

U.S. House of Representatives Members' Services

U.S. House of Representatives
Members' Services / E.O.
HB1, The Capitol
Washington, DQ 20515

PAYROLL INFORMATION

Special Election Date: _____ Date: _____

Name: _____ Representing: _____
(District) (State)

Date of Birth: _____ Social Security Number: _____

Local Address: _____
(Street & Number) (State) (ZIP)

District Address: _____
(Street & Number) (State) (Zip)

<u>NAMES OF FAMILY MEMBERS</u>	<u>DATE OF BIRTH</u>	<u>NAMES OF FAMILY MEMBERS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FEDERAL INCOME TAX WITHHOLDING

Number of Allowances

() Married ()

() Single ()

() Married, withholding as single

STATE INCOME TAX WITHHOLDING

Same as Federal

() Yes () Yes

() No () No

HEALTH INSURANCE

() Self Only

() Self & Family

() High Option

() Low or Standard Option

LIFE INSURANCE

() Basic

() Basic & Optional

() Waived

OPTIONS

() A

() B () multiples

() C

ENROLLMENT CODE: _____

RETIREMENT

() Yes () FERS

() No () CSRS (5 years of previous service)

PREVIOUS FEDERAL CIVILIAN SERVICE :

From: _____ To: _____ Branch: _____ Location: _____

ACTIVE DUTY MILITARY SERVICE :

From: _____ To: _____ Branch: _____ Serial Number: _____

ARE YOU RECEIVING FEDERAL RETIREMENT PAY: CIVILIAN () YES () NO MILITARY () YES () NO

DESIGNATION OF BENEFICIARY REGULAR ORDER OF PRECEDENCE () YES OR:

_____	_____	_____	_____
(Name)	(Address)	(Relationship)	(Share)
_____	_____	_____	_____
(Name)	(Address)	(Relationship)	(Share)