EMPLOYEE REQUEST FOR TSP MAKE-UP CONTRIBUTIONS

Date:

Memorandum for the Army Benefits Center – Civilian, Building 305 Marshall Avenue, Fort Riley, KS 66442-7005

Subject: TSP Make-Up Contributions While on Active Duty

I wish to make-up my missed TSP contributions while on active duty.

Name: _____

SSN: _____

Home Address: _____

_____

Phone numbers:
Work: _____
Home: _____

Dates of active duty: _____

_____.

Enclosed you will find:

☐ DD 214(s) or military orders showing to and from dates of activation.

☐ Military Leave and Earnings Statements (LESs) for verification of TSP contributions while on active duty

Employee's Signature and Date: _____