

CHECKLIST OF
BENEFITS COVERAGE FOR EMPLOYEES ENTERING ACTIVE
MILITARY DUTY

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 on 202-267-2075 or 202-267-2064 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

_____ I want to terminate my FEHB effective _____.

_____ I want to continue my FEHB

_____ 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:

USCG-ART
P. O. BOX 641020
Pittsburgh, PA 15264-1020

Federal Employees Group Life Insurance (FGLI)

_____ 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.

Retirement

_____ 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.)

Thrift Savings Plan (TSP)

_____ I do not have a TSP loan.

_____ 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.

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

U.S. Coast Guard
Civilian Office of Personnel
G-WPC-1A, Room LW1
2100 Second Street. SW
Washington, DC 20593

Or send an email to wmisiorek@comdt.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

_____ 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 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.

Pay/Lump-Sum Annual Leave

_____ I understand that when I am performing active military duty, my compensation will be based on the terms of my military pay grade. I will not receive compensation from my civilian position 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,ⁱ 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 Ms. Virginia Rackley in payroll (405) 954-6157.

** 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 _____

ⁱ Edited 2/2004