WELCOME BACK!

INFORMATION FOR EMPLOYEES RETURNING TO DUTY (RTD) FROM MILITARY ACTIVE DUTY

Presidential Leave: On November 14, 2003, President George W. Bush directed the heads of agencies to grant Federal employees who are returning to civilian service from active duty for a contingency operation 5 days off of paid time to aid in their readjustment to civilian life. The commencement of the 5 days of excused absence represents a return to Federal civilian employment, and the employee is obligated to report for work at the end of the 5-day period. The 5 days of paid excused absence should be taken immediately prior to your actual resumption of duties. Employees will receive 5 days of excused absence only **once** regardless of the number of activations.

Health Benefits (FEHB). If you elected to terminate your FEHB during the LWOP-US period, your FEHB will be reinstated automatically upon return to duty. You may chose to delay reinstatement of FEHB until your transitional TRICARE ends by completing the attached Waiver of Immediate Reinstatement of FEHB. When your transitional TRICARE ends, your FEHB coverage will be reinstated.

If you elected to continue FEHB while on LWOP-US, upon your return to duty, you can terminate FEHB coverage and keep TRICARE coverage for 6 months. If you terminate FEHB when you return to duty and keep TRICARE, it is **YOUR** responsibility to contact ABC-C to terminate FEHB coverage. When the 6 months of TRICARE coverage is up, it is **AGAIN YOUR** responsibility to contact ABC-C to reelect FEHB coverage due to "loss of coverage-TRICARE". To process your FEHB termination and subsequent FEHB election, contact ABC-C at 1-877-276-9287 or at https://www.abc.army.mil.

Note: (1) Termination of FEHB coverage is not considered a break in coverage for purposes of meeting the 5-year/first opportunity requirement to continue FEHB into retirement. If you terminated your FEHB coverage it will be reinstated automatically when you return to duty to the plan you held when you entered LWOP-US or were separated. When you return to duty from LWOP-US or are reemployed after being separated, you may change FEHB plans or enroll within 60 days after your return to duty.

(2) Terminating FEHB coverage and keeping TRICARE upon your return to duty is not considered a break in coverage for the purposes of meeting the 5-year/first-opportunity requirement to continue FEHB into retirement. However, should a lapse in coverage (either TRICARE or FEHB) occur between the time that your TRICARE coverage ends and your FEHB re-election is effective, a new 5-year coverage requirement would begin.

Premium Conversion: If you wish to re-enroll in Premium Conversion after your return from military duty, you must again complete the attached Premium Conversion Waiver/Election Form within 60 days of your return to duty or wait for another qualifying life event or open season to do so.

Life Insurance. You were covered by the Federal Employee's Group Life Insurance (FEGLI) for 12 months at no cost to you. Upon return to duty or reemployment after separation, the same FEGLI coverage you had prior to entering LWOP-US or separation for military service will be reinstated automatically.

Retirement. If you entered LWOP-US or separated to perform active military duty, you would generally receive retirement credit for the period of LWOP-US or separation if a deposit for the military service is made. The military deposit is voluntary, however, it may or may not impact your civilian retirement. Upon restoration to your civilian position, you may make a deposit for the military service, calculated as follows:

FERS employees: The deposit is calculated in one of two ways: 1) using 3% of military base earnings, **OR;** 2) .8% of what your base civilian earnings would have been during that period. You would pay the lesser amount.

CSRS employees: The deposit is calculated in one of two ways: 1) using 7% of military base earnings, **OR** 2) 7% of what your base civilian earnings would have been for that period. You would pay the lesser amount.

Instructions and forms necessary to request military deposit can be obtained at https://www.abc.army.mil/Information/ABCRetirement/Information/Information.asp.

Thrift Savings Plan. Upon return to duty or reemployment after separation, the TSP election that you had prior to entering LWOP-US or separation for military service will be reinstated automatically.

No contributions were made to the TSP while you were on LWOP-US or separated from your civilian position. Upon your RTD, TSP make-up contributions may be made to cover that period of service. You will need to contact the Army Benefits Center – Civilian (ABC-C) within 60 days of your return to duty to make arrangements for the make-up contributions. You will be required to submit the attached Employee Request For TSP Make-Up Contributions.

FERS employees will receive makeup Agency Automatic (1%) contributions for the entire period missed as a result of military service whether or not you make up employee contributions.

TSP Fact Sheet "TSP Benefits That Apply to Members of the Military Who Return to Federal Civilian Service" can be found at http://www.tsp.gov/forms/oc95-5.pdf.

If you had a TSP loan when you entered into active duty status, your TSP loan repayment was suspended. Upon return to duty, you must submit the attached TSP 41, Notification to TSP of NonPay Status and submit it to the command with your request for return to duty and your DD214 or REFRAD order.

If you have questions concerning the effect of your military duty on your TSP account/loans, you may contact ABC-C at 1-877-276-9287 for more information or visit the TSP web site at http://www.tsp.gov. For information on TSP when returning to duty from LWOP-US or separation for military service, see the TSP-Fact Sheet 95-5, available at http://www.tsp.gov/cgi-bin/byteserver.cgi/for.

Appeal Rights. Employees who believe their agency has not complied with the law or with the Office of Personnel Management's regulations may file a complaint with the Department of Labor at 1-866-4-USA-DOL, http://www.dol/gov/vets or appeal directly to the Merit Systems Protection Board (MSPB), http://www.mspb.gov.

WAIVER OF IMMEDIATE REINSTATEMENT OF FEHB

I, _____, was discharged from military service on _____, and I qualify for Transitional TRICARE and/or TRICARE Reserve Select until _____.

Employees: I understand that, pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), I have a right to reinstatement of my Federal Employees Health Benefits (FEHB) coverage on the day I am restored to my civilian position under the provisions of 5 CFR part 353 or similar authority. However, I hereby clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the date you are restored to your civilian position and the date after your Transitional TRICARE and/or TRICARE Reserve Select coverage ends.

Annuitants: I understand that pursuant to the USERRA, I have a right to reinstatement of my FEHB coverage on the day I am separated from the uniformed services. However, I clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the day you are separated from the uniformed services and the day after your Transitional TRICARE and/or TRICARE Reserve Select coverage ends.

I fully understand that until my FEHB enrollment is reinstated, I will not be eligible for any health benefits that would have been available to me under an FEHB plan. This waiver will terminate upon my death.

Signature: _____ ***Date:*** _____

Employees and annuitants who later decide to revoke the waiver must complete this section.

I revoke my waiver of FEHB coverage and invoke my right to immediate FEHB coverage.

Signature: _____ ***Date:*** _____

Attachment 3

Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election Form

Purpose of This Form

This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

I. PARTICIPANT INFORMATION

Last Name	First Name	MI	SSN
Agency/Bureau Name	Agency/Bureau Address		Office phone

II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION

I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax basis.

Signature	Date

- ❑ This is my initial opportunity to waive participation in premium conversion
- ❑ I am making this election to waive participation during FEHB Open Season
- ❑ I wish to waive participation in premium conversion on account of and in accordance with a Qualifying Life Event

III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION

I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event. See instructions for acceptable events.

Signature	Date

- ❑ I am making this election to participate during the FEHB Open Season
- ❑ I wish to participate in premium conversion on account of and in accordance with a Qualifying Life Event

IV. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF

Approved ☐ Disapproved ☐ Effective Date: MM/DD/YYYY

Authorized agency official: ---------- ----------

Signature Date

Privacy Act Statement: This information is collected under 5 C.F.R. § 892 and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C. § 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.

Instructions for Completing the FEHB Premium Conversion Election/Waiver Form

Use this form to

- ✓ Waive premium conversion and the pre-tax treatment of FEHB premiums
- ✓ Restore premium conversion if previously waived

Do not use this form to

- ✓ Elect premium conversion UNLESS you have previously waived it
- ✓ Waive premium conversion if you have already waived it
- ✓ Enroll in the FEHB Program. A separate form is used for that purpose

Who May Use This Form

Employees who are eligible for pre-tax treatment of their FEHB premiums

General Information

Further information on premium conversion may be obtained on the OPM website: www.opm.gov

Effective Dates

For Waivers

If you wish to waive pre-tax treatment when premium conversion becomes effective on October 1, 2000, this form must be completed by you and received by your employing office the earlier of: the date set by your employing agency; or the day before the first pay period that begins on or after October 1, 2000.

Your decision to waive pre-tax treatment must be made during FEHB Open Season or within the specified time period after a Qualifying Life Event (QLE). If you change your participation during Open Season, it will become effective on the first full pay period in the following calendar year. If you change your participation as a result of a Qualifying Life Event, the change will be effective the first full pay period after this form is received by your employing office.

Newly hired employees who want to waive pre-tax treatment need to submit this form at the same time as SF-2809, Employee Health Benefits Election Form. Pre-tax waivers made by newly hired employees take effect at the same time that FEHB coverage is effective.

Your decision will continue indefinitely unless you later submit a new election/waiver form to change the tax treatment of your contributions to FEHB.

For Restorations

IRS Guidelines—Restrictions on Changing Health Benefits Coverage (Pre-tax Treatment)
To make a change outside of the FEHB Open Season, (switch plans or options, cancel your enrollment, or change from family to self-only) or to change your participation in premium conversion you must have experienced a QLE and the change in coverage must be on account of and in accordance with that QLE. This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. The difference is because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.

If your change is allowed, it will be effective the first full pay period after this form is received by your employing office.

Qualifying Life Events (QLEs)

QLEs are events that may allow you to make a change in your premium conversion election outside of open season. Ask your employing agency for more information on whether your event meets the criteria of a qualifying life event.

With two exceptions (noted above), the rules for changing FEHB enrollment outside of Open Season do not change. The opportunities for you to enroll or change enrollment described in 5 CFR Part 890, and in the FEHB Employee Health Benefits Election Form (SF 2809) will continue to be allowed under premium conversion.

The IRS has additional events that will allow you to change your participation (election) in premium conversion. Please see OPM's website for more information.

EMPLOYEE REQUEST FOR TSP MAKE-UP CONTRIBUTIONS

Date:

Memorandum for the Army Benefits Center – Civilian, Building 301 Marshall Avenue, Fort Riley, KS 66442-5004

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: _____

_____.

☐ I wish to make retroactive TSP Open Season elections for the period of time that I was on active duty.

☐ I do not wish to make retroactive TSP Open Season elections for the period of time that I was on 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

☐ Retroactive TSP Open Season election (if elected)

Employee's Signature and Date: _____

THRIFT SAVINGS PLAN

NOTIFICATION TO TSP OF NONPAY STATUS

TSP-41

Agency representatives — Use this form to notify the TSP record keeper when a participant who has a TSP loan is placed in an approved nonpay status (e.g., furlough, suspension, leave without pay — including leave without pay to perform military service — or pending resolution of a grievance or appeal). In addition, use this form to notify the TSP record keeper when a participant who entered nonpay status returns to pay status. Agency representatives should mail the completed form to the address shown below. For more information, refer to Bulletin 03-18.

TSP Service Office
P.O. Box 385021
Birmingham, AL 35238

Or fax the completed form to our toll-free fax number:

1-866-817-5023

Participants — Do not submit this form. It must be certified and submitted by your agency.

I. INFORMATION ABOUT THE PARTICIPANT

1. Name of Employee _____
   Last First Middle
2. Social Security Number _____ - ____ - _____

II. INFORMATION ABOUT NONPAY STATUS

Complete this section **when the participant enters nonpay status.**

3. Beginning Date of Nonpay Status ____/____/_____ (mm dd yyyy)
4. Is the nonpay status due to military service? ☐ Yes ☐ No

III. INFORMATION ABOUT DATES OF NONPAY STATUS

Complete this section **when a participant who entered nonpay status returns to pay status.**

5. Beginning Date of Nonpay Status ____/____/_____ (mm dd yyyy)
6. Ending Date of Nonpay Status ____/____/_____ (mm dd yyyy)

IV. AGENCY CERTIFICATION

7. _____ Signature of Agency Official
8. _____ Date Signed
9. _____ Typed or Printed Name of Agency Official
10. (_____) _____ - _____ Telephone Number
11. _____ Title of Agency Official

Reproduce Locally