

APPENDIX 5

CHECKLIST FOR EMPLOYEES ENTERING EXTENDED MILITARY ACTIVE DUTY (30 days or more)

I want to be: (Please initial your election/acknowledgement)

_____ Placed on LWOP, beginning _____.

_____ Separated, effective _____.

Health Benefits:

_____ I want to terminate my FEHB effective _____.

_____ I want to continue by FEHB. I understand that I can cancel at any time but it will be considered a break in coverage for retirement purposes.

_____ I want to pay for my FEHB on a continuing basis during my absence. (Non-Contingency)

_____ I want to incur a debt to be paid upon my return. (Non-Contingency)
(I understand that if I continue my FEHB after the first 12 months, I will pay 102% of the cost and it must be paid currently. Non-Contingency)

FEGLI:

_____ I understand that my FEGLI coverage will continue for 12 months with no cost to me.

_____ I wish to pay both my portion of the premium and the government's portion of Basic coverage to continue FEGLI coverage for an additional 12 months

Retirement:

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

_____ I understand that the military service is potentially creditable service but I must make a deposit for that service to avoid Catch-62. CSRS first hired after 10-1-82 and FERS employees must make a deposit to receive retirement credit for LWOP-US service.

If you are restored (return within 5 years from military service) you will have the deposit calculated in two ways. For CSRS employees, it is calculated using 7% of military base pay, and 7% of civilian pay you would have earned, paying the lesser amount. If you are FERS, the deposit

would be 3% of your military base pay or .8% of the civilian pay you would have earned. If you are not restored, the military deposit calculation would be made against your military base pay.

Thrift Savings Plan:

If you are restored to your civilian position, you may make retroactive contributions and elections.

_____ I understand that I will need to contact my personnel office to make retroactive TSP contributions and elections.

NOTE: If you currently have a TSP Loan, please complete form TSP-41 and submit to HRO.
ANNUAL LEAVE

_____ I request lump-sum payment for any unused Annual Leave.

_____ I DO NOT want lump-sum payment for any unused Annual Leave.

I understand my elections. _____

Date: _____

Home Address: _____

(STREET ADDRESS, CITY, STATE & ZIP CODE)