

UPDATE TO PAYROLL OFFICE CONTACT DIRECTORY

[Fax your response to the attention of Elsa Massey on (202) 606-1338.]

AGENCY/BUREAU: _____

AGENCY PAYROLL OFFICE NUMBER: ___ -- ___ -- _____

I. ADDRESS FOR THE PAYROLL OFFICE THAT REMITS WITHHOLDINGS AND CONTRIBUTIONS TO OPM VIA RITS

- o If the address is correct on the envelope, provide your "AGENCY/PAYROLL OFFICE NAME" and insert "CORRECT" on first address line*

- o If cross-serviced, provide actual "AGENCY/PAYROLL OFFICE NAME" and insert "CROSS-SERVICED" on first address line*

Agency/Payroll Office Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State (2 character abbreviation)	
Zip Code + 4	
Fax Number	
Email Address	

II. ADDRESS FOR THE OFFICE THAT RECONCILES ENROLLMENT IN THE HEALTH BENEFITS PROGRAM WITH THE CARRIERS COVERING AGENCY EMPLOYEES

- o If this information is identical to that in I above, place "X" here: _____*

Agency/Payroll Office Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State (2 character abbreviation)	
Zip Code + 4	
Fax Number	
Email Address	

III. ADDRESS FOR THE OFFICE THAT PREPARES AND SUBMITS TO OPM THE INDIVIDUAL RETIREMENT RECORD FOR SEPARATING EMPLOYEES

o If this information is identical to that in I above, place "X" here: _____

Agency/Payroll Office Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State (2 character abbreviation)	
Zip Code + 4	
Fax Number	
Email Address	