



Office of Civilian Human Resources CG-121

CHECKLIST OF BENEFITS COVERAGE FOR EMPLOYEES ENTERING ACTIVE MILITARY DUTY

Name: _____

SSN: _____

This checklist provides important information regarding your benefits elections. It must be completed, signed, and filed in your Official Personnel Folder. We urge you to contact the Retirement and Benefits Service Center at 410-636-7605 (NE region), 757-579-6137 (SE region), 202-795-6337 (HQ), 202-795-6349 or 202-475-5081 (West region) to schedule an appointment, in person or over the phone, to discuss these options. If you have questions regarding leave, job retention, restoration rights, or other employment related issues, please contact your Human Resource Specialist or Command Staff Advisor.

Federal Employees Health Benefits Program

Your FEHB may continue for up to 24 months. For the first 12 months you are responsible for the employee share of the premiums. During the last 12 months, you are responsible for both the Government share and the employee share of the premiums plus an additional 2% of the total premium. Although U.S.C. 8906(e) (3) gives agencies the authority to pay your share of the premiums if you meet certain conditions, USCG has decided not to implement this authority.

If you terminate your FEHB, you will have 31 calendar days to convert to a private policy offered by your carrier. Upon your return to duty your FEHB will be automatically reinstated and you will have 60 days from the date of your return in which you may submit a completed Health Benefits Election Form (SF-2809) to cancel or change your FEHB.

Please read and initial:

_____ I understand that if I qualify for transitional TRICARE, I will provide a Waiver of Immediate Reinstatement of FEHB upon my return.

Please read and initial one of the options:

_____ I want to terminate my FEHB effective _____.

_____ I want to continue my FEHB. (choose one of the options below)

_____ I want to submit direct payments to the USCG Accounting Office.

_____ I want to incur a debt.

If you elect to pay directly, mail a check or money order to the address below with your name, social security number, a note that the payment is for “FEHB premium,” and the pay period for which the payment is being made.

Make check or money order payable to USCG, and send it to:

**NFC/ABCO
P.O. BOX 61765
New Orleans, LA 70161**

Federal Employee Dental and Visions Program

Please contact BENEFEDS directly to cancel your coverage: www.BENEFEDS.com or 1-877-888-3337.

Federal Employees Group Life Insurance (FEGLI)

Your FEGLI coverage may continue for up to 24 months. The first 12 months are free. If you elect to continue your FEGLI for an additional 12 months, you are responsible for both the employee and agency share of premiums for your Basic coverage, and pay the entire cost (there is no agency share) for any Optional insurance.

Upon your return to duty your FEGLI coverage will be reinstated at the same level that was in place when you went into nonpay status. Even if you decline to continue coverage for the additional 12 months, reduce some or all of the coverage, or allow coverage to terminate due to non-payment, the terminated coverage will be reinstated at the same level that was in place when you first entered nonpay status or separated for military service.

Please read and initial each statement:

_____ I understand that my basic insurance stops at the end of the day on which I complete 12 months in non-pay status, subject to a 31-day extension of coverage and conversion privilege.

_____ I understand that if I separate from Federal service, my basic insurance will stop at the end of the day on which I separate from service for any reason. I may have 31 days to convert the policy to an individual plan.

_____ I understand I may elect an additional 12 months of FEGLI coverage any time during the first 12 month period of active duty service. If this election is made, I must pay both the employee and agency shares of premiums for Basic coverage and the entire premium for any Optional coverage for the additional 12 months of coverage.

Retirement

Please read and initial each statement

_____ I understand that if I am placed on LWOP, death and disability benefits continue under my retirement system.

_____ I understand that military service is potentially creditable service. I also understand that in order to receive credit for military service, a deposit may be required. (FERS and CSRS employees first hired on or after 10/1/82 must make a deposit to receive retirement credit.) If I elect to make a deposit, I will provide documentation of my honorable discharge.

Thrift Savings Plan (TSP)

(Initial all that apply)

_____ I do not have a TSP loan.

_____ I do have a TSP loan. (Please read and initial each statement below)

_____ I understand that if I have a civilian TSP loan, I should inform my personnel office and request that a TSP-41 be prepared and sent to TSP to suspend payment.

_____ I understand that I can make loan payments directly to TSP during my absence.

_____ I understand that upon my return to duty, my loan will be recalculated to include interest accrued during the period of non payment.

_____ I understand that I must notify the personnel office of my return to civilian service, in writing:

U.S. Coast Guard
COMDT (CG-123-RBSC)
Mail Stop 7912
2703 Martin Luther King Jr. Ave SE
Washington DC 20593-7912

Or send an email to Miyuki.Hall@uscg.mil

Upon receipt of written notification, the Personnel Office will:

- Make up missed agency contributions for eligible FERS employees
- Discuss options regarding the make up of missed employee contributions

_____ I understand that I am responsible for providing documentation of any TSP contributions made to my uniformed services account, while on active duty.

Flexible Spending Account

Please read and initial each statement

_____ I understand that I can arrange to prepay my allotments before I enter a LWOP status. The prepayment amount would be added to my normal payment.

_____ I understand that if I have not prepaid my election prior to my LWOP, my Flexible Spending Account (FSA) will be frozen and I will not be eligible for reimbursement for any expenses incurred during that period until the Plan Year ends or until I return to my civilian job and begin making allotments again. When I return, my allotments will be made on a “catch-up” basis. If doubling the amount is not sufficient to “catch-up” by the end of the Plan Year, my allotment will be increased proportionately over the pay dates remaining in the Plan Year, or I can pay the allotments directly on an after tax basis.

_____ I understand that any arrangements to prepay or catch up payments for my FSA, must be made directly with the plan administrator. I will contact www.FSAFEDS.com or 1-877-372-3337 TTY 1-800-952-0450 to make those arrangements.

_____ I understand that if I separate from service, my FSA will terminate as of the date of my separation. There are no extensions.

Long Term Care

_____ I can keep my Long Term Care (LTC) coverage if I separate or go on LWOP, as long as I continue to pay my premiums in a timely fashion. Contact the LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make payment arrangements.

Pay/Lump-Sum Annual Leave

Please read and initial each statement

_____ I understand that when I am performing active military duty, my compensation will be based on the terms of my military pay grade. Compensation from my civilian position will not be received unless I elect to use military leave, annual leave or compensatory time.

_____ I acknowledge that if I elect the lump sum annual leave option and return to duty before the end of the period covered by the lump-sum, I will be required to make repayment for all the remaining days or hours of work covered by the lump sum payment.

_____ *I understand when performing military duty in support of civil authorities in the protection of life and property as authorized under 5 USC 6323 (b) that if I elect to use the 22 days of military leave, I must refund to the Coast Guard the amount of military pay (less travel, transportation, or per diem allowances). Based on 5 USC 5519 an employee is entitled to the greater of his/her civilian or military pay, not both. To avoid indebtedness, I will fax a copy of

my orders and military pay documentation to my Human Resources Benefits Specialist, who will forward the documentation to the National Finance Center.

Military Leave

_____ I understand that I may be eligible for up to 120 hours of regular military leave per fiscal year and that I will notify my supervisor and time keeper of the dates I elect to be paid for that leave. My pay for this leave will be made at my regular hourly civilian rate.

_____ I understand that I may be eligible for up to 22 work days of emergency military leave per calendar year. That pay is reduced by the amount of military pay for that same period. I will notify my supervisor, timekeeper and HR office of the dates I elect to be paid for that leave and provide them with copies of my military earnings and leave statements for the days I elect to be paid for that leave.

_____ I understand that I may be eligible for 5 work days of excused absence without charge to leave prior to my return to duty if my military service was in support of an operation established under Executive Order 13223. I will notify my supervisor and time keeper in advance of my return and provide a copy of my military orders.

** The Office of Personnel Management has conferred with the Office of the Assistant Secretary of Defense for Reserve Affairs and determined military orders based on 10 USC 12301(d) or 12302 which cover most National Guard members and Reservists called up under Presidential authority, are not entitled to the additional 22 days.*

Signature _____ Date _____

WAIVER OF IMMEDIATE REINSTATEMENT OF FEHB

I, _____, was discharged from military service on _____ and I qualify for transitional TRICARE until _____.

Employees: I understand that, pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), I have the right to reinstatement of my Federal 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 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 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 and FEHB plan. This 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: _____

**FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) PROGRAM
ELECTION FORM: EXTENSION OF COVERAGE WHEN CALLED TO ACTIVE
DUTY**

Name of Employee: _____ Date: _____

You must make your election on this notice and return it to the employing office before the end of your 12 months in nonpay status or your FEGLI coverage will automatically terminate at that time.

Public Law 110-181, the Department of Homeland Security Appropriations Act, enacted January 28, 2008, authorizes the continuation of FEGLI coverage for an additional 12 months, up to a total of 24 months, for Federal employees called to active duty in the uniformed services.

We have determined that you are eligible to continue your FEGLI coverage.

Currently, if you are in a nonpay status on the agency rolls while on active duty, the FEGLI coverage continues free for 12 months. If you separate to go on military duty, for FEGLI purposes, you are also considered to be in nonpay status. FEGLI continues free for 12 months or until 90 days after military service ends, whichever date comes first. At that time, the coverage terminates, subject to a 31-day extension of coverage and the right to convert to an individual policy.

The new law allows you to continue FEGLI coverage for an ***additional*** 12 months. Then, it will end with a right to convert to an individual policy. During the additional 12 months of coverage, you must pay both the employee and agency share of premiums for Basic coverage and the full premium for any Optional coverage (there is no agency contribution). The new law allows coverage to continue only for the additional 12 months.

You have two choices: (1) Elect to have your FEGLI coverage terminate at the end of the first 12 months of nonpay status ***or*** (2) elect to continue the coverage for an additional 12 months and agree to pay the premiums for this additional time period.

If you wish to continue your FEGLI coverage for an ***additional*** 12 months, you must agree to the following terms and conditions. Please indicate your election on this notice by writing your initials next to your election, and print your name and sign your full signature where requested.

TERMINATION: If you indicate in the notice that you elect to terminate your FEGLI coverage at the end of the first 12 months in nonpay status or if we do not receive a completed election form from you prior to the end of the first 12-month period, your FEGLI coverage will be terminated at the end of 12 months in nonpay status. Your coverage will continue for an additional 31 days at no cost to you. During those 31 days, you will be eligible to convert to an individual policy and you will be given information regarding your right to convert to an individual policy.

CONTINUATION: If you elect to continue your FEGLI coverage, you must pay the premiums, both the employee and agency share, for Basic coverage and the full premium for any Optional coverage, for the additional 12 months of coverage. You must make payment arrangements with your employing agency before you leave for active duty service.

I have read this notice, and I understand my choices. (choose one of the options)

_____ I elect to terminate my FEGLI coverage at the end of 12 months in nonpay status, subject to a 31-day extension of coverage and the right to convert to an individual policy. I understand that the coverage will be reinstated automatically upon my return to work in 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 nonpay status. By choosing to continue coverage I agree to pay the applicable premiums, both the employee and the agency share for Basic coverage and the full premium for any Optional coverage, for each additional month after the first 12 months in nonpay status. My failure to pay the premiums within the required timeframe will constitute a voluntary cancellation of my coverage, subject to the 31-day extension of coverage and the right to convert to an individual policy.

(Employee's Name – Please Print)

_____ _____
(Employee's Signature) (Date)

(Employing Agency Representative Name)

_____ _____
(Employing Agency Representative Signature) (Date)

If you have any questions, contact _____ at _____.
[Insert name and phone number of agency contact]