

**HUMAN RESOURCES OPERATIONS
DOCUMENT TRANSMITTAL**

BENEFITS DOCUMENTS

TO:
Benefits Assistant
USDA APHIS MRPBS Human Resources
Butler Square, 100 North Sixth Street
Minneapolis, MN 55403-1588

DATE:

FROM: _____
(Name/Program)
Phone number: _____

EMPLOYEE'S NAME: _____

IF NEW EMPLOYEE, EMPLOYMENT START DATE: _____

The following forms may be faxed to **(612) 336-3545**. If faxed, do not mail.

- ___ SF-2809 Health Benefits Registration Form
- ___ SF-2817 Life Insurance Election Form
- ___ TSP-1 Thrift Savings Plan Election Form
- ___ TSP-1-C Thrift Savings Plan Catch-Up Contribution Election (only for employees age 50 and over)

Designation of Beneficiary forms may NOT be faxed. Please mail these to the Benefits Section at the address shown above:

- ___ SF-1152 Designation of Beneficiary for Unpaid Compensation
- ___ SF-3102 Designation of Beneficiary for Federal Employees Retirement System
- ___ SF-2823 Designation of Beneficiary for Federal Employees Group Life Insurance

Do NOT send the following forms to Human Resources – follow the instructions on these forms:

- SF-2808 Designation of Beneficiary for Civil Service Retirement System
- TSP-3 Designation of Beneficiary for Thrift Savings Plan