

Checklist for Civilian Employees Entering Extended Active Duty under USERRA

1. INSTRUCTIONS

This checklist provides important information regarding your benefits. You are required to initial all applicable blocks to indicate your elections and that you have 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 Civilian Personnel Advisory Center (CPAC) or Human Resources Office (HRO) and Supervisor 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 (as applicable) for your own records and future reference.

You are encouraged to contact your CPAC/HRO if you have any questions regarding Uniformed Services Employment and Reemployment Rights Act (USERRA), leave, pay, or reporting back to work. Contact the Army Benefits Center-Civilian (ABC-C) to discuss the impact of Absent Uniformed Service (Absent-US) or Separation Uniformed Service (Separation-US) on your Federal Employees Health Benefits (FEHB) and other benefits. You can visit the ABC-C website or speak to a Benefits Specialist by calling 1-877-ARMY-CTR (1-877-276-9287) (overseas numbers can be found on the website).

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. REPORTING BACK TO WORK

Initials:	<p>I understand my responsibility to contact my Supervisor or 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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4. USERRA ELECTION TYPE

The report date on my orders are:	
Select and Initial ONE of the following options	
Initials:	I elect Absent-US
Initials:	I elect Separation-US

5. LEAVE ELECTIONS	
Initials:	<p>I understand that I can use annual leave, sick leave, military leave, or earned compensatory time, or compensatory time off for travel (if appropriate) while on Absent-US but must coordinate my request with my Supervisor and Timekeeper. If applicable, provide the information below:</p> <p style="padding-left: 40px;">I want to use the following leave PRIOR to my unpaid leave period</p> <p style="padding-left: 40px;">Type of leave: _____</p> <p style="padding-left: 40px;">Number of days: _____</p>
Initials:	<p>I understand that an employee who separates from Federal service or enters non-pay status to perform active duty in the Armed Forces can elect to receive a lump-sum payment for any unused annual leave. Generally, a lump-sum payment will equal the pay the employee would have received had they remained employed until expiration of the period covered by the annual leave. If the employee returns to duty prior to the expiration of the period of annual leave (i.e., the lump-sum leave period), they 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.</p>
Select and Initial ONE of the following options	
Initials:	I want my annual leave to remain in my credit.
Initials:	I want to be paid a lump sum for my annual leave balance.

6. RESERVIST DIFFERENTIAL	
Initials:	<p>I have 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 my military orders are issued under the qualifying legal authority eligible for Reservist differential payment, I must contact my CPAC/HRO and provide my military Leave and Earning Statement (LES) each month while deployed. I must also provide my military LES to my servicing CPAC/HRO within 30 days of my return to duty.</p>

7. RETIREMENT BENEFITS	
Initials:	I understand if I am placed on Absent-US, death and disability benefits continue under my civilian retirement system. More information regarding my retirement benefits and how to make a military service deposit can be found at the ABC-C website.

8. THRIFT SAVINGS PLAN (TSP)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I do not contribute to TSP. Continue to Section 10.
Initials:	<p>I currently contribute to TSP and understand the following information:</p> <p>If I am restored to my civilian position under USERRA, I may make retroactive TSP contributions and elections, including missed catch-up contributions, if otherwise eligible. I understand that I will need to contact the ABC-C within 60 days of return to civilian duty to elect to make retroactive TSP contributions and elections. The TSP 1% automatic agency contributions are payable regardless of whether or not I make up missed TSP contributions.</p>

9. TSP LOAN	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I do not have a TSP loan. Continue to Section 11.
Initials:	<p>I currently have a TSP loan and understand the following information:</p> <p>TSP will be notified of non-pay status due to active military service and interest will accrue while my loan payments are suspended. I cannot repay my civilian TSP loan by making loan deductions from my uniformed service pay; however, I may continue making loan payments while in non-pay status directly with TSP. TSP will be notified upon my return to pay status. My payments will be taken into account when the loan is reamortized upon return to pay status. Contact a TSP Representative at 1-877-968-3778 or visit the TSP website for additional information.</p>

10. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I am not enrolled in FEHB. Continue to Section 12.
Initials:	<p>I have reviewed and understand the following information:</p> <p>If I am participating in Premium Conversion (PC), participation in PC is automatic unless waived and allows an employee to pay FEHB premiums with pre-tax money, I have 60 days from the start of my unpaid leave of absence (Absent-US) 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 day limit, I must wait for the annual FEHB Open Season or within 60 days after another Qualifying Life Event (QLE) to make this election. The FEHB Premium Conversion Waiver/Election Form and more information on PC can be found by visiting the ABC-C website.</p> <p>I understand that upon return to my civilian position 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 to my CPAC/HRO.</i> (Waiver can be found on the ABC-C website)</p> <p>I understand that I must contact my CPAC/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>_____ 1) I want to terminate my FEHB coverage. I understand I will have FEHB coverage up until midnight the day before my Absent-US/Separation-US (12:01 a.m.), I will not be covered by FEHB. I understand that my agency is required to automatically reinstate my coverage on my return to duty date unless I submit a waiver of reinstatement immediately upon my return.</p> <p>_____ 2) My military service is for 30 days or less, my coverage will continue. I do not need to make any further elections regarding my health benefits unless my military service is later extended past 30 days. If extended past 30 days I will provide a revised checklist.</p> <p>_____ 3) 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 one of the following A or B elections below, initial ONLY ONE:</p> <p>OPTION A. Military service NOT in Support of a Contingency Operation</p> <p>_____ I elect to continue my FEHB by incurring a debt to be paid upon my return to civilian duty, on a pre-tax basis if I participate in Premium Conversion, 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 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>OPTION B. Military Service in Support of a Contingency Operation Only</p> <p>_____ 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 on Absent-US (12:01 a.m.).</p>

11. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FGLI)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I am not enrolled in FGLI. Continue to Section 13.
Initials:	<p>I have reviewed and understand the following information:</p> <p>My FGLI coverage will continue for 12 months in non-pay status (Absent-US) 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 I elect to continue. Failure to pay the premiums on a bi-weekly basis within the required timeframe (FGLI coverage will terminate after two consecutively missed payments) 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 separate from employment to enter active duty, my FGLI 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.</p> <p>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 timeframe and before the coverage terminates after 12 months.</p> <p>If I qualify to elect additional FGLI coverage outside of Open Season because I am a civilian employee being 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.</p> <p>I understand that I must contact my CPAC/HRO as soon as I return to my civilian position and it is my responsibility to ensure that my FGLI 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 FGLI coverage choices and elect ONE of the following options:</i></p> <p>_____ 1) 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>_____ 2) I elect to continue my FGLI coverage for an additional 12 months after completion of my first 12 months in non-pay status. I have attached the FGLI Extension of Coverage Request When Called to Active Duty to this checklist. (Request can be found at ABC-C website)</p> <p>_____ 3) I elect to continue reduced FGLI coverage for an additional 12 months after completion of my first 12 months in non-pay status. I have attached the FGLI Extension of Coverage Request When Called to Active Duty to this checklist, outlining the FGLI coverage I wish to continue after my initial 12 months. (Request can be found at ABC-C website)</p>

12. FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I am not enrolled in FEDVIP coverage. Continue to Section 14
Initials:	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 on return to civilian pay if I want payment by payroll deduction reinstated.

13. FLEXIBLE SPENDING ACCOUNTS (FSA)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I am not enrolled in FSAFEDS. Continue to Section 15.
Initials:	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.
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:	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 (HCFSAs) 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.

14. FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)	
Select and Initial ONE of the following options	
Initials:	I have reviewed my LES and I am not enrolled in FLTCIP. Continue to Section 16.
Initials:	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.

15. EMPLOYEE SIGNATURE	
My elections for this period of military active duty are marked above and I understand my elections. I understand that I must notify my Supervisor and employing office when my tour is completed. I should review my civilian LES and report any discrepancies I find within 2 pay periods of returning to duty. Should my orders change, it is my responsibility to provide new orders and a checklist to my agency.	
I have included the following forms with this checklist:	
<input type="checkbox"/>	Military Orders (Required) – Orders include my name, SSN, reporting date, purpose and legal authority: example 10 USC XXXX
<input type="checkbox"/>	FEHB Premium Conversion Waiver/Election (if applicable)
<input type="checkbox"/>	FEGLI Extension of Coverage Request When Called to Active Duty (if applicable)
Signature:	Date:

CPAC/HRO USE ONLY		
Initial off each item to verify completion:		Completed by (Print Name):
<input type="checkbox"/>	Military Orders to AutoNOA eOPF Upload Tool (DG 77)	Signature:
<input type="checkbox"/>	Checklist to AutoNOA eOPF Upload Tool	
<input type="checkbox"/>	FEHB Premium Conversion Waiver/Election (if applicable) to AutoNOA eOPF Upload Tool (DG 60)	
<input type="checkbox"/>	Review of Reservist Differential Eligibility	
<input type="checkbox"/>	FEGLI Extension of Coverage Request When Called to Active Duty (if applicable) to AutoNOA eOPF Upload Tool (DG 79)	Date: