United States
Office of Personnel Management
Retirement and Insurance Service
Benefits Officers Resource Center

BENEFITS INFORMATION ORDER FORM

Your Full Name:

Agency/Organization:

Business Address:

City: State: Zip:

Internet Email Address:

Day-time Phone: FAX:

<table>
<thead>
<tr>
<th>ITEM</th>
<th># ORDERED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSRS &amp; FERS Handbook, CD-ROM ($100)</td>
<td></td>
<td></td>
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<tr>
<td>2000 Benefits Center CD (single user: $100)</td>
<td></td>
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<tr>
<td>2000 Benefits Center CD (network license: $550)</td>
<td></td>
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<tr>
<td>Video: Benefits...Get Serious ($20 each)</td>
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<tr>
<td>Video: Stepping Into Retirement ($20 each)</td>
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</tr>
</tbody>
</table>

GRAND TOTAL: $ 

Payment by (Check One): Purchase Order ( _____ ) Agency Check ( _____ )

Government Purchase Visa or MC ( _____ )

Name of Card Holder: _________________________________

Credit Card Number: __________________________ Expiration date: ____________

Signature of Card Holder: _________________________________

Telephone Number of Card Holder: _________________________________

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