

Checklist for Federal Employees Entering Extended Active Duty under USERRA

1. INSTRUCTIONS

This checklist provides important information regarding your benefits. You must initial all applicable blocks to indicate your elections and confirm that you read and understand your options/conditions. Please do the following:

- Fill in the blanks or initial as appropriate for each item listed below.
- Sign, date, and provide all pages of this document, with military orders, to your Supervisor as well as your Wing Remote (ANG) or HRO Benefits (ARNG) within 31 days of the date you enter on active duty.
- Retain a copy of your military orders and this checklist, to include any attachments, for your own records and future reference.

You are encouraged to contact your ANG HRO Liaison/HRO if you have any questions regarding Uniformed Services Employment and Reemployment Rights Act (USERRA), leave, pay, reporting back to work, or how Absent Uniformed Service (Absent-US) or Separation Uniformed Service (Separation-US) will impact your Federal Employees Health Benefits (FEHB) and other benefits.

USERRA information for supervisors and employees is available at <https://dod.hawaii.gov/hro/tech-tools/>

2. INDIVIDUAL INFORMATION

Name:	SSN:	Pay Plan-Series-Grade:	
Street Address:	City:	State:	Zip:
Phone Number where you may be reached:	Email where you may be reached:		

3. EMPLOYEE AND SUPERVISOR ACKNOWLEDGEMENT OF RESPONSIBILITIES

Employee Responsibilities

Initials:	I understand that it is my responsibility to notify my supervisor and my ANG HRO Liaison/HRO of ANY changes to my orders as well as my return from military duty once my orders end. I also understand that it is my responsibility to contact payroll in order to keep current on any allotments/garnishments if applicable.
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Supervisor Responsibilities

I understand that it is my responsibility to ensure the employee updates ATAAPS. I also understand that I must submit this completed form, the employee's military orders, and any future order changes to the ANG HRO Liaison or to HRO (ARNG).

Supervisor's Signature:	Date:	Supervisor's Phone Number:
Supervisor's Printed Name	Supervisor's Email Address:	

4. REPORTING BACK TO WORK

Initials:	<p>I understand my responsibility to contact my Supervisor and coordinate my physical return to duty prior to my return to work within the required time limitations or submit a timely application for reemployment (verbal or written notice to Supervisor).</p> <p>Service of 1 to 30 days – Must report the first regularly scheduled work day following completion of uniformed service.</p> <p>Service of 31 to 180 days – Must submit an application of reemployment no later than 14 calendar days after completion of uniformed service.</p> <p>Service of 180 or more days – Must submit an application of reemployment no later than 90 days after completion of uniformed service.</p>
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5. USERRA ELECTION TYPE

My order start date is: _____

Select ONE of the following options and initial:

Initials:	<p>I elect to go Absent-US. I understand that by choosing this option, I will remain a federal employee for up to 5 years cumulative (exempt time excluded from 5-year limit), I will continue to receive regular step increases, but will be in a nonpay status for military duty, and I intend to return to federal employment upon completion of military duty. (Continue to complete form if choosing this option)</p> <p>I elect to go Separation-US. I understand that by choosing this option, I will retain my employment rights under USERRA for up to 5 years cumulative (exempt time excluded from 5-year limit), I do not intend to return to federal employment, and I will separate from federal employment. I will not be eligible for regular step increases and I will retain FEGLI (if enrolled) for up to 12-months, but FEHB and other benefits must be terminated. (Skip to section 17 if choosing this option and include a request in writing to go Sep US)</p>
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6. LEAVE ELECTIONS	
Initials:	<p>I understand that if I plan to use any compensatory time after my military orders begin, I must use it immediately upon the start of my orders and cannot use it intermittently (Mark one of the options listed below):</p> <p><input type="checkbox"/> I will use compensatory time after my orders start. I will use it from (enter dates): _____ to _____</p> <p><input type="checkbox"/> I am NOT using compensatory time during this Absent-US period</p> <p>I also understand that I am able to use military leave, travel compensatory time, annual leave, sick leave (sick leave can only be used as established policies allow - must be sick, attending appointments, approval/sick note required after 3 or more consecutive days, etc), and time-off awards after the Absent-US period begins.</p>
Initials:	<p>I understand that an employee who separates from Federal service, or enters a non-pay status to perform active duty in the Armed Forces, may elect to receive a lump-sum payment for any unused annual leave. However, my Absent-US period must be equal to or longer than the amount of my leave balance. If I return to duty prior to the the lump-sum leave period, I must refund the portion of the lump-sum payment that represents the period between the date of return to duty and the expiration of the lump-sum period. (example: if I have 30-days of leave accrued and my orders only cover 25 work days, I must refund 5 days of leave and will incur a debt).</p> <p>Select ONE of the following options:</p> <p><input type="checkbox"/> I want my annual leave to remain in my credit and I will use it IAW established policies.</p> <p><input type="checkbox"/> I want to be paid a lump sum for my annual leave balance.</p>

7. RESERVIST DIFFERENTIAL	
Initials:	<p>I reviewed and understand the following information:</p> <p>Under 5 United States Code (USC) 5538, employing agencies must pay differential payments to eligible Federal civilian employees who are members of the Reserve or National Guard called or ordered to active duty under certain specified provisions of law. Federal agencies must provide a payment – a “reservist differential” – equal to the amount by which an employee’s projected civilian “basic pay” for a covered pay period exceeds the employee’s actual military “pay and allowances” allowable to that pay period. Qualifying legal authorities include: 10 USC 331, 10 USC 332, 10 USC 333, 10 USC 688, 10 USC 12301(a), 10 USC 12302, 10 USC 12304, 10 USC 12304a, 10 USC 12305, 10 USC 12406.</p> <p>If I qualify for Reservist Differential, and I believe that I earn more as a technician than I do as a military member, then I must contact my ANG HRO Liaison/HRO and provide my military AND civilian Leave and Earning Statements (LEs) as well as a copy of my ATAAPS time-cards for each month while deployed, or within 30 days of my return to duty.</p>

8. RETIREMENT BENEFITS	
Initials:	<p>I understand that if I am Absent-US and covered under FERS, then death and disability benefits continue under my civilian retirement system. I also understand I must complete a military deposit in order for this military period to be creditable towards my federal retirement, and I must complete a military deposit prior to my separation/retirement from civilian service.</p>

9. THRIFT SAVINGS PLAN (TSP)	
Select ONE of the following options and initial:	
Initials:	<p><input type="checkbox"/> I reviewed my LES and I do not contribute to TSP.</p> <p><input type="checkbox"/> I currently contribute to TSP and understand the following information:</p> <p>I may make retroactive TSP contributions and elections upon my return to duty, if eligible. This includes missed catch-up contributions. I must provide the ANG HRO Liaison/HRO with a copy of ALL of my military and civilian LESs within 60 days of return to duty in order to receive missed contributions.</p>

10. TSP LOAN	
Select ONE of the following options and initial:	
Initials:	<p><input type="checkbox"/> I reviewed my LES and I DO NOT have a TSP loan. Continue to Section 11.</p> <p><input type="checkbox"/> I DO have a TSP loan and understand the following information:</p> <p>My employee office notify TSP of my nonpay 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 may notify TSP of same, in order to avoid a taxable distribution. My TSP loan number(s) is:</p>

11. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)	
Select ONE of the following options and initial:	
Initials:	<p><input type="checkbox"/> I reviewed my LES and I am not currently enrolled in FEHB. Continue to Section 12.</p> <p><input type="checkbox"/> I am enrolled in FEHB. I reviewed and understand the following information and I selected an option below:</p> <p><u>Premium Conversion (PC) is automatic, unless waived, and allows an employee to pay FEHB premiums with pre-tax money. If I am participating in PC, I have 60 days from the start of my Absent-US period to waive PC participation. Waiving PC will allow me to reduce or cancel my FEHB coverage at any time. If I do not waive PC within the 60-days of this Absent-US period, I must wait for the annual FEHB Open Season or for a Qualifying Life Event (QLE) to do so. The FEHB Premium Conversion Waiver/Election Form is attached to this election form if needed.</u></p> <p>I understand that upon return to duty, if I wish to waive reinstatement of FEHB coverage due to having transitional TRICARE coverage, <i>I must complete the Waiver of Immediate Reinstatement of FEHB and provide with my Return to Duty Election Form.</i> (Waiver is attached to the Return to Duty Election form which can be found at https://dod.hawaii.gov/hro/technician-resources/benefits/userra/).</p> <p>I understand that I must contact my ANG HRO Liaison/HRO as soon as I return to my civilian position and it is my responsibility to ensure that my FEHB coverage and premiums are correct on my civilian LES and report any discrepancies within 2 pay periods of returning to duty.</p> <p><i>I understand my FEHB coverage choices and elect ONE of the following options:</i></p> <p><input type="checkbox"/> My military service is for 30 days or less so my coverage must continue. I do not need to make any further elections regarding my health benefits <u>unless my military service is later extended past 30 days. If later extended past 30 days, I will notify my supervisor and ANG HRO Liaison/HRO immediately if I need to change my election.</u> It is my responsibility to ensure this is done if my orders are extended, otherwise, it will result in an FEHB debt and I will be required to repay the debt.</p> <p><input type="checkbox"/> My military service is for over 30-days and I want to terminate my FEHB coverage. This will be effective the day before entering on active duty or the day I am separated, furloughed or placed on Absent - Uniformed Service.</p> <p><input type="checkbox"/> I elect to continue my current FEHB coverage and will initial the appropriate box below based on my activation under non-contingency or contingency operations. Choose only ONE option below:</p> <p style="text-align: center;">If military service is NOT in support of a Contingency Operation</p> <p><input type="checkbox"/> I elect to continue my FEHB by incurring a debt and to be paid upon my return to civilian duty. Deductions will be pre-tax, if I participate in Premium Conversion, for the first 12 months. If I continue FEHB for an additional 12 months, I will pay both the employee and the agency share of the premium plus a 2% administrative fee and it must be paid on a current basis.</p> <p><input type="checkbox"/> I elect to continue FEHB by making manual payments directly to DFAS on a continuing basis during my absence (with after tax monies). After the first 12 months, I will pay both the employee and agency share of the premium plus a 2% administrative fee on a current basis.</p> <p style="text-align: center;">If military service IS in support of a Contingency Operation</p> <p><input type="checkbox"/> I elect to continue FEHB. My agency will pay my share of the FEHB premiums for up to 24 months. The 24 month period starts the day I am placed in an Absent-US status.</p>

12. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FEGLI)**Select ONE of the following options and initial:**

Initials:

_____ I reviewed my LES and I am not enrolled in FEGLI. Continue to Section 13.

_____ I am enrolled in FEGLI. I reviewed and understand the following information and have selected an option below:

My FEGLI coverage will continue for 12 months in non-pay status at no cost. Public Law 110-181 allows employees to continue their FEGLI enrollment for an additional 12 months, for a total of 24 months. If I elect to continue coverage during the second 12 months, I will pay both employee and agency share of the premiums for Basic and any Optional Insurance to continue. Failure to pay the premiums on a bi-weekly basis within the required time-frame will constitute a voluntary cancellation of coverage, subject to the 31 day extension of coverage and the right to convert to an individual policy. If I make no election to continue coverage during the second 12 months, my FEGLI coverage will terminate with an automatic 31 day free extension of coverage and the right to convert to a private policy.

If I separate from employment to enter military service, 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 will terminate 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 Absent-US, such as marriage, divorce, acquiring an eligible child, I must make my election 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 elected during the time-frame and before the coverage terminates after 12 months.

If I qualify to elect additional FEGLI coverage outside of Open Season because I am a federal employee deployed in support of a contingency operation, or I am designated as emergency essential personnel under section 1580 of Title 10, I must complete the SF-2817, Life Insurance Election Form. The completed and signed SF-2817 along with the orders must be mailed to ABC-C for processing. Elections apply to Basic, Option A (Standard), and Option B (Additional) coverage only. To expedite the processing of your election, please add the remark, "Election Due to NDAA" in item 6, Agency Remarks.

I understand that I must contact my ANG HRO Liaison/HRO as soon as I return to my federal position and it is my responsibility to ensure that my FEGLI coverage and premiums are correct on my federal LES and report any discrepancies within 2 pay periods of returning to duty.

I understand my FEGLI coverage choices and elect ONE of the following options:

_____ I elect to terminate my FEGLI coverage at the end of 12 months in non-pay status, subject to a 31 day extension of coverage and the right to convert to an individual policy. The terminated coverage will be reinstated up on my return to pay and duty status in a FEGLI eligible position.

_____ I elect to continue my FEGLI coverage for an additional 12 months after completion of my first 12 months in non-pay status. (If choosing this option, please notify your wing remote/HRO for further details - an additional document will be needed)

_____ I elect to continue reduced FEGLI coverage for an additional 12 months after completion of my first 12 months in non-pay status. (If choosing this option, please notify your ANG HRO Liaison/HRO for further details - an additional document will be needed)

13. FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)**Select ONE of the following options and initial:**

Initials:

_____ I reviewed my LES and I am not enrolled in FEDVIP coverage. Continue to Section 14

_____ 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 upon return to duty if I want payment by payroll deduction reinstated.

14. FLEXIBLE SPENDING ACCOUNTS (FSA)	
Select ONE of the following options and initial:	
Initials:	<p>_____ I reviewed my LES and I am not enrolled in FSAFEDS. Continue to Section 15.</p> <p>_____ I am enrolled in FSAFEDS and understand that I must notify FSAFEDS of my entrance on Absent-US, as well as upon my return to duty, by calling 1-877-372-3337. I can 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. 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.</p>
The section below is only for members of the Army National Guard, Army Reserve, Air National Guard, Air Force Reserve, Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve enrolled in FSA.	
Initials:	<p>I understand that under the Heroes Earnings Assistance and Relief Tax (HEART Act) employees may receive a taxable distribution of their unused Healthcare Flexible Spending Account (HCFA) balance known as a Qualified Reservist Distribution (QRD). The return of funds (QRD) is taxable income in the year that the funds are received and there is a time limit to request a QRD beginning with the date of orders and ending on the last day of the FSAFEDS grace period. I must request a QRD by contacting FSAFEDS directly at 1-877-372-3337.</p>

15. FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)	
Select ONE of the following options and initial:	
Initials:	<p>_____ I reviewed my LES and I am not enrolled in FLTCIP. Continue to Section 16.</p> <p>_____ I am enrolled in FLTCIP and I understand that in order to continue Long Term Care (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 options from payroll deduction, I must contact a LTC Representative on return to civilian duty if I want payment by payroll deduction reinstated.</p>

16. NGAUS DISABILITY INSURANCE	
Select ONE of the following options and initial:	
Initials:	<p>_____ I reviewed my LES and I am not enrolled in NGAUS Disability. Continue to Section 17.</p> <p>_____ I am enrolled in the NGAUS Technician Disability Insurance Program and I understand that it does not cover me while I am on military duty, and I must contact NGAUS to suspend premiums. If I have further questions regarding this program, I will contact NGAUS directly at 202-789-0031.</p> <p>I understand that I must contact my ANG HRO Liaison/HRO as soon as I return to my federal position. It is my responsibility to ensure that my NGAUS coverage and premiums are correct on my federal LES and report any discrepancies within 2 pay periods of returning to duty.</p>

17. EMPLOYEE SIGNATURE	
<p>I made my elections for this period of military duty and I understand my elections. I understand I must notify my Supervisor and ANG HRO Liaison/HRO when my tour is complete. It is my responsibility to review my federal LES and report any discrepancies I find within 2 pay periods of returning to duty. It is my responsibility to provide new orders, changes to orders, to include order amendments, and an updated AUS Checklist to my supervisor and ANG HRO Liaison/HRO within 10 business days of the change.</p>	
I included the following forms with this checklist:	
<p>_____ Military Orders (Required) – Orders include my name, SSN, reporting date, purpose and legal authority: example 10 USC XXXX</p> <p>_____ FEHB Premium Conversion Waiver/Election (if applicable)</p> <p>_____ FEGLI Extension of Coverage Request When Called to Active Duty (if applicable)</p>	
Signature:	Date:

**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
Mailing Address	City and State		Daytime Phone Number

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
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- 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 (QLE). My QLE is _____ and it is effective _____.

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
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- 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: _____ Payroll Office No. _____

Authorized agency official: _____
Signature _____ Date _____ Phone _____

Name and address of employing office: Departments of the Army and Air Force
National Guard of Hawaii
Office of the Adjutant General (HRO-M)
3949 Diamond Head Road
Honolulu, HI 96816-4495

(Revised Nov 2007)

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.