

## Return To Duty Benefits Election Form

*Read this form carefully.*

**Failure to submit this form properly and on time may result in debt, overpayment, or loss/lapse in important benefits.**

### **Supervisor Responsibilities: *\*\*Read and initial.***

- Ensure your technician certifies leave.
- Submit any and all orders or DD 214 to HRO

*\*\*Consider requesting a HRO On-site Briefing if you have 10 or more technicians entering a period of active service. Email the NE National Guard Employee Benefits Section to coordinate.*

### **Technician Responsibilities: *\*\*Read and initial.***

- Ensure you have properly coded ATAAPS to reflect any leave you intend to use after Returning to Duty.
- Immediately notify your supervisor of your expected return from active duty.
- You are responsible to read the explanation of benefits (EOB) on pages 4-6.

Employee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duty Location: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone Number :(\_\_\_\_\_) \_\_\_\_\_

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Leave Status: The "RTD" date is the date you return from a non-pay status in the personnel system. Your Presidential Leave start date is on the same date as your RTD. Your "return to work" date is the first day you report to work following Presidential leave. See EOB #2

- a. I chose to use my Presidential Leave from \_\_\_\_\_ to \_\_\_\_\_
- b. My RTD Date will be \_\_\_\_\_

\_\_\_\_\_ I understand that it is my responsibility to monitor my technician LES and to immediately notify HRO Benefits/finance office of discrepancies.

**Federal Employees Health Benefits (FEHB):** (Review and initial **only one** election and follow any additional instructions, if necessary. Review EOB #3)

\_\_\_\_\_ I was not previously enrolled and elect to do so immediately (**Call ABC-C at 877-276-9287** to have a Benefits Counselor process this request).

\_\_\_\_\_ I elect to **REINSTATE** my FEHB immediately (if you previously suspended coverage).

\_\_\_\_\_ I elect to **WAIVE REINSTATEMENT** to use TAMP/Post Deployment TRICARE benefits for 180 days and have signed the attached waiver.

\_\_\_\_\_ I elect to **CHANGE CARRIERS/PLANS** immediately (**Call ABC-C at 877-276-9287** to have a benefits counselor process this request).

\_\_\_\_\_ I elect to **CANCEL** my FEHB coverage completely. (**Call ABC-C at 877-276-9287** to have a Benefits Counselor process this request).

**FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FGLI):** (Review, initial or if not applicable mark N/A).  
Review EOB #5.)

\_\_\_\_\_ If my coverage was terminated during my military duty, it will be automatically reinstated.

**THRIFT SAVINGS PLAN (TSP):** (Review and initial ALL statements. See EOB #8)

\_\_\_\_\_ I understand that I may make retroactive TSP contributions and elections. I understand that I will need to complete the "Employee Request for TSP Make-Up Contributions" form (page 5 of this document), and attach my DD214 and all Military LESs (if I contributed to my military TSP account while on active duty) within **60 days** of return to civilian duty.

\_\_\_\_\_ I **do or do not** have an existing TSP loan (circle one)

**NOTE: The TSP 1% automatic agency contributions are payable regardless of whether or not you make up missed TSP contributions.**

**RETIREMENT:** (Review and initial. Review EOB #9)

\_\_\_\_\_ I understand that I must make a deposit upon my return from military duty for this period of active military time to be creditable towards my federal civilian retirement.

**FEDERAL EMPLOYEE'S DENTAL AND VISION INSURANCE PROGRAM (FEDVIP):** (Review, initial or if not applicable mark N/A .Review EOB #4)

\_\_\_\_\_ It is **my responsibility** to contact BENEFEDS (877-888-FEDS) to reinstate my FEDVIP coverage or to return to payroll deduction if I kept my coverage and mailed direct payments- **HRO cannot call on my behalf.**

**FLEXIBLE SPENDING ACCOUNT (FSAFEDS):** (Review, initial or if not applicable mark N/A. Review EOB #6)

\_\_\_\_\_ It is **my responsibility** to contact FSAFEDS (1-877-372-3337) to notify them of my Return to Duty status- **HRO cannot call on my behalf.**

**NGAUS INSURANCE:** (Review, initial or if not applicable mark N/A. Review EOB #7)

\_\_\_\_\_ I **was / was not** enrolled in NGAUS.

**FEDERAL LONG TERM CARE (LTC) INSURANCE:** (Review, initial or if not applicable mark N/A.)

\_\_\_\_\_ It is my responsibility to contact LTCFEDS (800-582-3337) to change my payment method back to payroll deduction if I kept my coverage and were mailing direct payments- HRO cannot call on my behalf.

**RESERVIST DIFFERENTIAL:** (Review, initial or if not applicable mark N/A. Review EOB #10)

\_\_\_\_\_ I understand that if I feel I am entitled for Reservist Differential, I must submit my complete "Application for Reservist Differential (RD) Payments" to HRO including all military LESs and civilian LESs and technician time cards. (This application form can be found on page 6).

_____	_____
<b>TECHNICIAN SIGNATURE</b>	<b>DATE</b>
_____	_____
<b>SUPERVISOR SIGNATURE</b>	<b>DATE</b>