

**RETURN TO DUTY (RTD) Checklist for Federal Employees after STATE ACTIVE DUTY (SAD)**

**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. **Review your Absent-US checklist** to assist you in completing this form. 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 (as applicable), with SAD orders/modifications, to your supervisor - preferably prior to your return to duty date, but no later than 14 days after your order end date. Any delays may cause debts or a lapse in benefits.
- Retain a copy of your SAD orders and this checklist, to include any attachments, for your own records and future reference.
- **Send your completed checklist + SAD orders/modifications to @ng.hi.hiarng.mbx.nghi-hro-benefits@army.mil**

You are encouraged to contact your ANG HRO Liaison/HRO (Team Benefits) if you have any questions regarding USERRA, leave, pay, reporting to work, or how Absent Uniformed Service (Absent-U S) while on SAD orders 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:
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**3. RETURNING TO DUTY**

My order end date is: \_\_\_\_\_

Initials:	I understand that I cannot use code "KG" in ATAAPS after the end date of my SAD order. If I do not specify a paid or unpaid leave status below, I understand that my KG status will be changed to Personal LWOP (KA).
Initials:	I will provide HRO with a copy of my SAD orders, to include all modifications/amendments as soon as it becomes available. I will also ask my unit for a "Statement of Service" which states that I performed this period of SAD honorably, then provide the Statement to HRO for my personnel record. Failure to provide my orders and Statement of Service may result in complications during the retirement application process.
Initials:	<p>I understand the term "Return to Duty" refers to the administrative personnel action processed to initiate my return to a pay status as a federal civilian employee. <b>Select ONE of the following options:</b></p> <p>_____ After my orders end, <b>I will physically return to work on the next scheduled workday.</b> The effective date of my Return to Duty will be the day after my orders end.</p> <p>_____ After my orders end, <b>I will use paid leave before physically returning to work.</b> For administrative purposes, the effective date of my Return to Duty will be the day after my orders end. I will physically return to work on _____.</p> <p>_____ After my orders end, <b>I will be on Personal Leave Without Pay before physically returning to work.</b> I will Return to Duty and pay status on _____. I understand I must return to duty within the applicable time limits below:</p> <p>_____ My orders were for 1-30 days. I must return to duty the day after my orders end.</p> <p>_____ My orders were for 31-179 days. I must return to duty no later than 14 days after my orders end.</p> <p>_____ My orders were for 180 days or more. I must return to duty no later than 90 days after my orders end.</p>

**4. RETIREMENT**

Initials:	I understand that I will not be able to pay a Military Service Deposit for my period of Absent-US for SAD.
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**5. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)**

Initials:

**Select ONE of the following options and initial:**

\_\_\_\_\_ I DID NOT have FEHB when I entered Absent-US.

\_\_\_\_\_ I KEPT my FEHB upon entering Absent US. I understand I have 60 days from my Return to Duty date to make changes to my plan if I wish. I can make changes through GRB by visiting <https://abc.army.mil/abc/> and clicking on "Login to GRB Platform" or by calling ABC-C at 1-877-276-9287, "Option 3".

\_\_\_\_\_ I TERMINATED my FEHB upon entering Absent US and I want to REINSTATE it immediately. I understand HRO will complete an SF 2810 and send it to my FEHB carrier to process this request.

**Premium Conversion Elections - for FEHB participants only (review your Absent-US elections to make a decision below):**

\_\_\_\_\_ I do not want to make any changes to my Premium Conversion participation. I do not need to complete the Premium Conversion Form.

\_\_\_\_\_ I waived my Premium Conversion when I entered Absent-US and I would like to **restore** my participation. I will complete the Premium Conversion Form.

\_\_\_\_\_ I would like **waive** my participation in Premium Conversion effective the date of Return to Duty. I will complete the Premium Conversion Form.

**6. FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)**

Initials:

I reviewed and understand the following:

If I am not enrolled in FEDVIP, this is not applicable. If I am enrolled, it is my responsibility to contact BENEFEDS at 1-877-888-3337 upon my Return to Duty to verify the status of my enrollment, and ensure premium payments resume. HRO cannot coordinate FEDVIP enrollment, nor can HRO reinstate FEDVIP coverage for me.

**7. FLEXIBLE SPENDING ACCOUNTS (FSA)**

Initials:

I reviewed and understand the following:

If I am not enrolled in an FSA, this is not applicable. If I am enrolled, it is my responsibility to contact FSAFEDS at 1-877-372-3337 to notify them of my Return to Duty. If my account was frozen during my Absent US period, and I am returning within the same benefit period in which I left, FSAFEDS will recalculate my monthly allotments based on the number of pay periods remaining in the benefits period. HRO cannot enroll, terminate, or change allotments for me.

**8. FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)**

Initials:

I reviewed and understand the following:

If I am not enrolled in FLTCIP, this is not applicable. If I am enrolled, it is my responsibility to contact LTCFEDS at 1-800-582-3337 and coordinate payment of premiums.

**9. NATIONAL GUARD ASSOCIATION OF THE UNITED STATES (NGAUS) DISABILITY INSURANCE**

Initials:

I reviewed and understand the following:

If I was not enrolled in NGAUS disability when I entered Absent-US, this is not applicable. I understand that it is my responsibility to ensure NGAUS coverage and premiums are correct on my LES and I must immediately report any discrepancies.

**10. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FEGLI)**

Initials:

I understand the following information:

If I am not enrolled in FEGLI, this is not applicable to me. If I am enrolled and coverage was terminated due to exceeding 12 or 24 months in a non-pay status, per the option I chose upon entering an Absent US status, HRO will immediately reinstate my previous coverage upon my Return to Duty.

I must remain in a pay status for four months following my Return to Duty date in order to be eligible for another 12- month period of free coverage. If I enter a non-pay status within the next four months, the previous 12-month period will resume; I will not be eligible to start a new period.

**11. THRIFT SAVINGS PLAN (TSP)**

Initials:	<p>I reviewed and understand the following information:</p> <p>If I was contributing to my civilian TSP upon entering an Absent US period, I can request to receive retroactive TSP matching and/or make up missed contributions upon my return to duty, to include missed catch-up contributions. If I wish to do so, I must provide my ANG HRO Liaison or HRO with the <b>Application to Request TSP Matching And/ Or Missed Contributions</b> (located at the end of this checklist) along required documentation within 60-days of my Return to Duty.</p> <p>The 1% automatic agency contributions are payable upon Return to Duty regardless of whether I choose to request matching and/or to make up missed contributions. HRO will request this when I Return to Duty.</p>
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**12. TSP LOAN**

Initials:	<p><b>Select ONE of the following options and initial:</b></p> <p>_____ I DID NOT have a TSP loan when I entered Absent-US.</p> <p>_____ I HAD a balance on my TSP loan upon entering Absent US but I PAID IT OFF prior to my Return to Duty</p> <p>_____ I DO have a balance on my TSP loan and I understand payments towards this loan will resume upon my Return to Duty</p>
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**13. EMPLOYEE SIGNATURE**

My signature acknowledges that I read, understand, and personally completed this checklist, and I understand the implications of my entries.  
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.**  
**HRO email: ng.hi.hiarng.mbx.nghi-hro-benefits@army.mil**

**I've included the following documents with this checklist (check all that apply):**

\_\_\_\_\_ Copy of State Active Duty orders and all modifications \_\_\_\_\_ FEHB Premium Conversion Form  
\_\_\_\_\_ Request For TSP Matching and/or to Make Up Missed Contributions

Signature:	Date:
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**14 . SUPERVISOR SIGNATURE**

I understand it is my responsibility to ensure my employee completes this form no later than 14 days after returning from military duty. **I also understand I must send this completed form AND a copy of all SAD orders and modifications to: ng.hi.hiarng.mbx.nghi-hro-benefits@army.mil, or my employee may experience delayed pay, accrue debts, and a delay or loss of benefits.** I can access MyBiz in order to ensure the Return to Duty SF50 is processed for my employee.

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
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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

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**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

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**Who May Use This Form** Employees who are eligible for pre-tax treatment of their FEHB premiums

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**General Information** Further information on premium conversion may be obtained on the OPM website: [www.opm.gov](http://www.opm.gov)

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## 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.

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### **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.

