

## Checklist for Civilian Employees Entering Extended Active Duty

Employee Instructions: This checklist provides important information regarding your benefits. Fill in the blanks or initial as appropriate for each item listed below. Sign, date, and fax all pages of this document as well as your military orders to \_\_\_\_\_ within 31 days of the date you enter on active duty. You should also provide a copy of both documents to your immediate supervisor and your local or servicing personnel office, as well as keep a copy for your own records and future reference. You are encouraged to contact an Army Benefits Center-Civilian (ABC-C) counselor to discuss the impact of LWOP on your FEHB and other benefits. Visit the ABC-C's web site at <https://www.abc.army.mil> for more information, or to speak with a benefits counselor, call 1-877-ARMY-CTR (1-877-276-9287) (overseas numbers can be found on the web site).

**Employee Full Name** (please print) \_\_\_\_\_

**SSN** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Telephone contact number** \_\_\_\_\_

**Date of Entry on Active Duty Specified in Orders** \_\_\_\_\_

Note: Employees are responsible for providing notice of their deployment to their agency as far in advance as reasonable.

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**I want to be:** (Initial one and provide effective date)

\_\_\_\_\_ Placed on LWOP-US, effective \_\_\_\_\_

\_\_\_\_\_ Separated, effective \_\_\_\_\_

**Leave:**

\_\_\_\_\_ I have military leave that I want to use. Number of days \_\_\_\_\_

\_\_\_\_\_ I want to use part of my annual leave. Number of days \_\_\_\_\_

\_\_\_\_\_ I want my annual leave to remain to my credit. OR

\_\_\_\_\_ I want to be paid a lump sum for my annual leave balance.

**Health Benefits:** (initial to terminate or continue)

*Note: You must contact your Civilian Personnel or Human Resources office as soon as you return to your civilian position. **It is the employee's responsibility to ensure that FEHB coverage and premiums resume upon return to duty.***

\_\_\_\_\_ My military service is for 30 days or less – my coverage will continue. I need make no further election regarding health benefits, unless my military service is later extended past 30 days.

\_\_\_\_\_ I want to **terminate** my FEHB coverage effective the day before entering on active duty OR the day I am separated, furloughed, or placed on leave of absence for military service.

**OR**

\_\_\_\_\_ I want to **continue** my FEHB coverage: (initial one)

\_\_\_\_\_ I am being called to active duty in support of a **contingency operation**. My Agency will pay my share of the FEHB premium for up to 24 months. The 24-month period starts the date I am placed on LWOP-US or Separation-US.

\_\_\_\_\_ My active duty is **not** in support of a contingency operation. I am entitled to up to 24 months of continued FEHB coverage beginning the date my absence from my Civilian position begins, i.e., the effective date of my entrance on active duty. I want to pay for my FEHB by: (initial one)

\_\_\_\_\_ Making current payments on a continuing basis during my absence (with after-tax monies). After the first 12 months, I will pay 102% of the cost; the final 12 months must be paid on a current basis.

\_\_\_\_\_ Incurring a debt to be paid upon my return to civilian duty (on a pre-tax basis if I participate in Premium Conversion) for the first 12 months. After the first 12 months, my share will be 102% of the cost and it must be paid on a current basis.

### **Premium Conversion:**

\_\_\_\_\_ I understand that if I am participating in Premium Conversion, I have 60 days from the start of my unpaid leave of absence (LWOP-US) to waive that participation, which would allow me to cancel my FEHB coverage at any time later. If I do not waive my premium conversion within the 60-day limit, I **cannot** later cancel my FEHB **except** during the annual FEHB open season or within 60 days after another qualifying life event.

### **Transitional TRICARE:**

\_\_\_\_\_ Upon my return to my civilian position I will notify my employing office if I want to waive reinstatement of FEHB coverage due to having transitional TRICARE coverage.

### **Life Insurance:** (if enrolled)

\_\_\_\_\_ I understand that my FEGLI coverage will continue for 12 months in **nonpay status** (LWOP-US) at no cost. P.L. 110-181 now allows employees to continue their FEGLI enrollment for an additional 12 months, for a total of 24 months. Employees will pay both employee and agency share of the premiums for basic and any Optional insurance. **There is NO agency share.**

\_\_\_\_\_ If I **separate** from employment, my FEGLI coverage will continue at no cost for up to 12 months or until 90 days after my military service ends, whichever date comes first, and then my coverage terminates with an automatic 31-day free extension of coverage and the right to convert to a private policy.

\_\_\_\_\_ If I have a qualifying life event (QLE) while on LWOP-US, such as marriage, divorce, death of spouse, acquiring an eligible child, I must contact my employing agency no later than 60 days after the event if I wish to elect or increase Options B and/or C coverage as appropriate for the QLE. Option B is effective the first day the employee returns to pay and duty status. Option C is effective the date of the event, if reported during the required time frame and before the coverage terminates after 12 months.

\_\_\_\_\_ I qualify to elect FEGLI coverage outside of an open season because I am a civilian employee being deployed in support of a contingency operation or I am designated as emergency essential personnel under section 1580 of Title 10 and I have completed the SF-2817 Life Insurance Election Form. Elections apply to Basic, Option A Standard and Additional coverage only.

**NOTE:** New FEGLI Election Opportunity is **only** for civilian employees deployed in support of a Contingency operation and employees designated as “emergency essential employees.”

### **Flexible Spending Accounts (FSAs):** (if enrolled)

\_\_\_\_\_ I am aware that I **must notify FSAFEDS** of my entrance on LWOP-US as well as upon return to duty by calling 1-877-372-3337.

\_\_\_\_\_ I understand that I may contact FSAFEDS to accelerate my pre-tax deductions prior to entering non-pay status. No contributions will be deposited into my account during my absence.

\_\_\_\_\_ I understand that if I decide to **separate** from civilian service, my FSA will terminate as of the date of my separation. There are no extensions. Any health care expenses incurred prior to the date of separation will still be reimbursable but those incurred after the date of separation are not reimbursable.

**This section is only for members of the Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve and Coast guard Reserve.**

\_\_\_\_\_ I am a reservist and I understand that under the Heroes Earnings Assistance and Relief Tax (HEART Act) reservists may receive a taxable distribution of their unused health-care flexible spending account balance know as a qualified reservist distribution (QRD).

\_\_\_\_\_ I understand that return of the funds (QRD) is taxable income in the year that funds were received and that there is a time limit to request a QRD beginning with the date of the orders and ending on the last day of the FSAFEDS grace period. I understand I must request a QRD by contacting FSAFEDS directly at 1-877-372-3337.

**Federal Employees Dental and Vision Insurance Program (FEDVIP):** (if enrolled)

\_\_\_\_\_ I understand that in order to continue my FEDVIP enrollment, I must keep my premium payments current to avoid cancellation of my coverage; I may not incur a debt. I understand that it is my responsibility to contact a BENEFEDS Representative at 1-877-888-3337 to arrange accelerated deductions and to discuss and/or change my payment option. I also understand that if I change my payment option from payroll deduction, I must contact BENEFEDS on return to civilian duty if I want payment by payroll deduction reinstated.

**Federal Long Term Care (LTC) Insurance:** (if enrolled)

\_\_\_\_\_ I understand that in order to continue my LTC insurance, I must keep my premium payments current to avoid cancellation of my coverage; I may not incur a debt. I understand that it is my responsibility to contact a LTC Representative at 1-800-582-3337 to discuss and/or change my payment option. I also understand that if I change my payment option from payroll deduction, I must contact a LTC Representative on return to civilian duty if I want payment by payroll deduction reinstated.

**Retirement:**

\_\_\_\_\_ I understand that if I am placed on LWOP-US, death and disability benefits continue under my retirement system.

\_\_\_\_\_ CSRS employees first hired on or after 10-01-82 and FERS employees: I understand that a military deposit is required to receive credit for this period of military service toward civilian retirement, and the deposit must be paid in full prior to retirement.

\_\_\_\_\_ CSRS employees first hired before 10-1-82: I understand that if I will be eligible for a Social Security benefit at age 62, a military deposit is required to ensure continued credit in the computation of my retirement annuity. This deposit must be paid prior to retirement. If I will **not** be eligible for a Social Security benefit at age 62, there is no need to pay a deposit.

\_\_\_\_\_ If I am **restored** under USERRA (return from military service within five years; exception during a period of National emergency), the deposit will be calculated using the lesser of the CSRS or FERS retirement contributions attributed to the period of military service, or the military deposit amount based on my military base pay.

\_\_\_\_\_ If I am **not restored** under USERRA, the military deposit calculation would be based on my military base pay if my military service was performed under 10 U.S.C. If my military service was performed under 32 U.S.C., I will receive credit for six months of each calendar year while on LWOP. (Military service performed under 32 U.S.C. is not creditable unless the employee returns to civilian duty via exercise of restoration rights under USERRA, **and** pays the military deposit.)

**Thrift Savings Plan:**

\_\_\_\_\_ I understand that if I am restored to my civilian position under USERRA, I may make retroactive TSP contributions and elections, including missed catch-up contributions, if otherwise eligible. I understand that I will need to contact my employing office within 60 days of return to civilian duty to elect to make retroactive TSP contributions and elections.

\_\_\_\_\_ I understand that my retroactive contributions and elections will be reduced if I contributed to TSP as a uniformed service member while on active duty. I understand that if I contribute to my uniformed services TSP account while on active duty, I am responsible for providing ALL my military LES forms as documentation of those contributions.

\_\_\_\_\_ I currently have an outstanding TSP loan. I request that my employing office notify TSP of my non-pay status under USERRA so that my loan payments will be suspended. I understand that I cannot make a loan payment to my civilian account as a deduction from my military pay, and that interest will accrue while my loan payments are suspended. I also understand that I must notify my employing office immediately upon return to civilian duty so they can notify TSP of same, in order to avoid a taxable distribution. My TSP loan number(s) is \_\_\_\_\_.

**Acknowledgement:** My elections for this period of military active duty are marked above and I understand my elections. I understand that I must notify my supervisor and employing office when my tour is completed.

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