

Elections / Acknowledgement of USERRA Entering Military Duty

This checklist provides information regarding your USERRA benefits. Please indicate your elections and acknowledgement by placing your **INITIALS** in the spaces provided (* indicates required initials). Turn in this election form to HRO-Tech Services or attach to your SF-52 for leave without pay (LWOP) or resignation. The HRO cannot process actions without this form and military orders.

NAME (Printed): _____

SSN: _____

1. USERRA Technician Information and Benefits Rights:

* I have read and understand the "Employment Rights and Benefits of Federal Civilian Employees Who Perform Active Military Duty" information sheet.

2. Leave Without Pay (LWOP) or Separation-Military (*Initial one):

I elect Leave Without Pay (LWOP) beginning: (DATE):_____.
I will review options for the LWOP date if I have comp time hours worked that may be forfeited.
I have initiated a Request for Personnel Action SF-52 and attached a copy of my orders.

I elect to resign from my technician position. I have initiated an SF-52 and will contact the HRO Office.

3. Leave Options (*Initial one):

I understand I may use military leave, annual leave, travel comp time or LWOP during my period of military duty. If on contingency operations I can use the 22 day Law Enforcement Leave (LEL) and must submit required documents to my supervisor for the CSR (Tech Pay Office). If on appropriate Title 10 authority I may request 44 day military leave that must be reflected on my orders.

I request my annual leave be retained in my account.

I request the balance of my annual leave be paid to me lump sum.

4. Health Insurance (FEHB)(*Initial one):

Not applicable. I do not have Federal Employees Health Benefits (FEHB) coverage.

Termination: My military service is for 30 days or more. I want to terminate my FEHB health insurance coverage effective the day placed on leave of absence (paid/unpaid) for military service.

Continue: I elect to continue my FEHB health insurance (Initial one)

Debt: I want to incur a debt to be paid upon my return to federal employment

Payment: I want to pay the FEHB premium on a continuing basis during my absence.

Contingency: I am in support of a contingency operation and eligible for the agency to pay my share of the FEHB premiums for up to 24 months.

5. FEDVIP - FSA – FLTCP:

I have FEDVIP – Federal Dental or Vision Insurance and understand the requirements premium payment. It is my responsibility to notify BENEFEDS to discuss and/or change my payment options.

I have FSA – Flexible Spending Account and understand it is my responsibility to notify FSAFEDS

I have FLTCP – Federal Long Term Care Insurance and understand it is my responsibility to keep my premiums payments current. It is my responsibility to contact LTC Partners to discuss and/or change options.

6. Life Insurance (FEGLI, NGAUS or Assurity):

- I have FEGLI – Federal Employees Group Life Insurance coverage and must sign a FEGLI Notice and Election Form. I may either terminate my coverage after 12 months in a non-pay status (at no cost to me) **OR** elect continuation of coverage after the 12 months for up to an additional 12 months which I will be required to make premium payments.
- I have NGAUS life insurance and understand the premium requirements for coverage.
- I have Assurity life insurance and understand the direct premium payment requirements.

7. Thrift Saving Plan (TSP):

- * I understand if I restore to my civilian position I may make retroactive contributions and elections by contacting the HRO-Tech Branch. If a FERS employee, upon reemployment I am entitled to receive retroactive Agency Automatic 1% contributions.
- * If enrolled or enroll in the Uniformed Services (military) TSP, I have the option upon reemployment to submit my military LESs as proof for up to 4% agency matching contributions (FERS Employees).
- Loan - I have a TSP loan. Notification will be made to TSP of my LWOP-Mil. Payment options are available.

8. Retirement (CSRS/FERS):

- * I understand when on LWOP, death and disability benefits continue under my retirement system.
- * I understand that if I exercise restoration rights, the military duty is potentially creditable for civilian retirement purposes only if I make a deposit for the service.

9. Acknowledgement:

- * I understand arrangements may need to be accomplished for my civilian payroll deductions such as Court Orders, garnishments, allotments, etc.
- * I understand the time requirements for requesting reemployment and return to technician duty.

I understand the elections I have made above.

(SIGNATURE)

(DATE)