

Return To Duty (RTD) Checklist

Please contact your Human Resource Office (HRO) Benefit Specialist at (609) 562-0881 / 0874 with any questions.

Employee Name: Phone #:

Supervisor Name: Phone #:

Effective Dates: RTD date will be the day after your order end date (UNLESS SPECIFIED BY HRO)

1.LWOP Effective Date: _____
2.RTD Date (date after orders end date): _____
3.Date physically returning to work: _____

Section 1. Deductions *(Please Initial)*

I understand that deductions for FEHB, NGAUS disability and TSP Debt/Loan occur if paid leave was used during LWOP period.

Section 2. Federal Employee Health Benefits (FEHB) *(Initial ONLY ONE)*

I DID NOT have FEHB coverage prior to my LWOP
I did not have coverage prior to active duty, but may enroll through EBIS/GRB under the Qualifying Life Event (QLE) due to loss of TRICARE/TAMPS.

*Coverage effective date will be the beginning of the pay period after enrollment. Consider overlapping TRICARE before it expires to prevent break in coverage of HEALTH INSURANCE (contact HRO for more details)

I elected to continue my FEHB coverage during LWOP.

***If Title 10 Contingency (orders must state contingency operation):**

My share of the premiums were paid by the federal government (unless I used leave), but once I return to duty, I will again be responsible for paying my share of the premiums.

***If on a Non-Contingency operation to include Title 10, Title 32 or any other medical order:**

My share of the premiums were my responsibility during the LWOP. Upon my return to duty, I am responsible! for paying any unpaid premiums while I was LWOP. Double premiums will be automatically deducted from my! LES each pay period until debt is completed.

I elected HRO to terminate FEHB during LWOP and elect them to reinstate my previous coverage:

I understand that HRO will reinstate my previous coverage effective the day of the RTD effective date. I may elect to cancel FEHB up to 60 days after immediate reinstatement upon RTD if I qualify for TAMP, and re-enroll upon 30 days prior to my TAMP end date, or up to 60 days after, if qualified. ****Waiver of Immediate Reinstatement of FEHB located at the end of this checklist must be attached****

Health Insurance Provider _____ Health Insurance 3 Digit Code _____

I canceled FEHB coverage prior to active duty to use Early TRICARE:

I understand that it is my responsibility to enroll into FEHB through EBIS/GRB prior to my active duty ending or prior to TAMP ending (180 days after contingency order end date). I will contact Army Benefits Center (ABC-C) with any questions on enrolling in FEHB or through EBIS/GRB.

*Coverage effective date will be the beginning of the pay period after enrollment. Consider overlapping TRICARE before! it expires to prevent break in coverage of HEALTH INSURANCE (contact HRO for more details)

For additional information contact the Army Benefits Center (ABC-C) at (877) 276-9287 or visit <https://www.abc.army.mil>

Section 3. Federal Employee's Dental and/or Vision (FEDVIP) (Initial ONLY ONE)

I **DID NOT** have FEDVIP prior to active duty:
I understand that I may use my RTD as a QLE to enroll, but must do so within 60 days from RTD by contacting BENEFEDES.

I **Canceled / Continued** my FEDVIP coverage and understand:

- Canceled coverage: I must contact BENEFEDES if I choose to enroll back into FEDVIP.
- Continued coverage: My direct billing will return to payroll deductions and I am responsible for paying any unpaid premiums while LWOP, contact BENEFEDES for additional information.

For additional information contact BENEFEDES at 1-877-888-3337 or visit <https://www.benefeds.com>

Section 4. Thrift Savings Plan (TSP) (Initial ONLY ONE)

I **DO NOT** have a TSP Debt/Loan.

I **DO** have an **ACTIVE CIVILIAN TSP LOAN**:
I understand that payments were suspended while in an active duty status by HRO. Debt/Loan payments will resume upon notifying HRO of this RTD. HRO will notify TSP with a TSP-41. If I fail to do this within 90 days after release from active duty, the loan may have to be recalculated or a taxable distribution may be declared.

For additional information contact TSP at 1-877-968-3778 or visit <https://www.tsp.gov>

Please initial the below Statement Of Understanding

I understand no contributions were made to my Civilian TSP while in non-pay AUS:

I may request these contributions to my TSP account within **60 days** of returning to duty by contacting the HRO. TSP contributions may be reduced if I contributed to a Uniformed Services TSP while on active duty. No request needed for the automatic 1% agency contribution. *** ***

Section 5. Flexible Spending Accounts (FSA) (Initial ONLY ONE)

I **DO NOT** have a Flexible Spending Account

I **DO** have a FSA and understand:
I am responsible to contact FSA Feds depending on the options that were available to me and the elections I made when I entered active duty. (i.e. allotment adjustments, qualifying life event to reenroll)

For additional information contact FSA Feds at 1-877-372-3337 or visit <https://www.fsafeds.com>

Section 6. National Guard Association United States (NGAUS) Disability Insurance (Initial ONLY ONE)

I **DO NOT** have NGAUS Disability Insurance.

I **DO** have NGAUS Disability Insurance and understand it will be reinstated upon RTD.

*Your NGAUS insurance policy will be automatically reinstated upon my Return To Duty and deductions will resume. I will also follow up when making any applicable changes. If I canceled my policy, I understand that I would have to re-enroll.

For additional information contact NGAUS at 1-800-955-7736 or visit <http://www.ngaus.org>

Section 7. National Guard Association United States (NGAUS) Life Insurance (Initial ONLY ONE)

I **DO NOT** have NGAUS Life Insurance.

I **DO** have NGAUS Life Insurance and understand:

*Premiums were direct billed and I was responsible for payment during my active duty tour. Premiums will continue to be direct billed until my return to duty is reconciled with payroll then return to automatic deduction.

For additional information contact NGAUS at 1-800-955-7736 or visit <http://www.ngaus.org>

Section 8. Long Term Care Insurance (LTCI) (Initial ONLY ONE)

I **DO NOT** have LTCI

I **DO** have LTCI and was responsible for paying my premiums while on military duty and will continue to have responsibility of paying premiums. (Please contact LTCI regarding options)

For additional information contact LTCI at (800) 843-3557 or visit <https://www.ltcfeds.com>

Section 9. Retirement / Military Section

I understand that a military deposit is required during any LWOP to receive credit for this period of service toward civilian retirement, and the deposit must be paid in full prior to retirement.

To make an appropriate military deposit for the service credit, complete a RI 20-97 and attach the DD214(s) (copy 4) documenting the period of service. Both documents are mailed or faxed to the appropriate DFAS address (on page 2 of RI 20-97). If paid within three years from RTD, no interest is charged.

*If you need assistance, or if leave was utilized during the tour, please contact HRO before starting this processes. Also contact HRO when you receive a response for your RI 20-97 request to calculate my military deposit.

Section 10. TSP Retroactive Contribution

I understand that I can request Retroactive TSP Contributions (Technician TSP) and/or Matching Government Funds for periods on a non-pay status during my active duty orders. I must submit all copies of my *military* LESs for the timeframe I was on military orders for proof of service. I have **60 days** from my RTD date to provide all information to HRO.

Section 11. USERRA Restoration

I understand that under the Uniformed Services Employment and Reemployment (USERRA) Rights Act, I can submit an application to go into a Personal Leave Without Pay (PLWOP) status **If I was on Military Orders under the following conditions:**

1. If mobilized for 31 to 180 days, member can request up to 14 days off.
2. If mobilized for 181 days or more, member can request up to 90 days off.

NOTE: If a employee was on active duty for less than 30 days, the employee must Return to Duty the day after the military orders have ended.

Section 12. Leave and Earnings Statement (LES)

I will monitor my LES's for correct compensations and deductions upon Return To Duty (RTD).

Section 13. Federal Leave and other Benefits

I understand that Presidential Leave IAW Executive Order 13223, allows Federal Employees on a Named Operation "In Support" or "On" a Contingency Operation additional Leave. Military Orders must be at least 42 consecutive days. Presidential Leave is considered 5 days (40 hours) of leave time code is
"LV" -Air Payroll
"LN" -Army Payroll

The leave must be used directly after the end date of the military orders and utilized consecutively. HRO will provide documentation to me as proof of eligibility to upload into ATAAPS.

I will also contact state HRO in regards to any other benefits or entitlements I might be entitled to (ie: Reserve Differential, Compensatory Time extension, etc.)

Employees Responsibility: Complete checklist and provide to their supervisor and/or HRO Remote along with a copy of their military orders UPDATED.

Supervisor and/or HRO Remote Responsibility: Initiate AUS (SF-52 or e52) action in DCPDS with completed checklist and military orders attached.

Acknowledgement:

I have initialed above, my elections, and the statements of understanding for my return from military active duty. I understand the elections I have made and the effects they have on my career.

Signature: _____

Date: _____

Home Of Record: _____

SSN: _____

Agency (ARMY or AIR): _____

UNDERSTANDING OF TAMP (TRICARE COVERAGE) & FEHB

Tricare Coverage can be available to employees entering Title 10 Contingency Tours before and after the orders start. You can have both Tricare Coverage and FEHB, however the agency will only pay the premiums for the duration of your **ORDERS**. If you wish to completely **Cancel** your FEHB policy to stop FEHB deductions and only utilize Tricare benefits, you can do so by contacting ABC-C (877) 276-9287/ <https://portal.chra.army.mil/abc> or accessing the GRB Platform (Formally EBIS). If you choose to cancel your FEHB, upon the expiration of TAMP (Tricare Coverage) you will have **60 days** of eligibility to enroll in a FEHB plan as the loss of TAMP is a Qualifying Life Event.

PLEASE SELECT **ONE** OF THE FOLLOWING IF **APPLICABLE**.

I am eligible for TAMP (Tricare Coverage) and I **WILL NOT** cancel my FEHB.

**I understand that FEHB deductions will resume upon my RTD.*

I am eligible for TAMP (Tricare Coverage) and I **WILL** cancel my FEHB.

**I understand that I am responsible for canceling my FEHB policy and enrolling in a FEHB plan within 60 days upon the day of expiration of Tricare Coverage (TAMP)*

Signature: _____

Date: _____