



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

<i>Your Full Name:</i> _____																				
<i>Agency/Organization:</i> _____																				
<i>Business Address:</i> _____																				
<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____																		
<i>Internet Email Address:</i> _____																				
<i>Day-time Phone:</i> _____	<i>FAX:</i> _____																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:left;"><u>ITEM</u></th> <th style="text-align:center;"><u># ORDERED</u></th> <th style="text-align:center;"><u>TOTAL</u></th> </tr> </thead> <tbody> <tr> <td><i>CSRS & FERS Handbook, CD-ROM (\$100).....</i></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td><i>2000 Benefits Center CD (single user: \$100).....</i></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td><i>2000 Benefits Center CD (network license: \$550)...</i></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td><i>Video: Benefits...Get Serious (\$20 each)</i></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td><i>Video: Stepping Into Retirement (\$20 each).....</i></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> </tbody> </table>			<u>ITEM</u>	<u># ORDERED</u>	<u>TOTAL</u>	<i>CSRS & FERS Handbook, CD-ROM (\$100).....</i>	_____	_____	<i>2000 Benefits Center CD (single user: \$100).....</i>	_____	_____	<i>2000 Benefits Center CD (network license: \$550)...</i>	_____	_____	<i>Video: Benefits...Get Serious (\$20 each)</i>	_____	_____	<i>Video: Stepping Into Retirement (\$20 each).....</i>	_____	_____
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GRAND TOTAL: \$ _____																				
<i>Payment by (Check One): Purchase Order (_____) Agency Check (_____)</i>																				
<i>Government Purchase Visa or MC (_____)</i>																				
<i>Name of Card Holder:</i> _____																				
<i>Credit Card Number:</i> _____ <i>Expiration date:</i> _____																				
<i>Signature of Card Holder:</i> _____																				
<i>Telephone Number of Card Holder:</i> _____																				

Fax this order form to: (202) 606-1108, or mail to:
 Office of Personnel Management
 1900 E St., N.W., RIS/BORC Room 4351
 Washington DC 20415-3300
 Attn: Benefits Info Request