

United States Office of Personnel Management Retirement and Insurance Service Benefits Officers Resource Center BENEFITS INFORMATION ORDER FORM

Your Full Name:		
Agency/Organization:		
Business Address:		
City:	State:	Zip:
Email Address:		
Work Phone: ()	Fax: ()	
<u>ITEM</u>	# ORDERED	<u>TOTAL</u>
CSRS & FERS Handbook on CD \$100)		
Video: BenefitsGet Serious (\$25 each)		
Video: Stepping Into Retirement (\$25 each)		
New Video: Let's Talk Benefits (1 for \$39 / 2 for \$69 / 3 for \$99)		
Let's Talk Benefits, Spanish Edition (1 for \$39 / 2 for \$69 / 3 for \$99)		
	TOTAL ORDER: \$	
PAYMENT BY (CHECK ONE): Purchase Order () Check () Government Purchase Visa or MC () Name of Card Holder:		
Credit Card Number: Expiration Date:		
Signature of Card Holder:		
Telephone Number of Card Holder: ()Ext		
Credit Card Orders: Fax order form to (202) 606-1108, or e-mail to benefits@opm.gov. If paying by Purchase Order or Check, mail your order to: Office of Personnel Management		
Email Your Order to benefits@opm.gov or Fax to (202) 606-1108 Office of Personnel Management 1900 E St., N.W., RIS/BORC Room 4351 Washington DC 20415-3300 Please include all the same address, phone, and credit card information on this		

Attn: Benefits Info Request

order form in your email.