

Department of  
Veterans Affairs

MEMORANDUM

Date:

From: \_\_\_\_\_

Subj: **Transfers outside of DFAS: TSP Loan & FEHB & FEDVIP**

To: Human Resources Management Office (05)

In an effort to better process your arrival to the James A. Haley VAMC, we (Human Resources- Processing and Records) are requesting the following information from you.

Agency Transferred from: \_\_\_\_\_

Location: \_\_\_\_\_

*Please read and initial on the items referenced below.*

\_\_\_\_\_ TSP Loans – If you are a transfer and you have a TSP loan it is your responsibility to provide HR/Payroll with the loan number and the amount of the deductions to be taken out each pay period. THIS WILL NOT AUTOMATICALLY TRANSFER.

\_\_\_\_\_ TSP Loan #: \_\_\_\_\_ Amount Paid (Bi-weekly): \_\_\_\_\_

\_\_\_\_\_ Your current **Health Insurance Carrier** \_\_\_\_\_  
**Enrollment Code:** \_\_\_\_\_

\*Please note if your current health insurance carrier is not a national provider you will need to select another carrier within 60 days of your start date.

\_\_\_\_\_ **FEDVIP Insurance (Dental/Vision)** – If you are enrolled in FEDVIP you must contact BENEFEDS to provide your new payroll office number (97381600). Failure to do so will result in termination of your supplemental dental/vision coverage.

**Contact info:** [www.benefeds.com](http://www.benefeds.com) or 1-877-888-3337

Signature \_\_\_\_\_

Date \_\_\_\_\_