

# Benefits Center Order Form

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To Order Benefits Center:

Fax this form to (202) 606-1108

or mail to: U.S. Office of Personnel Management, Agency Services Division, P.O. Box 57,  
Washington DC 20044

*First name*

*Last name*

*Agency*

*Street address*

*Address (cont.)*

*Address (cont.)*

*City*

*State/Province*

*Zip*

*Country*

*Phone*

*Fax*

*E-mail*

Please send me  copies of Benefits Center at \$100.00 per copy.

**Payment Method**     Visa     Purchase Order     Check

*Name on Card*

*Card Number*

*Expiration Date*

*Signature* \_\_\_\_\_