

CHECKLIST FOR EMPLOYEES RETURNING FROM ACTIVE DUTY

RTD effective: _____ -DD214 or Discharge order attached _____

Military Leave:

_____ I have military leave that I want to use. Number of hours: _____

Health Benefits:

_____ I want to reinstate my FEHB effective beginning of pay period for this RTD: _____.

_____ I am electing to continue TAMP for 6 months-Reinstate FEHB effective _____

_____ Documentation with termination date of TAMP attached

Since you were on active duty for more than 30 days the following FEHB options are permitted upon release from active duty. The following changes must be accomplished within 60 days after being released from military duty:

- Not previously enrolled in FEHB and would like to enroll _____
- Would like to change from self only to self and family _____
- Would like to change FEHB from one plan to another _____

FEGLI:

FEGLI coverage will be reinstated

Retirement:

Military service is potentially creditable service but you must make a deposit for that service to avoid Catch-62 (FERS and CSRS employees first hired on or after 10-1-82 must make a deposit to receive retirement credit). The deposit is calculated in two ways: 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. The deposit can be made through payroll deductions or a lump-sum payment. Military earnings will be requested for you.

Thrift Savings Plan:

FERS employees are entitled to retroactive agency 1% contributions. You may be eligible to receive agency matching contributions if you contributed to your Uniformed Services TSP account. Contact HRO for more information. A copy of all military pay vouchers reflecting any contributions and the request must be received within 60 days of your RTD. You may make changes to your account at any time.

Please send TSP Retro Contributions Request Form. _____

TSP-41 needs to be processed to reinstate any loan payments. _____

YOU ARE ENTITLED TO 1 WORK WEEK (4 DAYS FOR 4-10's or 5 DAYS FOR 5-4-9) OF PRESIDENTIAL LEAVE. (ONE TIME ONLY) MUST BE USED BEFORE REPORTING TO WORK.

Please attach this form to a SF-52 and a copy of the discharge order or DD214.

I have read the above information:

X

Home Address: _____

For questions contact Tina Perkins (785) 646-0502, or Sarah Webster (785) 646-0511