



Checklist for Employees Entering Extended Military Active Duty

Instructions for the Employee: The purpose of this checklist is to provide important information regarding your benefits. Please fill in the blanks and/or initial as appropriate for each item listed below. To ensure continuity of your benefits and employment status during your active duty service, complete this form within 31 days of entering active duty. Assistance may be provided by a representative from your assigned Human Resources Services Division (HRSD) and/or the Benefits Operations Center (BOC). The assigned HRSD retains a copy of the completed form. Please keep a copy for your records and provide a copy to your manager. A copy of your military orders is required to process claims for certain benefits.

Personal Information (please provide complete and accurate information):

Name:	Social Security Number: (last four (4) digits only)
Region/Center/Facility:	Organization Code/Routing Symbol: (Employee Leave & Earnings Statement (LES) Basic Info section)
Home Address:	Phone Number(s) Home and/or Cell:
E-mail Address: (Personal or Military E-mail addresses are preferred)	Period of Active Duty Service: Begins: Ends:
Manager's Name:	Manager's Phone Number:

Employment Status While on Active Duty:

- ☐ I want to be placed on Absent - Uniformed Services, _____ (start date) through _____ (end date).
- ☐ I want to be separated, effective _____.

Military Leave/Annual Leave:

- ☐ I request a lump sum payment of my unused annual leave. This is only applicable if opting to separate federal service after active duty service.
- ☐ I do not want to use my annual leave.
- ☐ I have military leave that I want to use. Number of days/hours: _____
- ☐ I have annual leave that I want to use. Number of days/hours: _____
- ☐ I have compensatory time that I want to use. Number of hours: _____
- ☐ I have credit hours that I want to use. Number of hours: _____

Excused Absences Five (5) Days Upon Return from Active Duty Service:

- ☐ I will meet the eligibility criteria that qualify me for five (5) days of excused absence before returning to my FAA position. Eligibility criteria include:

- Deployed for 42 or more consecutive days of active duty in support of Overseas Contingency Operations (OCO) (formerly the Global War on Terrorism) or other qualifying current or future military operations; and
- Have **not** received excused absence for this purpose within the last 12 months.

- ☐ I will notify my manager before my return to duty to schedule the excused absence.

[**Note:** The excused absence is scheduled during the first week of the pay period when the employee returns to duty from active duty service.]

Federal Employees Health Benefits (FEHB) (please initial to terminate or continue coverage):

Note: You must contact your assigned HRSD as soon as you return to your civilian position. It is the employee's responsibility to ensure that FEHB coverage and premiums resume upon return to duty.

- ☐ My military service is for 30 days or less; my coverage will continue. There is no need to make further health benefits elections unless my military service is later extended beyond 30 days.
- ☐ I want to **terminate** my FEHB coverage effective the day before entering active duty **OR** the day I am separated, furloughed, or placed on leave of absence for uniformed service.
- ☐ I am not enrolled in FEHB.

OR

- ☐ I want to continue my FEHB.
- ☐ I am being called to active duty to support a contingency operation, to perform service during a war or a declared national emergency. The FAA will pay my share of the FEHB premiums for up to 24 months. The 24-month period begins on the date I am placed on Absent – Uniformed Service or Separation – US [For more information, refer to Benefits Administration Letter [\(BAL\) 06-401](#) and [BAL 06-401 – Processing Table](#)].
- ☐ My active duty is **not** to support a contingency operation, for service during a war, or a declared national emergency. My entitlement is up to 24 months of continued FEHB coverage beginning the date of absence from my civilian position (i.e., the effective date of my entrance on active duty). I want to pay for my FEHB by initialing one of the following options:
- ☐ I will continue to make payments during my absence using after-tax funds. After the initial 12 months, I will pay 102% of the cost, and the final 12 months' payments are due promptly.
- ☐ I will incur 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. If I participate in premium conversion, this debt will be deducted from my pay on a pre-tax basis for the first 12 months. After that, I will pay 102% of the cost, and these payments must be made promptly as they come due.

Premium Conversion:

- ☐ I understand that if I am participating in premium conversion, I have 60 days from the start of my unpaid leave of absence (Absent – Uniformed Service) to waive that participation, which would

allow me to retain the option to cancel my FEHB coverage at any time in the future. If I do not waive my premium conversion within the 60-day limit, I cannot later cancel my FEHB except during the annual Benefits Open Season or within 60 days after a qualifying life event.

Transitional TRICARE:

- ☐ Upon my return to my civilian position, I will notify my assigned HRSD if I want to waive reinstatement of FEHB coverage due to having transitional TRICARE coverage.

Federal Employees' Group Life Insurance (FEGLI):

- ☐ I am not enrolled in FEGLI.
- ☐ I understand that my FEGLI coverage will continue for 12 months in non-pay status (Absent – Uniformed Service) at no cost. Public Law 110-181 now allows employees to continue their FEGLI enrollment for an additional 12 months, for a total of 24 months. Employees will pay the employee and agency share of the premiums for basic and any Optional insurance for the additional 12 months of coverage. **After the first 12 months of non-pay status, there is no agency share, and I am responsible for paying the entire cost.** [For more information, refer to [BAL 098-203](#) and [BAL 08-203 Questions & Answers.](#)]
- ☐ If I separate from employment, my FEGLI coverage will continue at no cost for up to 12 months or until 90 days after my military service ends, whichever date comes first. Then, my coverage terminates with an automatic 31-day free extension of coverage and the right to convert to a private policy.
- ☐ If I have a qualifying life event (QLE) while on Absent - Uniformed Service, such as marriage, divorce, death of a spouse, or acquiring an eligible child, I must contact my employing agency 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 on the first day the employee returns to pay and duty status. Option C is effective on the event date if reported during the required time frame and before the coverage terminates after 12 months.

Note: A New FEGLI Election Opportunity is **only** for FAA employees deployed in a civilian capacity to support a contingency operation, or to perform service during a war or declared national emergency. Link to BAL 08-204: <http://www.opm.gov/retire/pubs/bals/2008/08-204.pdf>.

Flexible Spending Accounts (FSA):

- ☐ I am not enrolled in the FSA.
- ☐ I know I must notify FSAFEDS of my entrance into Absent-Uniformed Service upon returning to duty by calling 1-877-372-3337.
- ☐ I understand that I may contact FSAFEDS to accelerate my pre-tax deductions before entering non-pay status. No contributions will be deposited into my account during my absence.
- ☐ I understand that if I decide to separate from civilian service, my FSA will terminate on my separation date. There are no extensions. Any healthcare expenses incurred before the date of separation will still be reimbursable, but those incurred after the date of separation will not be reimbursable.

This section is only for members of the Army National Guard, Air National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, and Coast Guard Reserve.

- ☐ I am a reservist, and I understand that under the Heroes Earnings Assistance and Relief Tax (HEART Act), reservists may receive a taxable distribution of their unused healthcare flexible

spending account balance known as a qualified reservist distribution (QRD) [For more information, refer to [BAL 08-803](#)].

- ☐ I understand that return of the funds (QRD) is taxable income in the year that funds were received and that there is a time limit to request a QRD beginning with the date of the orders and ending on the last day of the FSAFEDS grace period. I understand I must request a QRD by contacting FSAFEDS directly at 1-877-372-3337.

Federal Employees Dental and Vision Program (FEDVIP):

- ☐ I understand that to continue my FEDVIP enrollment, I must keep my premium payments current to avoid canceling my coverage; I may not incur a debt. I am responsible for contacting a BENEFEDS Representative at 1-877-888-3337 to arrange accelerated deductions and 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 duty if I want payment by payroll deduction reinstated.
- ☐ I am not enrolled in FEDVIP.

Federal Long Term Care Insurance Program (FLTCIP):

- ☐ I understand that to continue my FLTCIP insurance, I must keep my premium payments current to avoid canceling my coverage; I may not incur a debt. I know I am responsible for contacting a FLTCIP Representative at 1-800-582-3337 to discuss and/or change my payment option. I also understand that if I change my payment option from payroll deduction, I must contact a FLTCIP Representative on return to civilian duty if I want payment by payroll deduction reinstated.
- ☐ I am not enrolled in FLTCIP.

Retirement:

- ☐ I understand that if I am placed on Leave Without Pay (LWOP), death and disability benefits continue under my retirement system.
- ☐ Civil Service Retirement System (CSRS) employees first hired before 10/01/82: I understand that if I am eligible for a Social Security benefit at age 62, a military deposit is required to ensure continued credit in the computation of my retirement. This deposit must be paid before retirement. If I **am not** eligible for a Social Security benefit at age 62, there is no need to pay the deposit.
- ☐ CSRS employees first hired on or after 10/01/82: I understand that a military deposit is required to receive credit for this period of military service toward civilian retirement, and the deposit must be paid in full before retirement.
- ☐ If I am covered under the Federal Employees Retirement System (FERS), I understand the military deposit is required to receive credit for both eligibility and computation purposes for this period of military service toward civilian retirement, and the deposit must be paid in full before retirement.
- ☐ If I am **restored** under the Uniformed Services Employment and Reemployment Rights Act (USERRA) (return from military service within five (5) years, except during a period of National Emergency), I understand the deposit will be calculated using the lesser of the CSRS or FERS retirement contributions attributed to the period of military service, or the military deposit amount based on my military base pay.
- ☐ If I am **not restored** under USERRA, the military deposit calculation would be based on my military base pay if military service was performed under Title 10 U.S.C. If my military service was performed under Title 32 U.S.C., I will receive credit for six (6) months of each calendar year

while on LWOP. (Military service performed under Title 32 U.S.C. is not creditable unless the employee returns to civilian duty, exercises restoration rights under USERRA, and the employee pays their military deposit.)

Thrift Savings Plan (TSP):

- ☐ I understand that 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 I must contact my employing office within 60 days of returning to civilian duty to elect retroactive TSP contributions and elections.
- ☐ I understand my retroactive contributions and elections will be reduced if I contribute to the TSP as a uniformed service member while on active duty. If I contribute to my uniformed services TSP account while on active duty, I am responsible for providing ALL of my military LES forms as documentation of those contributions.
- ☐ I currently have an outstanding TSP Loan. I request that my employing office notify the TSP of my non-pay status under USERRA to ensure my loan payments will be suspended. I understand I cannot make loan payments to my civilian account as a deduction from my military pay, and interest will accrue while my loan payments are suspended.

In addition, I must notify my employing office immediately upon my return to civilian duty, and the agency must notify TSP to ensure loan payments resume and avoid a taxable distribution. My TSP Loan Number(s) is/are _____.

- ☐ I understand the elective deferral limits when I contribute to both civilian and uniformed service TSP accounts during a year. The elective deferral and catch-up contribution limits apply to the combined tax-deferred contributions in both accounts. If I exceed the limitations, TSP will return the attributable amounts to be taxed in the year received. [More information on elective deferral and I.R.C Section 415 (c) limits is available on the TSP website at www.tsp.gov.]

Reservist Differential:

- ☐ I received information on the reservist differential, i.e., eligibility criteria and instructions on submitting documentation for the reservist differential. **[Note: The employee must provide the servicing HRSD with a copy of their military orders to receive this benefit.]**
- ☐ I understand that if I am eligible to receive the reservist differential for this period of active duty military service, I am responsible for submitting the required supporting documentation to my assigned HRSD as follows:
 - Copy of military orders; and
 - Copies of monthly Military Leave and Earning Statements.

For additional information, refer to:

- [PRE 3.4, Reservist Differential](#)
- [LWS-8.4, Military Leave](#)
- [Uniformed Services Employment and Reemployment Rights Act \(USERRA\)](#)
- [Office of Personnel Management's Reservist Differential Guidance – Appendix D, Military Duty and Compensation](#)
- [Payroll Liaison Services \(PLS\) Staff Contacts for Reservist Differentials](#)
- [FEHB-BAL 06-401](#)
- [FEHB-BAL 06-401 – Processing Table](#)
- [FEGLI-BAL 098-203](#)

- FEGLI-[BAL 08-203 Questions & Answers](#)
- FEGLI-[BAL 08-204](#)
- FSA-[BAL 08-803](#)
- <https://www.tsp.gov/>

Acknowledgement:

I acknowledge and understand my elections for this period of military active duty as indicated on this checklist. If I do not return a copy of my orders for active military service (if applicable), it may impact my Federal benefits while on active duty. I understand I must notify my manager and assigned HRSD when my tour is completed.

Employee's Signature: _____ **Date:** _____

Contact person in the event I cannot be reached:

Print Name

Relationship

Address

City, State, Zip Code

Primary Phone Number

Alternate Phone Number

Email Address