

# Checklist for Civilian Employees Returning from Active Duty

This checklist provides important information regarding your Federal Employee Benefits options. You are encouraged to review the list, and contact the Human Resources Benefits Section Counselor to schedule an appointment, in person or over the phone, to discuss and make your elections. Visit the ABC-C's web site at <https://www.abc.army.mil> for more information, or to speak with a benefits specialist, call 1-877-ARMY-CTR at 1- 877-276-9287.

**Employee Full Name** (please print) \_\_\_\_\_

**SSN** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Telephone Contact Number** \_\_\_\_\_

**Separation date Specified in Orders** \_\_\_\_\_

**Note:** Employees are responsible for providing notice of their deployment to their agency as far in advance as reasonable.



**I want to be:** (Initial one and provide effective date)

\_\_\_\_\_ Returned to Duty, effective: \_\_\_\_\_

\_\_\_\_\_ Separated from my technician position, effective: \_\_\_\_\_

**Leave:**

\_\_\_\_\_ I understand that if I am eligible for **Presidential Leave** that I will use it my first 5 days effective the date of my Return to Duty

\_\_\_\_\_ I have military leave that I want to use. Number of days:

\_\_\_\_\_ I want to use part of my annual leave. Number of days:

**Health Benefits:** (Initial ONE)

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

\_\_\_\_\_ N/A or I didn't terminate my FEHB

\_\_\_\_\_ I want to immediately reinstate my FEHB coverage (HRO does SF 2810)

\_\_\_\_\_ I want to **waive** the immediate reinstate of my FEHB coverage (Technician completes waiver form)

\_\_\_\_\_ I understand that if I do not specify a date to reinstate my FEHB, the HRO will use the end date of my Transitional TRICARE

**National Guard Association of the United States (NGAUS):**

\_\_\_\_\_ I want to re-enroll on optional NGAUS (Technician completes and submits NG-76 to HRO)

**Life Insurance (FGLI):** (If enrolled)

\_\_\_\_\_ All Technicians were automatically given 12 months of free FGLI (Life Ins.) coverage. Premiums will resume once returned to a paid status. You'll continue with the same coverage you had prior to going on Active Duty. If you didn't have it before, you cannot enroll now.

**Flexible Spending Accounts (FSAs):** (if enrolled)

\_\_\_\_\_ I understand that I must notify FSAFEDS of my Return to Duty by calling 1-877-372-3337.

**Federal Employees Dental and Vision Insurance Program (FEDVIP):** (if enrolled)

\_\_\_\_\_ I understand that I must notify FEDVIP of my Return to Duty by calling 1-877-888-3337.

**Federal Long Term Care (LTC) Insurance:** (if enrolled)

\_\_\_\_\_ I understand that I must notify LTC of my Return to Duty by calling 1-800-532-3337.

**Retirement:** I am CSRS / FERS please circle one

\_\_\_\_\_ I understand that the military (Absent-US) service is potentially creditable service but I must make an appropriate deposit for the service. I must provide my DD 214(s) to my HRO so the appropriate deposit can be determined. I understand that I only have 3 years from my Return to Duty before interest is applied.

**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 that I will need to contact my employing office within 60 days of return to civilian duty to elect to make retroactive TSP contributions and elections.

\_\_\_\_\_ I understand I MUST provide ALL military LES's, DD 214 and TSP Make-Up Request Form within 60 days of my Return to Duty in order to participate in the TSP Make-Up.

\_\_\_\_\_ I DO / DO NOT have a n outstanding **Civilian** TSP Loan. (HRO submits TSP-41 to restart payments

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

**Acknowledgement:** My elections for this period of military active duty are marked above and I understand my elections. I understand that I must notify my supervisor and employing office when my tour is completed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_