

Form TSP-1 Help Guide: Thrift Savings Plan Election

Purpose of this Form: To start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Directions:

1. You have the option to make your elections via your Employee Personnel Page (EPP).
2. Please complete all employee sections of the form.
3. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **4 checkboxes below** as you complete your form.
4. All forms should be the current form from <https://www.tsp.gov/PDF/formspubs/tsp-1.pdf>
5. Signatures on this document can be done by hand or electronically.
6. After completing, deliver the form using one of the following options:
 - Paper mail Address to:
TSA HCAccess HCSC
6363 Walker Lane, Suite 400,
Alexandria, VA 22310
 - Email: helpdesk@hraccess-mailserver.tsa.dhs.gov
 - Fax: 1-877-872-7993

Section 1) Did you remember to fill out the following **mandatory** fields?

- Name
- Street Address
- SSN
- Daytime Phone
- Office Identification

Section 2) Have you formatted your chosen elections in either percentages or whole dollar amounts?

Section 3) If you wish to stop your contributions, please select one of the three options most applicable to you.

NOTE: You may not complete both sections 2 and 3 on the same form.

Section 4) Did you remember to sign and date the form?



THRIFT SAVINGS PLAN ELECTION FORM

TSP-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. Name (Last) _____ (First) _____ (Middle) _____

2. Street Address _____ City _____ State _____ Zip Code _____

3. Social Security Number _____ 4. (_____) _____ - _____
Daytime Phone (Area Code and Number)

5. Office Identification (Agency and Organization) _____

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period **or** a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed.

6. Traditional (Pre-Tax) Contributions _____ .0% **OR** 7. \$ _____ .00

8. Roth (After-Tax) Contributions _____ .0% **OR** 9. \$ _____ .00

Your choice will cancel all previous elections.

III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or just one type of your contributions to the TSP, check the box in Item 10 that applies and complete Section IV. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees Retirement System [FERS] employee and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic [1%] Contributions will continue. Read the instructions on the back.)

10. I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.

Stop only my traditional (pre-tax) payroll contributions to my TSP account.

Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

11. _____ 12. _____
Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

13. _____ 14. _____ 15. _____
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

16. _____
Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order.

It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (9/2015)
PREVIOUS EDITIONS OBSOLETE

TSP-1, INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you leave Federal service. (This form only applies to regular contributions. If you are age 50 or older and want to make or change catch-up contributions, use Form TSP-1-C, Catch-Up Contribution Election.)

Important note for new TSP participants: All contributions to your account will be invested in the Lifecycle (L) Fund targeted most closely to the year you turn 62 unless you direct the TSP to allocate your contributions differently. The TSP publication *Summary of the Thrift Savings Plan* describes all of your investment choices and discusses their risks and advantages. For more information, you can also obtain a copy of the TSP Fund Information sheets. (The most current versions of TSP forms and publications are available on the TSP website at tsp.gov.)

To choose your investment fund(s), use the TSP website (tsp.gov) or the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778; outside the U.S. and Canada, call 404-233-4400). On the TSP website, you will need your TSP account number (or user ID) and Web password. If you use the ThriftLine, you will need your TSP account number and ThriftLine Personal Identification Number (PIN). If you are a new participant, your TSP account number, ThriftLine PIN, and Web password will be mailed to you (separately) after your account has been established.

If you change your address, notify your agency immediately to correct your records for your TSP account.

SECTION I

Complete all items in this section.

SECTION II

Your choice will cancel all previous elections.

Example

Previous Election:

| | |
|-------------|----|
| Traditional | 5% |
| Roth | 2% |

New Election:

| | |
|-------------|-----|
| Traditional | 5% |
| Roth | 10% |

Complete this section to start your TSP contributions or to change the amount and type of contributions. Because whatever you enter in this section will cancel all previous elections, be sure to indicate exactly what percentages/amounts you want to contribute, even if part of your election has not changed (see the example in the margin). You can elect to make traditional (pre-tax) and Roth (after-tax) contributions simultaneously. **Traditional contributions** come out of your pay **before** income taxes are calculated; you pay income taxes on these contributions and their earnings when you withdraw them. **Roth contributions** are made from your pay **after** taxes, and the earnings grow in your account tax-deferred. Withdrawals of Roth contributions are tax-free. The earnings associated with Roth contributions are also tax-free, but only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution, **and** you have reached age 59½, have a permanent disability, or have died. **Note for FERS:** All agency contributions to your account are tax-deferred, even if they are matching your Roth contributions.

Complete **either** Item 6 **or** Item 7 (not both) for traditional (pre-tax) contributions; **either** Item 8 **or** Item 9 (not both) for Roth contributions. You may choose a percentage of basic pay for one type of contribution and a dollar amount (as little as \$1) for the other type of contribution.

If you choose a percentage of basic pay, your contribution amount will automatically increase when you receive a pay raise.

If you choose a dollar amount per pay period, your contribution amount will not increase when you receive a pay raise; you must submit a new Form TSP-1 to change the amount.

Contribution limit. The **total** of your traditional and Roth contributions cannot exceed the Internal Revenue Code (IRC) annual elective deferral limit, which may change each year. For the current limit, visit "Contribution Limits" at tsp.gov.

SECTION III

Complete Item 10 to stop all or just one type of your contributions. You may restart your contributions at any time.

FERS employees: Your Agency Automatic (1%) Contributions will continue after you stop your employee contributions, but you will no longer receive valuable Agency Matching Contributions. (If you restart your contributions, the matching contributions will resume.)

Note for newly hired or rehired FERS or CSRS employees: Your agency automatically deducts 3% of your pay, tax-deferred, and deposits the money in your TSP account for your retirement savings. If you want all or any portion of your automatic contributions to be after-tax Roth contributions, **you must complete Section II** and indicate what percentages or amounts you want as traditional (pre-tax) and Roth (after-tax) contributions. You can stop your automatic employee contributions before they start if you submit this form to your agency at the start of your first full pay period, subject to your agency's processing deadlines. If your agency has already begun to deduct your automatic employee contributions from your pay each pay period, you are entitled to request a refund of your initial contributions by submitting Form TSP-25, Automatic Enrollment Refund Request. The TSP must receive Form TSP-25 within 90 days of your first contribution.

SECTION IV

You must complete this section.

SECTION V

(To be completed by personnel or benefits office)

The Receipt Date (Item 14) is the date that a **properly completed** form is received by the agency personnel office. If the form has not been properly completed, it should be returned to the employee.

Requests must be processed immediately for new and rehired employees who want to stop automatic enrollment before it begins. This will help avoid a payroll deduction that may have to be refunded. The Effective Date (Item 15) must be no later than the first full pay period after receipt of a properly completed form.

You should provide the participant with a copy of this completed election form.

Questions about this form?

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this [link](#). Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.