

HAWAII NATIONAL GUARD - USERRA "RTD" ELECTION FORM
(Return to Civilian Federal Employment From Military Duty)
(November 2015)

Welcome Back! Please contact your supervisor to coordinate the effective date of your return to duty and any leave that will be taken prior to your return to work. Please indicate your elections and acknowledgment by placing your "INITIALS" in the spaces provided below (you only need to complete those items that are applicable to you), and provide it to your supervisor along with any other relative documents. **It is important that all supporting documents are submitted in a timely manner or you could have an interruption in pay.**

PRINTED NAME: _____ ORGANIZATION: _____

POSITION TITLE/GRADE: _____

PRINTED SUPERVISOR'S NAME AND PHONE NUMBER: _____

1. **Reemployment/Restoration Rights.** (Refer to paragraph 8 of HING Technician Information and Election Rights) -- You must apply for reemployment/ restoration within the following time limits.

The length of my military service is:

Length of Military Service; time Limit to Report Back to Work

- Less than 31 days, RTD effective date will be first full regular workday following release from military service.
- More than 30 days but less than 181 days; RTD effective date will be within 14 days after completion of military service.
- More than 180 days; within 90 days after completion of military service.

2. **My Status (please initial all applicable entries on the remainder of this form). This portion involves information on leave that may have been taken intermittently during the duration of your tour:**

- (May involve leave taken intermittently) I have _____ hours of accrued military leave that I would like/or have used prior to being released from military service and returning to duty. I will use/have used these hours from _____ to _____.
- (May involve leave taken intermittently) I have _____ hours of accrued annual leave that I would like/or have used prior to being released from military service and returning to work. I will use these/or have used hours from _____ to _____.
- I am eligible for the 5 days of excused absence (Presidential Leave) and elect to use prior to physically returning to duty. I understand that the start of the 5-day period will be the effective date of my return to duty.

My 5-day period will run from _____ to _____ and therefore, my "from" date will be my return to duty effective date. Proceed to paragraph 3.
- I am not entitled to presidential leave and elect to return to duty on (effective date)_____.

3. **Reservist Differential (RD).**

- I am eligible for a RD payment. I will complete the Application for Reservist Differential Payment and forward it to my supervisor along with all required supporting documentation for their review.

4. **Federal Employee Health Benefits (FEHB) Program.**

- If I was not enrolled in the FEHB or I would like to make changes to my enrollment (i.e., change from self-only to self and family), I understand that I have 60 days from the day I return to duty to enroll or make changes to my health coverage. I understand that I will need to make such a change in the Employees Benefits Information System (EBIS) located on the Army Benefits Center-Civilian (ABC-C) web site at www.abc.army.mil.

- My health coverage continued while I was on military duty and I was not on a contingency operation. I understand that I am responsible for repaying the debt upon my return to a pay status.
- My health coverage terminated while I was on military duty. I understand that it will automatically be reinstated upon my return to duty.
- My health coverage terminated while I was on military duty. I wish to continue to use my Transitional Tricare for up to 180 days and elect to waive automatic reinstatement of my FEHB coverage. I understand that I am responsible for contacting the HRO Customer Service at (808) 672-1234, to complete a *Waiver of Immediate Reinstatement of FEHB* form. I further understand that if I complete a waiver, I am responsible for contacting the HRO to revoke the waiver and have my FEHB reinstated anytime before my Transitional Tricare ends. I must show proof of when my Transitional Tricare ends.

5. **Premium Conversion.**

- I understand that I have 60 days after my return to duty to change my premium conversion status (participate or waive). I will complete a Form HB-PC (Premium Conversion Election) and forward to Supervisor for review and assistance in processing.

6. **Flexible Spending Account (FSA).**

- I had FSA and froze the account when I entered on military duty. I will contact FSAFEDS at 1-877-372-3337 if I have any questions regarding my account.
- I did not have FSA. I understand that I have 60 days from my RTD (if prior to 1 Oct) to enroll in FSA. I will contact FSAFEDS at 1-877-372-3337.

7. **Federal Long Term Care Insurance Program (FLTCIP).**

- I had FLTCIP coverage and made other arrangements to pay the premiums while on military duty. I will contact LTC Partners at 1-800-582-3337 to reinstate my payroll deductions.
- I did not have FLTCIP coverage. I understand that I can enroll at anytime by contacting LTC Partners at 1-800-582-3337.

8. **Federal Employees Dental and Vision Insurance Program (FEDVIP).**

- I had FEDVIP coverage and made other arrangements to pay the premiums while on military duty. I understand that I must contact BENEFEDS at 1-877-888-3337 if I want to return to payroll deductions, which are tax deferred.
- I did not have FEDVIP coverage. I understand that I have 60 days from my RTD to enroll. I must enroll at BENEFEDS.com or call 1-877-888-3337.

9. **Federal Employees Group Life Insurance (FEGLI) and National Guard Association of the United States (NGAUS).**

- I understand that, if my FEGLI coverage terminated while I was on military duty, it will be reinstated automatically upon my return to a pay and duty status.
- I had NGAUS coverage. I understand that my premiums will resume upon my return to duty. If I was paying premiums on a direct-billed basis, I must contact the NGAUS Administrator, *ReliaStar* at 1-800-955-7736 and notify them that my payroll deductions have resume.
- I was not enrolled in any of the NGAUS plans. I will contact the HRO for an application if I choose to enroll.

10. **Thrift Savings Plan (TSP).**

- FERS Technician -- I am requesting my Agency Automatic 1% contributions. I understand that HRO will notify DFAS via a remedy.
- FERS and CSRS Technicians -- I understand that upon my return to duty, I may make retroactive contributions and elections. If I wish to make up missed contributions, I must submit a written

within 60 days of my return to duty. I will complete Form USERRA Retroactive TSP Contributions Form and forward to my supervisor for review and assistance in processing along with all required supporting documentation.

[] FERS Technician – I do not want to make up missed contributions. However, I did contribute to a Military TSP and want to receive my Agency Matching contributions. I will complete and submit form Request for USERRA Retroactive TSP contributions to my supervisor along with all required supporting documentation.

[] I have a TSP loan. I will submit a Form TSP-41 listing my effective RTD date. I understand that the HRO will notify the TSP of my return with a Form TSP-41.

11. **CSRS and FERS Retirement.**

[] I understand that military duty is *potentially* creditable for civilian retirement purposes. A deposit for The military service will be necessary for civilian retirement credit. HRO will forward the required application for me to complete.

12. **Acknowledgement:** I understand the elections I have made above.

Signature _____

Date _____

If you have any questions, please contact the HRO Customer Service at (808) 672-1234.