Carrier Contracting Officials

The Office of Perso	onnel Management (C	OPM) will not accept an	ny contractual action from (Carrier),	
named below (inclu	iding the executor of		by one of the persons nended form accepted by til the carrier amends or	
		rity to sign a contract o	or otherwise to bind the(Plan)	
Enrollment code(s)	:			
Typed name	Title	Signature	Date	
	By:(Signatu	re of contracting official	al) (Date)	
	(Ty	(Typed name and title)		
	(Phone numb	er) (FAX Nun	nber)	
	(E-mail add	ress)		