

## **Helpful Tips when Completing NASA In-Processing Forms**

Below are some helpful guidelines that the NSSC In-Processing Team recommends when completing your in-processing forms.

### **Educational Data Form**

- Prior to submitting your form, ensure your degrees are listed in the appropriate data fields.
- Ensure each school listed has a six-digit numerical instructional program code.
- After accessing the Guide to Data Standards document, go to the Human Resources Data Standards section located under the Table of Contents section, click the Instructional Program link. After you click the link, locate your Instructional Program. The page number will be on the right of the page. This page number is a hyperlink which will take you to the six-digit code for your degree. Please enter the six-digit code under the appropriate Degree field.

### **Standard Form (SF)-2809, Federal Employees' Health Benefits (FEHB) Election Form**

- Prior to submitting the form, ensure all required data fields are completed for each family member. For example, ensure the following fields are completed:
  - Name of the Family Member
  - Social Security number
  - Date of birth
  - Sex
  - Relationship code
  - Address (if different from enrollee)
  - If you are covered by insurance other than Medicare?
- If you are replacing coverage with your FEHB plan, you do not need to list your current coverage.
- When enrolling in coverage, ensure you complete both Part C and D.
  - In Part C, the plan name and enrollment codes are listed at [www.opm.gov/insure](http://www.opm.gov/insure). Go to the Healthcare section and view the Plan Information section. The enrollment code will be a three-digit code, either numeric or alphanumeric.
  - In Part D, the event code is listed in the Table of Permissible Changes in Enrollment which is located in the instructional portion of the SF-2809.
    - In Part D, the date of event is your entrance on duty date.
- Prior to submitting the form, ensure you entered your e-mail address, preferred telephone number and have signed the form.

### **SF-2817, Federal Employees' Group Life Insurance (FEGLI) Form**

- If you are electing Optional coverage, you must also elect Basic coverage.
- Prior to submitting the form, ensure you sign Item three to elect Basic FEGLI in addition to any Optional FEGLI coverage you choose.

**SF-144, Statement of Prior Federal Service**

- If your service is listed on your resume or application, you do not have to list the service on the SF-144.
- Answer question four and skip to question eight.

**SF-1199A, Direct Deposit Sign-Up**

- When entering your routing and account number, please review the PDF form to ensure they have been entered in the correct data fields.
- The routing number will be a nine-digit code.

**State Tax Forms****Virginia State Tax**

- Ensure you enter your total number of exemptions in line 1(c). Line 1(c) should be the total of line 1(a) and 1(b).

**Ohio State Tax**

- Ensure line 4 is the total of lines 1- 3.

**Alabama State Tax**

- You may claim only one personal exemption. Personal exemptions are indicated in lines 1-3. Ensure only one entry is made in lines 1-3. For example, if you make an entry in line 1, you may not make an entry in lines 2 or 3.

**Mississippi State Tax**

- Ensure you enter an amount for either blocks 1, 2, or 3. For example, you may not claim both Single and Head of Family.
- In block number 4, please multiply your number of dependents times the amount by the state allowance.
- Line 6 should be the total of lines 1-5.

**California State Tax**

- Ensure you total your number of allowances in the third line of number 1 (This must equal worksheet A and worksheet B). This is indicated on the PDF form in the first line of the second column.

**Maryland State Tax**

- If you are relocating to Maryland and currently do not have a Maryland address, please ensure you update your address in Employee Express as soon as possible as this will update your county information for tax purposes.

**New Mexico State Tax**

- You must use the Federal W-4 Withholding Certificate. Please write at the top of the form "For New Mexico State Tax Withholding." The form must be sent to the NSSC via fax at 1-866-779-6772 or e-mail at [nssc@nasa.gov](mailto:nssc@nasa.gov).

## **Beneficiary Forms**

### **SF-3102, SF-2823, SF-1152**

- Ensure your forms are submitted and approved in EODS prior to mailing them to the NSSC.
- When entering a beneficiary's addresses, please do not use a hard return. The font should resize and fit in the allotted space.
- Ensure the form is hard written or typed for everything other than the signature, signature of witnesses and witness addresses.
- Beneficiary forms will not be accepted if there are any white outs, mark outs, or scratch outs on the form.
- Beneficiary percentages must total exactly 100 percent.
- When naming multiple contingent beneficiaries, please use examples on page 2 specifically and include "if living" and "otherwise to". Each "Otherwise to" category must equal 100 percent.

### **SF-2823, Designation of Beneficiary for FEGLI Program**

- In Section A, for the space allotted for "The Insured Is" select "an employee".
- In the second column of Section C, please check "the Insured".
- In the third column, check all the following three boxes:
  - "I have not assigned the insurance
  - "Two people who witnessed my signature signed below"
  - "I did not name either witness as a beneficiary"