRA + 10 annuitant commencing annuity Compensationer

9. If you are a newly hired/newly eligible Federal or USPS Employee or you are a FERS MRA + 10 annuitant commencing annuity, provide your newly eligible/hire date or date your annuity commences: _____ / _____ / _____

Month Day Year

10. Please enter your Payroll/Annuity Office Identifier. To locate your Payroll/Annuity Office Identifier, use _____

the guide included with this enrollment form. (If you are a CSRS/FERS annuitant, please enter 24900002): (4-8 Digits/Characters)

Part C Your Personal Information

(Refer to instructions on page 7)

11. Gender: Female Male

12. SSN: _____ - _____ - _____ 13. Date of Birth _____ / _____ / _____

Month Day Year

14. First Name _____ 15. M.I. _____ 16. Last Name _____

17. Residence Street Address _____

18. Address Line 2 _____

19. City _____ 20. State OR 20a. Territory _____

21. Country _____ 22. Zip/Foreign Postal Code _____

23. Daytime Phone: (____) _____ 24. Other Phone: (____) _____

25. Email 1 _____

26. Email 2 _____

Part D

Your Mailing Information

(Refer to instructions on page 7)

Complete this section only if your mailing address is **different than your residence address**.

Care Of (Place the name of the person you want mail addressed to on the line below if mail should be addressed to a person other than yourself)

27. First Name	28. M.I.	29. Last Name

30. Residence Street Address		

31. Address Line 2		

32. City	33. State OR	33a. Territory
_____	_____	_____
34. Country	35. Zip/Foreign Postal Code	
_____	_____	

Part E

Non-FEHB Insurance Information

(Refer to instructions on page 7)

36. Do you currently have Medicare? Yes No

37. Are you covered under TRICARE? Yes No

37a. If "yes" to #37 and you are NOT the sponsor, provide the sponsor's Social Security Number: _____-_____-_____

38. Are you covered under any other Non-FEHB dental or vision insurance? Yes No

39. If "yes" to #38 and you are enrolling in a FEDVIP dental plan, provide other dental insurance information. If you are enrolling in a FEDVIP vision plan, provide your other vision insurance information below:

39a. Insurance Company Name		

39b. Insurance Policy Number		

39c. Insurance Company Address		

39d. City	39e. State OR	39f. Territory
_____	_____	_____
39g. Country	39h. Zip/Foreign Postal Code	
_____	_____	

Part F

Qualifying Life Event (QLE) Information

(Refer to instructions on page 7)

40. If you're using this form to submit a Qualifying Life Event (QLE), please check the QLE that allows you to enroll or change your enrollment:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquiring an eligible family member | <input type="checkbox"/> Losing an eligible family member | <input type="checkbox"/> Moving out of regional plan's service area |
| <input type="checkbox"/> Losing other dental/vision coverage | <input type="checkbox"/> Return to pay status from active military duty | <input type="checkbox"/> Annuity/compensation restored |

41. Please provide the date of this QLE _____/_____/_____
Month Day Year

Part G

Accelerated Payment Option

(Refer to instructions on page 8)

You can only select this option if you are an employee and anticipate that you will go into a leave without pay status and/or be paid only during certain months of the year. See the instructions for further information.

42. Would you like to accelerate your payments? Yes No

43. If "yes" to #42 enter the number of pay dates that premiums should be deducted from your pay: _____

Part H Information on Eligible Dependents

(Refer to instructions on page 8)

44. Information for Dependent #1

Add this Dependent Remove this Dependent Modify this Dependent's Information

44a. This Dependent's Relationship to you: Spouse Unmarried Child Under Age 22 Unmarried Child Age 22 or Over who is Incapable of Self-Support
 Brother/Sister* Mother/Father*

44b. If a child, is this child a(n): Stepchild Foster Child Adopted Child

44c. Dependent's SSN: --
44d. Dependent's Date of Birth / /
Month Day Year

44e. Dependent's Gender: Male Female

44f. Dependent's First Name 44g. M.I. 44h. Last Name

44i. Dependent's Residence Address (if different from your residence address.)

44j. Address Line 2

44k. City 44l. State OR 44m. Territory

44n. Country 44o. Zip/Foreign Postal Code

* Only applicable for Survivor Annuitants

45. Information for Dependent #2

Add this Dependent Remove this Dependent Modify this Dependent's Information

45a. This Dependent's Relationship to you: Spouse Unmarried Child Under Age 22 Unmarried Child Age 22 or Over who is Incapable of Self-Support
 Brother/Sister* Mother/Father*

45b. If a child, is this child a(n): Stepchild Foster Child Adopted Child

45c. Dependent's SSN: --
45d. Dependent's Date of Birth / /
Month Day Year

45e. Dependent's Gender: Male Female

45f. Dependent's First Name 45g. M.I. 45h. Last Name

45i. Dependent's Residence Address (if different from your residence address.)

45j. Address Line 2

45k. City 45l. State OR 45m. Territory

45n. Country 45o. Zip/Foreign Postal Code

* Only applicable for Survivor Annuitants

46. Information for Dependent #3

Add this Dependent Remove this Dependent Modify this Dependent's Information

46a. This Dependent's Relationship to you: Spouse Unmarried Child Under Age 22 Unmarried Child Age 22 or Over who is Incapable of Self-Support
 Brother/Sister* Mother/Father*

46b. If a child, is this child a(n): Stepchild Foster Child Adopted Child

46c. Dependent's SSN: --
46d. Dependent's Date of Birth / /
Month Day Year

46e. Dependent's Gender: Male Female

46f. Dependent's First Name 46g. M.I. 46h. Last Name

46i. Dependent's Residence Address (if different from your residence address.)

46j. Address Line 2

46k. City 46l. State OR 46m. Territory

46n. Country 46o. Zip/Foreign Postal Code

* Only applicable for Survivor Annuitants

Part I

Agreement to Terms and Signature

(Refer to instructions on page 8)

I am enrolling in a plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP). All of the answers and explanations I've given on this enrollment form, including my status as an eligible individual, are true and complete. My signature below confirms I am authorizing deductions from my pay or annuity/pension in the amount necessary to pay the premiums for my FEDVIP plan. BENEFEDS reserves the right to deduct from my annuity/pension or direct bill me for my FEDVIP premiums upon my retirement.

If I have used this form to add, remove, or modify any of my eligible dependents, I understand the rules for eligibility of dependents are the same rules used to determine eligibility of dependents for coverage under the Federal Employees Health Benefits Program. I certify the dependent(s) I have added on the preceding page(s) are eligible for coverage under the Federal Employees Dental and Vision Insurance Program and if I have any questions about their eligibility I need to check with my employing agency or retirement system before proceeding with this enrollment. If I have chosen a Self and Family enrollment, I certify I have added ALL of my eligible dependents.

Enrollee's Signature **X** _____ Date Signed ____/____/____
(Required) (Required mm/dd/yy)



Have you signed and dated the Agreement to Terms in Part I above? We cannot process this enrollment without your signature and a date.

MAIL TO: BENEFEDS-FEDVIP, P.O. Box 797, Greenland, NH 03840-0797

Federal Employees Dental and Vision Insurance Program (FEDVIP) Enrollment/Change Form Accompanying Instructions

PLEASE NOTE: You must complete separate forms if you want to enroll or change enrollment in both a Dental plan and a Vision plan.

Use This Form To:

- Enroll, change, or cancel your enrollment in a FEDVIP Dental or Vision plan during Open Season
- Enroll in a FEDVIP Dental or Vision plan as a new/newly eligible Federal or USPS employee or FERS MRA + 10 annuitant commencing annuity
- Enroll or change your enrollment in a FEDVIP Dental or Vision plan due to a Qualifying Life Event

Who May Use This Form:

You may use this form ONLY if you do not have access to enroll via a phone during BENEFEDS business hours or the Internet. To enroll via phone, call **1-877-888-FEDS (1-877-888-3337)**, TTY 1-877-889-5680. To enroll via the Internet, visit www.BENEFEDS.com.

Who Is Eligible To Enroll:

- If you are a Federal or United States Postal Service (USPS) employee, you are eligible to enroll if your current position conveys eligibility for the Federal Employees Health Benefits Program.
- If you retired on an immediate annuity (including an MRA + 10 annuity), or if you are receiving a survivor annuity, you are eligible to enroll. You are also eligible if you are receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs.

Information Needed To Complete This Form:

Depending on the options you choose, you may need the following information to complete this form:

- The Social Security numbers and dates of birth for you and the eligible family members you wish to cover.
- Your Federal Employees Health Benefits (FEHB) Program Plan Name and Plan Code. You can get this information from the FEHB Guide or the front cover of your FEHB plan brochure. This information may also be on your FEHB Plan identification card.
- Your Sponsor's Social Security number if you are covered under TRICARE and you are not the Sponsor.
- Information about any other non-FEHB dental or vision insurance coverage you may have, including the insurance company's name and address and the policy number.

Effective Dates:

Except for Open Season, most enrollments and enrollment changes are effective on the first day of the pay period after BENEFEDS receives this form. BENEFEDS will send you a letter confirming the specific date on which your enrollment or enrollment change will take effect. The Open Season 2006 effective date is December 31, 2006.

Section 1: INSTRUCTIONS

Part A: Your Enrollment and Plan Information

1. and 2. Check the reason for completing this form:

New Enrollment – You must complete Parts A, B, C, E, G, and I of the form. Complete Part H if you are enrolling in a Self Plus One or Self and Family enrollment. Complete Part D if applicable.

If you are enrolling during the FEDVIP Open Season, or as a new or newly eligible Federal or USPS employee or a FERS MRA + 10 annuitant commencing annuity, you do not need to complete Part F. If you are enrolling because of a Qualifying Life Event, you must complete Part F.

Enrollment Changes – Complete Parts A, B, C, E, G, and I of the form. Complete Part H if you are enrolling in a Self Plus One or Self and Family enrollment, or adding or removing dependents. Complete Part D if applicable.

If you are changing enrollment during the FEDVIP Open Season, you do not need to complete Part F. If you are changing enrollment because of a Qualifying Life Event, you must complete Part F.

Cancellation – Complete Parts A, B, C, and I. **Note:** You may only cancel your FEDVIP enrollment during Open Season.

3. Check the appropriate box to indicate whether you are completing this form for a Dental plan or a Vision plan. **Note:** You must complete a separate form for a Dental enrollment/change and a separate form for a Vision enrollment/change.
4. Enter the name of the FEDVIP plan you want to enroll in or change to. If you are cancelling an enrollment, enter **your current FEDVIP plan name**.
5. Check the plan Option you want to enroll in or change to. If you are cancelling an enrollment, enter **your current plan Option**.
6. Check the Enrollment Type of the plan you want to enroll in or change to. If you are cancelling an enrollment, enter **your current plan Enrollment Type**.
- 7a. If you answered no to item 7, please verify that you are eligible to enroll in FEHB. Please contact your employing office to determine if you are eligible to enroll in FEHB. If you are not eligible for the FEHB Program, you are **not** eligible to enroll in FEDVIP, **unless** you are an Annuitant, Survivor Annuitant, or a Compensationner. Annuitants, Survivor Annuitants, and Compensationners are eligible to enroll in FEDVIP even though they may not be eligible to enroll in the FEHB Program.
- 7b. If you answered “yes” to item 7, please provide your FEHB Plan Name and Enrollment Code.

Note: You can find your FEHB Plan’s enrollment code in the FEHB Guide or on the front cover of your FEHB Plan brochure. Your FEHB plan enrollment code may also be on your plan identification card.

Part B: Your Status with the Federal Government

8. Check your status.

Federal or U.S. Postal Service (USPS) Employee – An individual whose current position conveys eligibility for the Federal Employees Health Benefits Program.

Annuitant – A former employee who retired on an immediate annuity under a retirement system established for Federal employees.

Survivor Annuitant – An individual who is receiving a survivor annuity due to the death of a Federal employee or annuitant.

Compensationner – An individual who is receiving monthly compensation from the Department of Labor’s Office of Workers’ Compensation Programs (OWCP) due to an on-the-job injury and who is determined by the Secretary of Labor to be unable to return to duty.

FERS MRA + 10 Annuitant – A former employee who retired on a Federal Employees Retirement System Minimum Retirement Age + 10 annuity who postponed receipt of annuity and is now commencing his/her annuity.

9. If you are using this form to enroll outside of an Open Season as a newly hired/newly eligible Federal or USPS employee, enter the date you were hired or became eligible. If you are using this form to enroll outside of an Open Season as a FERS MRA + 10 annuitant who is commencing annuity, enter your annuity commencement date. This date must be within 60 days of the date we receive your application.

Part C: Your Personal Information (Must Be Completed)

23. to 26. Please provide us with a valid phone number and/or email address.

Part D: Your Mailing Information (Complete Only If Different Than Your Residence Address)

Complete this section if you wish to have your mail sent to an address other than the residence address you identified in Part C.

Part E: Other non-FEHB Insurance Information

37. TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors. This includes TRICARE For Life members age 65 and over.
38. If you answer “yes” to question 38, please answer question 39. If you are enrolling in a dental plan and currently have coverage under another non-FEDVIP dental plan or if you are enrolling in a vision plan and have coverage under another non-FEDVIP vision plan, please provide the information for that plan as requested in 39a to 39h for coordination of benefits.

Part F: Qualifying Life Event (QLE) Information

Please complete this section only if you have chosen Qualifying Life Event for Part A, question 2.

40. Please indicate the Qualifying Life Event that allows the enrollment action you are taking. Refer to the chart below for QLEs and their allowable actions.

QLE that may permit a change in enrollment		Possible FEDVIP Enrollment Changes Outside of Open Season			
	From Not Enrolled to Enrolled	INCREASE From Self Only to Self Plus One or Self and Family, or from Self Plus One to Self and Family	DECREASE From Self and Family to Self Plus One or Self Only, or From Self Plus One to Self Only	Cancel	CHANGE from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing an eligible family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan’s service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	No	No	No	No

Part G: Accelerated Payment Option

The accelerated payment option is only for employees who expect to go into a leave without pay status or be paid for only part of the year. This option allows you to determine the number of pay dates your annual premium will be divided so that you can pay your entire annual premium while you are in pay status. For example, if your annual premium is \$120, and you are paid monthly, your usual deduction per pay date would be \$10. You can choose instead to accelerate your payments to six pay dates. This means your premiums would be \$20 per pay date for six months rather than \$10 per pay date for 12 months. If you do not choose this option, you must pay your premiums directly on a post-tax basis for the pay dates that you are not in a pay status.

Part H: Information on Eligible Family Members

Please complete this section if you are:

- Enrolling in a FEDVIP plan with a Self Plus One or Self and Family enrollment type; or
- Changing an enrollment and that change includes modifying information about one or more of your eligible dependent(s).

You do not need to complete this section if you are cancelling your enrollment or enrolling in a Self Only Plan.

Family Members Eligible for Coverage

Unless you are a survivor annuitant, family members eligible for coverage under a Self Plus One or Self and Family enrollment include your spouse and your unmarried dependent children under age 22. Eligible children include your legitimate and adopted children, recognized natural children, and stepchildren and foster children who are living with you in a regular parent-child relationship. A recognized natural child that is not living with you also may be included if a judicial determination of support has been obtained or you show that you provide regular and substantial support for the child.

- If you are a survivor annuitant, your eligible dependents are those family members eligible for FEHB coverage under your survivor annuity.
- Children whose marriage ends before they reach age 22 are eligible family members from the date the marriage ends until they reach age 22.

In some cases, an unmarried disabled child who is 22 years of age or older is eligible for coverage under your Self Plus One or Self and Family enrollment. The insurance carrier may contact you for adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday and renders the child incapable of self-support. If your agency/retirement system has already made such a determination, you need only provide a copy of that approval.

Other relatives (for example, your parents) are **not** eligible for coverage even if they live with you and are dependent upon you.

Part I: Agreement to Terms and Signature

In order for us to process your enrollment/change form, you must read, sign and date this form. Once you've completed the entire form, please mail the completed form to the address below:

BENEFEDS – FEDVIP
P.O. Box 797
Greenland, NH 03840-0797

Payroll/Annuity Office Identifier Guide

In Part B of the Federal Employees Dental and Vision Insurance Program (FEDVIP) enrollment/change form, you need to write your Payroll Office Identifier (POI) or Annuity/Pension Identifier (AOI). You can find that identifier using this guide. Please Note: If you are employed by a Department of Defense agency, or by the Departments of Air Force, Army, or Navy, you will be asked to provide the correct Payroll Office ID Number (POI) which can be found in the remarks on your Leave and Earnings Statement (LES).

Civilian Employees by Department/ Agency	POI	Civilian Employees by Department/ Agency	POI
Abraham Lincoln Bicentennial Commission	AE0000	District of Columbia Superior Courts	GSASC
Advisory Council on Historic Preservation	DOIHP00	Defense Nuclear Facilities Safety Board	DN0000
African Development Foundation	DOIAN00	Denali Commission	DI0000
American Battle Monument Commission		Department of Agriculture	
-Arlington VA – Headquarters	GSAAB1	-Agricultural Marketing Service	020000
-Mexico	GSAAB5	-Agriculture Research Service	030000
-Panama	GSAAB6	-Animal and Plant Health Inspection Services	340000
-Paris	GSAAB2	-Animal and Plant Health Inspection Services-Overseas	12160003
-Philippines	GSAAB3	-Board of Contract Appeals	DA0000
-Tunisia – Rome	GSAAB4	-Cooperative State Research, Education and Extension	220000
American Institute in Taiwan	24200003	-Department Administration	DA0000
Antitrust Modernization Commission	GSAYB	-Economic Research Service	180000
Appalachian Regional Commission	660000	-Farm Service Agency	FA0000
Appraisal Subcommittee/ Federal Financial Institution Exam Council	GSAFI	-Farm Service Agency – County Employees	CE0000
Architect of the Capital		-Food and Nutrition Service	300000
-Office of the Architect	LA0000	-Food Safety and Inspection Service	370000
-U.S. Botanic Garden	BG0000	-Foreign Agricultural Service	100000
-U.S. Senate Restaurants	SR0000	-Foreign Agricultural Service – Overseas	12290003
Architectural and Transportation Barriers Compliance Board	BD0000	-Forest Service	110000
Arctic Research Commission	DOIAW00	-Grain Inspection, Packers and Stockyards Administration	360000
Armed Forces Retirement Home	RH0000	-Homeland Security Office	HL0000
Barry M Goldwater Scholarship and Excellence in Education Foundation	GSAGE	-Human Resources Management	DA0000
Bonneville Power Administration	89001401	-Milk Market Administration- GA	12250164
Broadcasting Board of Governors	95680003	-Milk Market Administration- KS	12250137
Central Intelligence Agency	95040006	-Milk Market Administration- KY	12250136
Chemical Safety and Hazard Investigation Board	DOIFJ00	-Milk Market Administration- MA	12250144
Christopher Columbus Fellowship Foundation	GSABZ	-Milk Market Administration- MN	12250141
Citizens Health Care Working Group	GSAHF	-Milk Market Administration- NY	12250144
Commission for the Preservation of American’s Heritage Abroad	GSABH	-Milk Market Administration- OH	12250119
Commission of Fine Arts	DOICF00	-Milk Market Administration- TX	12250122
Commission of Civil Rights	840000	-Milk Market Administration- VA	12250144
Commission of International Religious Freedom	GSAZP	-Milk Market Administration- WA	12250166
Commission on Security and Cooperation in Europe	850000	-National Agricultural Statistics Service	200000
Committee for Purchase from People Who Are Blind or Severely Disabled	GSAHB	-National Appeals Division	NA0000
Commodity Futures Trading Commission	CF0000	-National Finance Center	900000
Congressional – Executive Commission on the People’s Republic of China	CH0000	-National Sheep Industry Improvement Center	SC0000
Congressional Budget Office	AQ0000	-Natural Resources Conservation Service	160000
Consumer Product Safety Commission	DOISK00	-Office of Administrative Law Judges	DA0000
Corporation for National and Community Service	NS0000	-Office of Budget and Program Analysis	420000
Court Service & Offender Supervision Agency		-Office of Civil Rights	EO0000
-Office of the Director	CD0000	-Office of Communications	130000
-Pretrial Services Agency	CT0000	-Office of Ethics	DA0000
District of Columbia Court of Appeals	GSACO	-Office of General Counsel	140000
District of Columbia Court Systems	GSAFN	-Office of the Chief Economist	380000
District of Columbia Housing Authority	99004871	-Office of the Chief Financial Officer	900000
District of Columbia Water and Sewer Authority	99004875	-Office of the Chief Information Officer	IT0000
		-Office of the Executive Secretariat	ES0000
		-Office of Inspector General	230000
		-Office of the Secretary	010000
		-Risk Management Agency	080000

Civilian Employees by Department/ Agency	POI	Civilian Employees by Department/ Agency	POI
<i>Department of Agriculture continued</i>		<i>Department of Homeland Security continued</i>	
-Rural Business and Cooperative Development Service	320000	-Office of Infrastructure Protection	DC0000
-Rural Housing Service	070000	-Office of Inspector General	OG0000
-Rural Utilities Service	150000	-Office of Intelligence and Analysis	OS0000
Department of Commerce		-Office of Operations Coordination	OS0000
-Bureau of Census	630000	-Office of Policy	OS0000
-Bureau of Economic Analysis	530000	-The Under Secretary for Preparedness	II0000
-Bureau of Industry and Security	670000	-Transportation Security Administration	TA0000
-Economic Development Administration	520000	-Transportation Security Administration- Overseas	69280003
-Economics and Statistics Administration	650000	-U.S. Immigration and Customs Enforcement	BB0000
-International Trade Administration	550000	-U.S. Citizenship and Immigration Services	CI0000
-Minority Business Development Agency	590000	-U.S. Citizenship and Immigration Services – Overseas	15129999
-National Institute of Standards and Technology	570000	-U.S. Coast Guard	CG0000
-National Oceanic and Atmospheric Administration	540000	-U.S. Customs and Border Protection	CU0000
-National Technical Information Service	620000	-U.S. Secret Service	SS0000
-National Telecommunications and Information Administration	610000	Department of Housing and Urban Development	
-Office of Inspector General	640000	-All other Divisions / Employees	830000
-Office of Secretary	510000	-Office of Inspector General	HG0000
-Patent and Trademark Office	560000	Department of Interior	
-Technology Administration	330000	-Bureau of Indian Affairs	DOIIN06
-U.S. Foreign Commercial Service - Overseas	13020003	-Bureau of Land Management	DOIIN05
Department of Defense Agencies		-Bureau of Reclamation	DOIIN07
-97380100	97380100	-Minerals Management Service	DOIIN23
-97380500	97380500	-National Business Center	DOIIN01
-97380600	97380600	-National Park Service	DOIIN10
-97381000	97381000	-Office of Surface Mining	DOIIN22
-97381100	97381100	-Office of Inspector General	DOIIN24
-Defense Intelligence Agency	21006944	-Office of the Secretary of the Interior	DOIIN01
-Mid-Atlantic Regional Finance Office	21008733	-Office of the Solicitor	DOIIN21
-Defense Career Management Support Agency	21008733	-U.S. Fish and Wildlife Service	DOIIN15
Department of Education	DOIED00	-U.S. Geological Survey	DOIIN08
Department of Energy	97381400	Department of Justice	
Department of Health and Human Services		-Antitrust Division	HC0000
-Administration for Children and Families	97381500	-Bureau of Alcohol, Tobacco, Firearms and Explosives	TF0000
-Administration on Aging	97381500	-Bureau of Prisons	FP0000
-Agency for Healthcare Research and Quality	97381500	-Civil Division	HC0000
-Agency for Toxic Substance and Disease Registry	97381500	-Civil Rights Division	HC0000
-Centers for Disease Control and Prevention	97381500	-Community Oriented Policing Services	HC0000
-Centers for Disease Control and Prevention – Overseas	75090003	-Community Relations Service	CR0000
-Centers for Medicare and Medicaid Services	97381500	-Criminal Division	HC0000
-Food and Drug Administration	97381500	-Department of Justice – All Other Employees	HC0000
-Health Resources and Services Administration	97381500	-Drug Enforcement Administration	DE0000
-Indian Health Services	97381500	-Drug Enforcement Administration – Overseas	15110003
-National Institutes of Health	97381500	-Environment and Natural Resources Division	HC0000
-Office of Public Health and Safety	97381500	-Executive Office for Immigration Review	EI0000
-Office of Inspector General	97381500	-Executive Office for U.S. Trustee Program	UT0000
-Office of the Secretary	97381500	-Executive Office for United States Attorneys	JA0000
-Program Support Center	97381500	-Federal Bureau of Investigation	AV0000
-Substance Abuse and Mental Health Services Administration	97381500	-Foreign Claims Settlement Commission	HC0000
Department of Homeland Security		-Interpol	HC0000
-Border and Transportation Security	BA0000	-Justice Management Division	HC0000
-DHS Headquarters	OS0000	-National Drug Intelligence Center	HC0000
-Directorate for Preparedness	CB0000	-Office of Alternative Dispute Resolution	HC0000
-Directorate for Science and Technology	ST0000	-Office of Attorney Recruitment and Management	HC0000
-Domestic Nuclear Detection Office	IA0000	-Office of Detention Trustee	HC0000
-Federal Emergency Management Agency	CB0000	-Office of Information and Privacy	HC0000
-Federal Emergency Management Agency- Overseas	70070003	-Office of Intelligence Policy and Review	HC0000
-Federal Law Enforcement Training Center	BE0000	-Office of Intergovernmental and Public Liaison	HC0000
-Management Directorate	CB0000	-Office of Investigative Agency Policies	HC0000
		-Office of Justice Programs	JP0000
		-Office of Legal Counsel	HC0000

Civilian Employees by Department/ Agency	POI	Civilian Employees by Department/ Agency	POI
<i>Department of Justice continued</i>		<i>Department of Transportation continued</i>	
-Office of Legal Policy	HC0000	-National Highway Traffic Safety Administration	DOITD10
-Office of Legislative Affairs	HC0000	-Office of Inspector General	DOITD12
-Office of Pardon Attorney	HC0000	-Office of the Secretary	DOITD01
-Office of Professional Responsibility	HC0000	-Pipeline & Hazardous Material Safety Administration	DOITD16
-Office of Public Affairs	HC0000	-Research & Innovative Technology Administration	DOITD11
-Office of Solicitor General	HC0000	-Saint Lawrence Seaway	DOITD06
-Office of Special Counsel	HC0000	-Transportation Administration Service Center	TA0000
-Office of the Associate Attorney General	HC0000	Department of Treasury	
-Office of the Attorney General	HC0000	-Alcohol and Tobacco and Trade Bureau	400000
-Office of the Deputy Attorney General	HC0000	-Bureau of Engraving and Printing	AI0000
-Office of Inspector General	IG0000	-Bureau of Public Debt	AB0000
-Office of Tribal Justice	HC0000	-Department Offices	910000
-Office of Violence Against Women	HC0000	-Financial Crimes Enforcement Network	AF0000
-Professional Responsibility Advisory Office	HC0000	-Financial Management Service	AA0000
-Tax Division	HC0000	-Inspector General for Tax Administration	TG0000
-U.S. Attorneys	JA0000	-Internal Revenue Service	930000
-U.S. Marshals Service	MS0000	-Office of the Comptroller of the Currency	AJ0000
-U.S. Parole Commission	HC0000	-Office of Inspector General	950000
Department of Labor		-Office of Thrift Supervision	20740001
-Bureau of International Labor Affairs	BL0000	-U.S. Mint	AD0000
-Bureau of Labor Statistics	LS0000	Department of Veterans Affairs	36000200
-Employee Benefits Security Administration	PW0000	Eastern Regional Support Center	97009007
-Employment and Training Administration	ET0000	Election Assistance Commission	GSAGQ
-Employment Standards Administration	SA0000	Environmental Protection Agency	97381700
-Mine Safety and Health Administration	MI0000	Equal Employment Opportunity Commission	DOIEE00
-Occupational Safety and Health Administration	SH0000	Executive Office of the President	
-Office of Administrative Law Judges	SO0000	-Council of Economic Advisors	97381200
-Office of Congressional and Intergovernmental Affairs	CK0000	-Council on Environmental Quality	97381200
-Office of Disability Employment Policy	DP0000	-Domestic Policy Council	97381200
-Office of Public Affairs	OP0000	-Executive Residence at the White House	97381200
-Office of the Assistant Secretary for Administration and Management	SM0000	-National Economic Council	97381200
-Office of the Assistant Secretary for Policy	PE0000	-National Security Council	97381200
-Office of the Chief Financial Officer	FO0000	-Office of Administration	97381200
-Office of Inspector General	GE0000	-Office of Management and Budget	97381200
-Office of the Secretary	SO0000	-Office of National Drug Control Policy	97381200
-Office of the Solicitor	SL0000	-Office of Policy Development	97381200
-Veterans Employment and Training Service	VE0000	-Office of Science and Technology Policy	97381200
-Women's Bureau	WB0000	-Office of the U.S. Trade Representative	97381200
Department of State	15019999	-Office of the Vice President	97381200
Department of the Air Force, Army, or Navy		-Office of the White House	97381200
-97380100	97380100	Export / Import Bank of the U.S.	GSAEB
-97380500	97380500	Farm Credit Administration	250000
-97380600	97380600	Farm Credit System Insurance Corporation	FK0000
-97380700	97380700	Federal Communications Commission	210000
-97380800	97380800	Federal Deposit Insurance Corporation	680000
-97381000	97381000	Federal Election Commission	EC0000
-97381100	97381100	Federal Energy Regulatory Commission	FE0000
-Military Sealift Command – Atlantic	17062381	Federal Housing Finance Board	FB0000
-Military Sealift Command – Pacific	17062383	Federal Judiciary	
Department of the Air Force (see Department of the Air Force)		- Judges (Active, Senior, and Recalled)	10005697
Department of the Navy (See Department of the Air Force)		- Staff - Bi-weekly paid	20005697
Department of Transportation		Federal Labor Relations Authority	DOIAU00
-Federal Aviation Administration	DOITD03	Federal Maritime Commission	MC0000
-Federal Aviation Administration – Overseas	69130003	Federal Mediation and Conciliation Service	FM0000
-Federal Highway Administration	DOITD04	Federal Mine Safety and Health Review Commission	810000
-Federal Motor Carrier Safety Administration	DOITD17	Federal Reserve Board of Governors	28003333
-Federal Railroad Administration	DOITD05	Federal Resource Management Commission	GSARM
-Federal Transit Administration	DOITD09	Federal Retirement Thrift Investment Board	DOIRF00
-Maritime Administration	DOITD13	Federal Trade Commission	DOIFT00
		Gallaudet University	75010095

<u>Civilian Employees by Department/ Agency</u>	<u>POI</u>	<u>Civilian Employees by Department/ Agency</u>	<u>POI</u>
General Services Administration	GSAGS	Office of Director of national Intelligence	95040006
Government Accountability Office	970000	Overseas Private Investment Corporation	DOIGB00
Government Printing Office	LP0000	Peace Corps	PU0000
Harry S Truman Scholarship Foundation	DOIHT00	Pension Benefit Guaranty Corporation	DOIBG00
Institute of museum and Liberty Services	IM0000	Presidio Trust	DOIGJ00
Interagency Council on Homelessness	GSAHW	Public Defender Service for the District of Columbia	DOIPD00
Inter-American Foundation	DOIID00	Public Interest Declassification Board	GSADB
International Boundary & Water Commission	WC0000	Railroad Retirement Board	GSARR
International Trade Commission	DOITC00	Securities and Exchange Commission	DOISE00
James Madison Memorial Fellowship Foundation	DOIBK00	Selective Service System	DOISS00
Japan-U.S. Friendship Commission	GSAUJ	Small Business Administration	310000
John F. Kennedy Center for Performing Arts	GSASM	Smithsonian Institution	700000
Library of Congress		Social Security Administration	DOISZ00
-All Other Employees	AE0000	Stennis Center for Public Service	GSALQ
-LC Child Care Development Center	CC0000	Surface Transportation Board	DOITD15
Marine Mammal Commission	GSAMA	U.S. Agency for International Development	AM0000
Medicare Payment Advisory Commission	GSAZL	U.S. Capitol Police	CP0000
Merit Systems Protection Board	500000	U.S. China Economic and Security Review Commission	GSASZ
Millennium Challenge Corporation	DOIMI00	U.S. Court of Appeals for the Armed Forces	97380500
Morris K. Udall Scholarship & Excellence in National Environmental Policy Foundation	GSAEO	U.S. Court of Appeals for Veterans Claims	740000
National Aeronautics and Space Administration		U.S. Commission on Helping to Enhance the Livelihood of People	GSAYD
-Ames Research Center	DOINN21	U.S. Holocaust Memorial Museum	DOIHD00
-Dryden Flight Research Center	DOINN24	U.S. House of Representatives	
-Glenn Research Center	DOINN22	-Member	00004831
-Goddard Space Flight Center	DOINN51	-Staff	00004832
-Headquarters	DOINN10	U.S. Institute of Peace	GSAAI
-Johnson Space Center	DOINN72	U.S. Postal Service	18000009
-Kennedy Space Center	DOINN76	U.S. Senate	00004829
-Langley Research Center	DOINN23	U.S. Supreme Court	10005698
-Marshall Space Flight Center	DOINN62	U.S. Tax Court	
-Overseas	DOINN72	-Bi-Weekly	23000001
-Stennis Space Center	DOINN64	-Judges	23000002
National Archives and Records Administration	GSANQ	U.S. Trade and Development Agency	DOIEW00
National Capital Planning Commission	PC0000	Utah Reclamation Mitigation and Conservation	DOIUT00
National Commission on Libraries and Information Science	DOICX00	Valles Caldera Trust	DOIGM00
National Council on Disability	GSANK	Vietnam Education Foundation	GSAGO
National Credit Union Administration	GSACU	Woodrow Wilson International Center for Scholars	720000
National Education Goals Panel	DOICG00		
National Endowment for the Arts	690000	<u>Retirement Systems for Annuitants</u>	<u>AOI</u>
National Endowment for the Humanities	EH0000	Federal Civilian / Postal Annuitant (CSRS/FERS) Serviced by OPM	24900002
National Gallery of Art		Army and Air Force Exchange Services (AAFES)	21481730
-All Other Employees	240000	Federal Judiciary – Retired Judges	10015697
-Publication Fund Employees	GP0000	Federal Judiciary – Survivor Annuity Systems (JSAS)	10015697
-Trust Fund Employees	GT0000	D.C. Office of Pay and Retirement Services	99004860
National Labor Relations Board	DOINL00	D.C. Retirement Board	99004863
National Mediation Board	GSANM	D.C. Judges	99004863
National Science Foundation	DOINF00	Department of State - Foreign Service	19000001
National Security Agency	21006944	Federal Reserve Board	28003334
National Transportation Safety Board	DOITB00	NAF – Army	24219901
Northern Regional Personnel Center	19009007	NAF – Air Force	24579901
Nuclear Regulatory Commission	DOINU00	NAF – Marine Corps Community Services	24029901
Nuclear Waste Technical Review Board	GSABW	NAF – Navy	24179901
Occupational Safety and Health Review Commission	460000	Navy Exchange Service Command (NEXCOM)	24039901
Office of Congressional Compliance	OC0000	Office of Thrift Supervision (FIRF)	20740002
Office of Federal Housing Enterprise Oversight	FH0000	USUHS – TIAA-CREF	88888888
Office of Government Ethics	270000	U.S. Tax Court	
Office of Navajo and Hopi Indian Relocation	DOIRE00	-Retired Judges	23000003
Office of Personnel Management	GSAOM	-Survivor Annuitant of U.S. Tax Court Judge	23900001
Office of Special Counsel	060000		