

STATEMENT OF UNDERSTANDING – PAYMENT FOR MORE THAN ONE (1) POSITION

I, the undersigned, have been informed that upon being appointed for an appropriated and/or non-appropriated Fund position, I am not entitled to receive pay from more than one position for more than an aggregate of 40 hours of work in one calendar week.

I understand that there is no restriction on the number of appointments I may hold, only upon the number of hours for which I am paid. I may be given more than one simultaneous part-time or intermittent appointment as long as pay is not received for more than 40 hours in one calendar week (Sunday through Saturday). If employment is in non-appropriated fund I may not serve concurrently in two part-time non-appropriated fund positions.

I understand that by violating the dual compensation status (Section 5533, Title 5 USC, I may incur an in-indebtedness to the US Government which may be collected from me under the provisions of sec. 5584, Title 5 USC.

If my employment status changes from appropriated to non-appropriated fund, or vice versa, I am required to notify my Civilian Personnel Advisory Center immediately for advice.

SIGNATURE OF EMPLOYEE / DATE

STATEMENT OF UNDERSTANDING – AUTHORIZATION FOR DEPOSIT OF FEDERAL RECURRING PAYMENT

I, the undersigned, acknowledge receipt of Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments on this date. I understand that as a condition of employment (or as a condition of acceptance of the job I was offered), I must designate, by completion of SF-1199A, an approved US financial institution to which my salary will be directly deposited by DFAS Charleston, SC. I understand the financial institution may be in the United States or it may be a US banking facility in the overseas area. I further acknowledge that a completed SF-1199A must be submitted to my Civilian Personnel Advisory Center, not later than 30 calendar days following the date I inprocessed at the overseas location to enter on duty and failure to do so may result in withholding of my salary and allowances.

SIGNATURE OF EMPLOYEE / DATE

STATEMENT OF UNDERSTANDING – DESIGNATION OF BENEFICIARY UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

I have been advised of the Standard Form 1152 (Designation of Beneficiary for Unpaid Compensation of Deceased Civilian Employee). I understand the order of precedence listed on the reverse side of the Standard Form 1152 and that it is not necessary to designate a beneficiary unless I wish to name some person or persons not included or in a different order.

In addition, I understand that this Designation of Beneficiary Form is to be used solely for the disposition of unpaid compensation at death of a civilian employee and is not to be confused with Standard Form 2808 (Designation of Beneficiary, Civil Service Retirement System) or SF 3102 (Designation of Beneficiary, Federal Employees Retirement System), Standard Form 2823 (Designation of Beneficiary, Federal Employee's Group Life Insurance Program), and TSP-3 Form (Thrift Savings Plan Designation of Beneficiary).

SIGNATURE OF EMPLOYEE / DATE

STATEMENT OF UNDERSTANDING – FEHB ELECTIONS

I, the undersigned, understand the SF 2809 (Health Benefits Registration Form) must be completed during inprocessing or I must access the ABC-C website <https://www.abc.army.mil> or by Phone (from Germany) 0800-1010282 within 60 days from the date of your appointment to an eligible position or if I am being appointed to a temporary appointment within 60 days after completing 1 year of continues service on a temporary appointment.

SIGNATURE OF EMPLOYEE / DATE

**STATEMENT OF UNDERSTANDING – FEGLI ELECTIONS
(New Permanent Employees Only)**

I, the undersigned, understand the SF 2817 (Life Insurance Election) must be completed during inprocessing or I must access the ABC-C website <https://www.abc.army.mil> or by Phone (from Germany) 0800-1010282 within 31 days of my appointment to an eligible position and that I will be automatically covered for the Basic Life Insurance on the first day in pay status and that deductions will be made for the Basic Life Insurance until you contact ABC-C for waiving your Basic Life Insurance.

SIGNATURE OF EMPLOYEE / DATE

**STATEMENT OF UNDERSTANDING – FEDERAL EMPLOYEES RETIREMENT SYSTEM
(FERS) (New Employees Covered by FERS Only)**

I understand that I'm being appointed to a position covered by the Federal Employees Retirement System (FERS) which is a thre-tiered retirement plan composed of Basic Benefit Plan, Social Security Benefits and Thrift Savings Plan (TSP).

I understand that I will be paying Social Security taxes under the Old-Age Survivors, and Disability Insurance (OASDI) program (currently 6.2% of earnings/subject to change) and a small contribution (currently 1.2% and 1.3% in January 2001, subject to change) to the Basic Benefits Plan.

If I have military service, but not receiving military retired pay, that time is subject to a deposit requirement. To receive credit for post-1956 military service, I must deposit 3% of my military base pay. I understand that interest will be added to the unpaid balance beginning 2 years after becoming a FERS employee.

SIGNATURE OF EMPLOYEE / DATE