

ABSENT-US Checklist for Federal Employees Entering 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
- It is your responsibility to ensure your supervisor completed their portion and submits your checklist + orders to HRO 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
- Submit all order modifications to HRO to determine if your benefits will be affected
- Submit a Return to Duty Checklist prior to returning to federal employment

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: | LAST 4 OF SSN: | Phone Number: |
|-------|----------------|---------------|

3. USERRA ELECTION TYPE

My order start date is:

| | |
|-----------|--|
| Initials: | <p>Select ONE of the following options:</p> <p><input type="checkbox"/> I will use PAID LEAVE for the ENTIRE duration of my orders. I understand that I am still considered "Absent" from my federal employment and this service (unless exempt) will count toward my 5 years cumulative limit. If my orders are modified, I am required to provide HRO with a copy to be uploaded to my personnel record. I am required to submit another Absent-US checklist if my leave status changes from PAID LEAVE to NON-PAID Leave. (Skip to section 15 if choosing this option)</p> <p><input type="checkbox"/> I do not intend to return to federal employment and will separate (SEPARATION-US) effective date _____. 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 will not be eligible for regular step increases. I may be eligible to continue my FEGLI (if enrolled) for up to 12-months, and FEHB (if enrolled) for up to 24 months. It is my responsibility to coordinate these benefits with HRO prior to my separation date. (Skip to section 9 & 13 if choosing this option).</p> <p><input type="checkbox"/> I elect Absent-US. I will remain a federal employee for up to 5 years cumulative (unless orders are exempt from 5-year limit). I will continue to receive regular step increases but will be in a non-pay status. I intend to return to federal employment and will submit a return to duty checklist prior to returning. (Continue to fill out this form)</p> |
|-----------|--|

4. LEAVE ELECTIONS

| | |
|-----------|---|
| Initials: | <p>I understand that compensatory time must be used immediately upon the start of my orders – CT cannot be used intermittently while on Absent-US. I can use travel compensatory time, military leave (AGRs cannot use military leave), annual leave, time-off awards, sick leave at any time during my Absent-US. (Sick leave must follow established policies – illness/attending appointments, etc. Dr note/approval required after 3 or more consecutive days). HRO will adjust the effective date of my Absent-US based on my declared leave usage.</p> <p>Select the options that apply:</p> <p><input type="checkbox"/> I will use compensatory time immediately upon the start of my orders. My first day of UNPAID leave (KG) will be _____.</p> <p><input type="checkbox"/> I will use another form of paid leave immediately upon the start of my orders. My first day of UNPAID leave (KG) will be _____.</p> <p><input type="checkbox"/> I will <u>not</u> use paid leave immediately upon the start of my orders. My first day of UNPAID leave (KG) will be _____.</p> |
| Initials: | <p>If my Absent-US period is equal to or longer than the amount of my current leave balance, I may elect to receive a lump-sum payment for unused annual leave. If I return to duty sooner than the period of leave that was paid to me, I understand I must refund the difference between my return to duty date and the expiration of the lump-sum period. (Example: employee gets paid out a lump sum of 30-days of accrued leave, but employee returns after being Absent-US for only 25 workdays, employee will incur a debt and must refund 5 days of leave).</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> |

| 5. 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 believe that I earn more as a technician than I do as a military member, I will contact my ANG HRO Liaison/HRO and provide my military AND civilian Leave and Earning Statements (LESs) and a copy of my ATAAPS timecards for each month while deployed, within 30 days of my return to duty.</p> |

| 6. RETIREMENT BENEFITS | |
|-------------------------------|---|
| Initials: | <p>I understand that if I am Absent-US and covered under FERS, my death and disability benefits continue. In order for this military period to be creditable towards my federal retirement, I must complete a military service deposit prior to my separation/retirement from civilian service.</p> |

| 7. 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> |

| 8. 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.</p> <p><input type="checkbox"/> I DO have a TSP loan (loan number(s): _____). I understand the following information:</p> <p>HRO will notify TSP of my non-pay status under USERRA and my loan payments will be suspended. I cannot make a loan payment to my civilian account as a deduction from my military pay, and interest will accrue while my loan payments are suspended. I understand I must notify HRO immediately upon return to civilian duty so they may notify TSP of same, to avoid a taxable distribution.</p> |

9. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)

Select ONE of the following options and initial:

| | |
|-----------|--|
| Initials: | <p>_____ I reviewed my LES and I am not currently enrolled in FEHB. Continue to Section 10.</p> <p>_____ I am enrolled in FEHB. I reviewed and understand the following information:</p> <p>Employees are automatically enrolled in Premium Conversion (PC), which allows premiums to be paid with pre-tax money. Employees must wait for annual FEHB Open Season or a Qualifying Life Event to make changes to FEHB.</p> <p>A Premium Conversion Waiver allows employees to reduce or cancel FEHB at any time (without a Qualifying Life Event and/or outside of FEHB Open Season). When PC is waived, an employee's premiums will be paid with after-tax money. Employees have 60 days from the start of Absent-US to waive PC. If I want to waive my premium conversion, I will fill out and submit the Waiver at the bottom of this packet.</p> <p>I understand my FEHB coverage choices and elect ONE of the following options:</p> <p>_____ My military service is for 30 days or less so my coverage must continue. If my military service is extended beyond 30 days, I will notify my supervisor and HRO immediately and make changes (if any) to my FEHB election.</p> <p>_____ My military service is for over 30-days, and I want to <u>terminate</u> 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>_____ My military service is for over 30-days, and I elect to <u>continue</u> 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>If military service is <u>NOT IN SUPPORT</u> of a Contingency Operation:</p> <p>_____ I elect to continue my FEHB by incurring a debt that will be paid upon my return to civilian duty (if participating in Premium Conversion deductions will be pre-tax) for the first 12 months. After the first 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>_____ I elect to continue FEHB by making current payments directly to DFAS on a continuing basis during my absence (with after-tax money). 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>If military service is <u>IN SUPPORT</u> of a Contingency Operation</p> <p>_____ My agency will pay my share of the FEHB premiums for up to 24 months.</p> |
|-----------|--|

10. FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

Select ONE of the following options and initial:

| | |
|-----------|---|
| Initials: | <p>_____ I reviewed my LES and I am not enrolled in FEDVIP coverage.</p> <p>_____ To avoid cancellation of my FEDVIP coverage, I must keep my premium payments current; I may not incur a debt. 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 must contact BENEFEDS upon return to duty if I want payment by payroll deduction reinstated.</p> |
|-----------|---|

11. 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.</p> <p>_____ I am enrolled in FSAFEDS and I must notify FSAFEDS of my Absent-US status 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 be reimbursable but those incurred after the date of separation are not reimbursable.</p> |
| Initials: | <p>This only applies to employees enrolled in FSA. Employees may receive a taxable distribution of their unused Healthcare Flexible Spending Account (HCFSA) balance known as a Qualified Reservist Distribution (QRD) under the Heroes Earnings Assistance and Relief Tax (HEART Act). 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> |

| | |
|--|--|
| 12. 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.</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> |

| | |
|---|--|
| 13. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FGLI) | |
| Select ONE of the following options and initial: | |
| Initials: | <p>_____ I reviewed my LES and I am not enrolled in FGLI.</p> <p>_____ I am enrolled in FGLI. I reviewed and understand the following information and have selected an option below:</p> <p>My FGLI coverage will continue for 12 months in non-pay status at no cost. Public Law 110-181 allows employees to continue their FGLI 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 FGLI coverage will terminate with an automatic 31 day free extension of coverage and the right to convert to a private policy.</p> <p>If I have a Qualifying Life Event (QLE) while on Absent-US, such as marriage, divorce, acquiring an eligible child, I can elect or increase Option B and/or C coverage as appropriate, no later than 60 days after the event. 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.</p> <p>Federal employees deployed in support of a contingency operation, or designated as emergency essential personnel under Section 1580 of Title 10, can elect additional FGLI coverage outside of Open Season by completing the SF-2817, Life Insurance Election Form. The completed 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.</p> <p>I understand that it is my responsibility to ensure that my FGLI coverage and premiums are correct on my federal LES and report any discrepancies within 2 pay periods of returning to duty.</p> <p><i>I understand my FGLI coverage choices and elect ONE of the following options:</i></p> <p>_____ I elect to terminate my FGLI 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 FGLI eligible position.</p> <p>_____ I elect to continue my FGLI 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)</p> <p>_____ I elect to continue reduced FGLI 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)</p> |

| | |
|---|--|
| 14. NGAUS DISABILITY INSURANCE | |
| Select ONE of the following options and initial: | |
| Initials: | <p>_____ I reviewed my LES, and I am not enrolled in NGAUS Technician Disability Insurance Program.</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>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> |

15. EMPLOYEE SIGNATURE

I understand the elections I made on this checklist.

It is my responsibility to provide new orders and modifications to my orders to my supervisor and ANG HRO Liaison/HRO within 10 business days of the change.

I understand it is my responsibility to coordinate my return to duty with my supervisor, prior to the end of my orders. **HRO recommends I submit a Return to Duty packet 2 weeks prior to returning to work, to avoid delays in my pay.**

Service of 1 to 30 days – Must report the first regularly scheduled workday following completion of uniformed service.

Service of 31 to 180 days – Must submit application of reemployment no later than 14 calendar days after completion of uniformed service.

Service of 180 or more days – Must submit application of reemployment no later than 90 days after completion of uniformed service.

If I do not report to work on the first regularly scheduled workday following completion of uniformed service, I will be placed on Personal Leave Without Pay (LWOP).

I understand that USC 101(d)(5) of 10 USC excludes National Guard Inactive Duty (IDT, Drill, Rescheduled Drill) as creditable service – HI HRO does not require an Absent-US checklist to be submitted when I am absent to perform inactive duty. When performing inactive duty, HI HRO recommends coding ATAAPS with KA (Personal LWOP) or another form of paid leave, if available.

It is my responsibility to review my federal LES and report any discrepancies I find within 2 pay periods of returning to duty. I will contact payroll in order to keep current on any allotments/garnishments if applicable.

I included the following forms with this checklist:

_____ Military Orders (Required) – Orders include my name, SSN, reporting date, purpose, and legal authority: example 10 USC XXXX

_____ FEHB Premium Conversion Waiver/Election (if applicable)

Signature:

Date:

Supervisor Responsibilities

I understand that it is my responsibility to ensure the employee updates ATAAPS and submits a Return to Duty Checklist prior to returning to federal employment. I must submit this completed form and the employee's military orders, and any orders modifications 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:

**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 |
|-----------|------|

- 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 |
|-----------|------|

- 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.