

Checklist for Federal Employees Returning to Duty (RTD) under USERRA

1. INSTRUCTIONS

REQUIRED IF ON ORDERS FOR 31 DAYS OR LONGER. This checklist provides important information regarding your benefits. You must initial all applicable blocks to indicate your elections and confirm that you read and understand your options/conditions. Review your Absent-US checklist to assist you in completing this form. Please do the following:

- Fill in the blanks or initial as appropriate for each item listed below.
- Sign, date, and provide all pages of this document, any applicable attachments (FEHB Waiver, TSP matching/makeup packet, Reservist Differential packet), and release from active duty (REFRAD) orders or DD 214, to your Supervisor as well as your ANG HRO Liaison or HRO Benefits (ARNG) preferably *prior to your return to duty date, but no later than 14 days after your REFRAD date*. Any delays may cause debts or a lapse in benefits.
- Retain a copy of your military orders and this checklist, to include any attachments, for your own records and future reference.

You are encouraged to contact your ANG HRO Liaison/HRO if you have any questions regarding USERRA, leave, pay, reporting to work, or how Absent Uniformed Service (Absent-US) or Separation Uniformed Service (Separation-US) will impact your Federal Employees Health Benefits (FEHB) and other benefits.

USERRA information for supervisors and employees is available at <https://dod.hawaii.gov/hro/tech-tools/>

2. INDIVIDUAL INFORMATION

Name:		LAST 4 OF SSN:		Pay Plan-Series-Grade:	
Street Address:		City:		State:	Zip:
Phone Number where you may be reached:		Email where you may be reached:			

3. EMPLOYEE AND SUPERVISOR ACKNOWLEDGEMENT OF RESPONSIBILITIES

Employee Responsibilities

Initials:	<p>I understand it is my responsibility to contact my supervisor to coordinate my physical return to duty <i>prior to my return to work</i>, and complete and submit this form within 14 days of release from military duty. Failure to do so will result in a delay of my civilian pay, potential debt accrual, and potential delay or loss of benefits. I also understand it is my responsibility to contact payroll in order to keep current on any allotments or garnishments if applicable.</p> <p>I understand the following time limits to report back to federal civilian position under Uniformed Services Employment and Reemployment Rights Act (USERRA):</p> <p>a) Military service of 1 - 30 days - must report back to work at the beginning of the next regularly scheduled workday after release.</p> <p>b) Military service of 31 - 180 days - must notify supervisor of intent to return no later than 14 calendar days after release.</p> <p>c) Military service of more than 180 days - must notify supervisor no later than 90 days after release.</p>
Initials:	<p>I must provide REFRAD orders, Statement of Service or a DD-214 indicating discharge or pending discharge from military service under HONORABLE conditions. If I am unable to provide any documentation upon RTD, HRO will still honor my request; however, I am still obligated to provide the agency proof of the validity and type of discharge as soon as it is available. If documentation indicates a discharge under other than honorable conditions, I am subject to a denial of reemployment or termination from employment.</p>

Supervisor Responsibilities

I understand it is my responsibility to ensure my employee completes this form no later than 14 days after returning from military duty. I also understand I must send this completed form and the employee's REFRAD orders or DD 214 to the ANG HRO Liaison or to HRO (ARNG), or my employee may experience delayed pay, accrue debts, and a delay or loss of benefits. I can access MyBiz in order to ensure the Return to Duty SF50 is processed for my employee.

Supervisor's Signature:		Date:	Supervisor's Phone Number:
Supervisor's Printed Name		Supervisor's Email Address:	

4. RETURNING TO DUTY	
Initials:	My order end date is: _____ and I attached a copy of my REFRAD orders and/or DD 214 with this checklist.
Initials:	<p>I understand federal employees returning from military duty in support of Title 10 contingency operations established under Executive Order 13223 are entitled to up to 40 hours of excused absence, referred to as Presidential Leave. I understand that in order to be eligible for presidential leave, military service must have been for 42 consecutive days or more, AND I must not have taken Presidential leave within the last 12-months.</p> <p>Select one of the following options for Presidential Leave based on the criteria above:</p> <p>_____ I AM NOT eligible for Presidential Leave</p> <p>_____ I AM eligible for Presidential Leave. I understand that Presidential Leave must be used consecutively, and immediately upon my Return to Duty, but prior to my Return to Work date.</p>
Initials:	I understand that my LWOP status for military duty (KG in ATAAPS) cannot exceed the end date of my military orders. If I do not specify a paid or unpaid leave status immediately following my military duty end date and my physical return to duty date, I understand that my KG status will be changed to Personal LWOP (KA).
Initials:	<p>I understand the term "Return to Duty" refers to the administrative personnel action processed to initiate my return to a regular pay and duty status as a federal civilian employee. If I list this date incorrectly on this form, and the action is processed as such, I understand that any required corrections may cause debts and/or delays in pay and benefits.</p> <p>I request my Absent U.S. status (KG) be changed to _____ Effective _____ RTD date, (date following order end date).</p> <p>I understand the term "Return to Work" refers to the date I will physically return to my workplace and resume the duties of my federal civilian position. I understand that my Return to Work date must be on or after my Return to Duty date. I cannot Return to Work prior to my Return to Duty effective date.</p> <p>I will physically Return to Work on: _____</p>

5. RESERVIST DIFFERENTIAL	
Initials:	<p>I reviewed and understand the following information:</p> <p>Under 5 United States Code (USC) 5538, employing agencies must pay differential payments to eligible federal employees who are members of the Reserve or National Guard called or ordered to active duty under specific provisions of law. Federal agencies must provide a payment – a "reservist differential" – equal to the amount by which an employee's projected civilian "basic pay" for covered pay period exceeds the employee's actual military "pay and allowances" allowable to that pay period. Qualifying legal authorities include: 10 USC 331, 10 USC 332, 10 USC 333, 10 USC 688, 10 USC 12301(a), 10 USC 12302, 10 USC 12304, 10 USC 12304a, 10 USC 12305, 10 USC 12406.</p> <p>If I qualify for Reservist Differential, and I believe I earn more as a federal employee than I do as a military member, I must complete the Application For Reservist Differential (RD) Payments (located at the end of this checklist) and submit it with required documentation to my Wing Remote (ANG) or HRO as soon as possible.</p>

6. RETIREMENT	
Initials:	<p>I understand that periods of Absent-US directly affect my federal retirement. I must initiate and complete a military deposit prior to separating from federal employment if I want this period of military service to be creditable towards my federal retirement.</p> <p>In order to initiate a deposit, I must contact my ANG HRO Liaison or HRO Benefits for additional information.</p>

7. THRIFT SAVINGS PLAN (TSP)	
Initials:	<p>I reviewed and understand the following information:</p> <p>If I was contributing to my civilian TSP upon entering an Absent US period, I can request to receive retroactive TSP matching and/or make up missed contributions upon my return to duty, to include missed catch-up contributions. If I wish to do so, I must provide my ANG HRO Liaison or HRO with the Application to Request TSP Matching And/ Or Missed Contributions (located at the end of this checklist) along required documentation within 60-days of my Return to Duty.</p> <p>The 1% automatic agency contributions are payable upon Return to Duty regardless of whether I choose to request matching and/or to make up missed contributions. HRO will request this upon my Return to Duty.</p>

8. TSP LOAN	
Select ONE of the following options and initial:	
Initials:	<p>_____ I DID owe on a TSP loan upon entering Absent US but I PAID IT OFF prior to my Return to Duty</p> <p>_____ I DO owe on a TSP loan and I understand payments towards this loan will resume upon my Return to Duty</p> <p>_____ I DID NOT owe on a TSP loan upon entering Absent US</p>

9. FEDERAL EMPLOYEE'S HEALTH BENEFITS (FEHB)	
Select ONE of the following options and initial:	
Initials:	<p>_____ I TERMINATED my FEHB upon entering Absent US and I want to REINSTATE it immediately. I understand HRO will complete an SF 2810 and send it to my FEHB carrier to process this request.</p> <p>_____ I TERMINATED my FEHB upon entering Absent US and I want to WAIVE REINSTATEMENT because I am eligible for Transitional Tricare (TAMP) for 180-days after military service ends. I understand I must complete the Waiver of Immediate Reinstatement of FEHB (located at the end of this checklist) and I included it with this checklist.</p> <p>_____ I KEPT my FEHB upon entering Absent US and I want to leave my coverage as is. I understand I have 60 days from my Return to Duty date to make changes to my plan if I wish. I can make changes through GRB by visiting https://abc.army.mil/abc/ and clicking on "Login to GRB Platform" or by calling ABC-C at 1-877-276-9287, "Option 3".</p> <p>_____ I would like to restore my participation in Premium Conversion.</p> <p>_____ I would like waive my participation in Premium Conversion effective the date of Return to Duty.</p> <p>_____ I do not want to make any changes to my Premium Conversion participation.</p>

10. FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FGLI)	
Initials:	<p>I understand the following information:</p> <p>If I am not enrolled in FGLI, this is not applicable to me. If I am enrolled and coverage was terminated due to exceeding 12 or 24 months in a non-pay status, per the option I chose upon entering an Absent US status, HRO will immediately reinstate my previous coverage upon my Return to Duty.</p> <p>I must remain in a pay status for four months following my Return to Duty date in order to be eligible for another 12-month period of free coverage. If I enter a non-pay status within the next four months, the previous 12-month period will resume; I will not be eligible to start a new period.</p>

11. FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)	
Initials:	<p>I reviewed and understand the following:</p> <p>If I am not enrolled in FEDVIP, this is not applicable. If I am enrolled, it is my responsibility to contact BENEFEDS at 1-877-888-3337 upon my Return to Duty to verify the status of my enrollment, and ensure premium payments resume. HRO cannot coordinate FEDVIP enrollment, nor can HRO reinstate FEDVIP coverage for me.</p>

12. FLEXIBLE SPENDING ACCOUNTS (FSA)	
Initials:	<p>I reviewed and understand the following:</p> <p>If I am not enrolled in an FSA, this is not applicable. If I am enrolled, it is my responsibility to contact FSAFEDS at 1-877-372-3337 to notify them of my Return to Duty. If my account was frozen during my Absent US period, and I am returning within the same benefit period in which I left, FSAFEDS will recalculate my monthly allotments based on the number of pay periods remaining in the benefits period. HRO cannot enroll, terminate, or change allotments for me.</p>

13. FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)	
Initials:	<p>I reviewed and understand the following:</p> <p>If I am not enrolled in FLTCIP, this is not applicable. If I am enrolled, it is my responsibility to contact LTCFEDS at 1-800-582-3337 and coordinate payment of premiums.</p>

14. NATIONAL GUARD ASSOCIATION OF THE UNITED STATES (NGAUS) DISABILITY INSURANCE	
Select ONE of the following options and initial:	
Initials:	<p>_____ I am NOT enrolled in NGAUS disability</p> <p>_____ I AM enrolled in NGAUS disability. I understand that by checking this box. I also understand that it is my responsibility to ensure NGAUS coverage and premiums are correct on my LES and I must immediately report any discrepancies.</p>

15. EMPLOYEE SIGNATURE	
My signature acknowledges that I read, understand, and personally completed this checklist, and I understand the implications of my entries.	
<p>I included the following documents with this checklist (check all that apply):</p> <p>_____ DD 214, Statement of Service and/or REFRAD orders (required)</p> <p>_____ Request For TSP Matching and/or to Make Up Missed Contributions</p> <p>_____ Request to Waive Reinstatement of FEHB to Use TAMP</p> <p>_____ Application for Reservist Differential (RD) Payments</p>	
Signature:	Date:

HRO Reviewer:

WAIVER OF IMMEDIATE REINSTATEMENT OF FEHB

I, _____, was discharged from military service on _____, and I qualify for Transitional TRICARE (TAMP) until _____.

CURRENT EMPLOYEES: I understand, pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), I have a right to reinstatement of my Federal Employees Health Benefits (FEHB) coverage on the day I am restored to my civilian position under the provisions of 5 CFR part 353 or similar authority. However, I hereby clearly and unequivocally waive my FEHB coverage until _____.

(You may select any date between the date you are restored to your civilian position and the date after your Transitional TRICARE (TAMP) coverage ends).

I fully understand that until my FEHB enrollment is reinstated, I will not be eligible for any health benefits that would have been available to me under an FEHB plan. I also understand that I must notify HRO to reinstate my FEHB once TRICARE coverage ends. This waiver will terminate upon my death.

Employee Signature: _____ **Date:** _____

Employees who later decide to revoke the waiver must complete this section.

I revoke my waiver of FEHB coverage and invoke my right to immediate FEHB coverage.

Employee Signature: _____ **Date:** _____

**Federal Employees Health Benefits Program (FEHB)
Premium Conversion Waiver/Election Form**

Purpose of This Form

This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

I. PARTICIPANT INFORMATION

Last Name	First Name	MI	SSN
Mailing Address	City and State		Daytime Phone Number

II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION

I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax basis.

Signature	Date
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- ☐ This is my initial opportunity to waive participation in premium conversion.
☐ I am making this election to waive participation during FEHB Open Season.
☐ I wish to waive participation in premium conversion on account of and in accordance with a Qualifying Life Event (QLE). My QLE is _____ and it is effective _____.

III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION

I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event. See instructions for acceptable events.

Signature	Date
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- ☐ I am making this election to participate during the FEHB Open Season
☐ I wish to participate in premium conversion on account of and in accordance with a Qualifying Life Event

IV. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF

Approved ☐ Disapproved ☐ Effective Date: _____ Payroll Office No. _____

Authorized agency official: _____
Signature Date Phone

Name and address of employing office: Departments of the Army and Air Force
National Guard of Hawaii
Office of the Adjutant General (HRO-M)
3949 Diamond Head Road
Honolulu, HI 96816-4495

(Revised Nov 2007)

Privacy Act Statement: This information is collected under 5 C.F.R. § 892 and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C. § 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.

Instructions for Completing the FEHB Premium Conversion Election/Waiver Form

Use this form to

- ✓ Waive premium conversion and the pre-tax treatment of FEHB premiums
- ✓ Restore premium conversion if previously waived

Do not use this form to

- ✓ Elect premium conversion UNLESS you have previously waived it
- ✓ Waive premium conversion if you have already waived it
- ✓ Enroll in the FEHB Program. A separate form is used for that purpose

Who May Use This Form

Employees who are eligible for pre-tax treatment of their FEHB premiums

General Information

Further information on premium conversion may be obtained on the OPM website: www.opm.gov

Effective Dates

For Waivers

If you wish to waive pre-tax treatment when premium conversion becomes effective on October 1, 2000, this form must be completed by you and received by your employing office the earlier of: the date set by your employing agency; or the day before the first pay period that begins on or after October 1, 2000.

Your decision to waive pre-tax treatment must be made during FEHB Open Season or within the specified time period after a Qualifying Life Event (QLE). If you change your participation during Open Season, it will become effective on the first full pay period in the following calendar year. If you change your participation as a result of a Qualifying Life Event, the change will be effective the first full pay period after this form is received by your employing office.

Newly hired employees who want to waive pre-tax treatment need to submit this form at the same time as SF-2809, Employee Health Benefits Election Form. Pre-tax waivers made by newly hired employees take effect at the same time that FEHB coverage is effective.

Your decision will continue indefinitely unless you later submit a new election/waiver form to change the tax treatment of your contributions to FEHB.

For Restorations

IRS Guidelines—Restrictions on Changing Health Benefits Coverage (Pre-tax Treatment)

To make a change outside of the FEHB Open Season, (switch plans or options, cancel your enrollment, or change from family to self-only) or to change your participation in premium conversion you must have experienced a QLE and the change in coverage must be on account of and in accordance with that QLE. This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. The difference is because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.

If your change is allowed, it will be effective the first full pay period after this form is received by your employing office.

Qualifying Life Events (QLEs)

QLEs are events that may allow you to make a change in your premium conversion election outside of open season. Ask your employing agency for more information on whether your event meets the criteria of a qualifying life event.

With two exceptions (noted above), the rules for changing FEHB enrollment outside of Open Season do not change. The opportunities for you to enroll or change enrollment described in 5 CFR Part 890, and in the FEHB Employee Health Benefits Election Form (SF 2809) will continue to be allowed under premium conversion.

The IRS has additional events that will allow you to change your participation (election) in premium conversion. Please see OPM's website for more information.

Application for Reservist Differential (RD) Payments

Name: _____

Today's Date: _____

SSN: _____

Duty Section/ Location: _____ Duty Phone: _____

BACKGROUND: In order for HRO to determine if you are entitled to the Reservist Differential Program, you must provide us with copies of your military orders, all Military LES's for the active duty period, all Civilian LES's for the active duty period, and technician time cards for the active duty period. HRO is unable to accept partial application packages or begin the RD process until a complete package is received.

Please list the Active Duty tour for which you are applying:

Active Duty orders began: _____ Active Duty orders ended: _____

You must provide the below supporting documents for the above timeframe along with this form:

☐

Leave & Earnings Statements (Civilian)

☐

Leave & Earnings Statements (Military)

☐

Military Orders

☐

Technician Time Cards

For HRO use only:

___ Military Orders

___ Tech Time Cards

___ LESs (Civilian)

___ LESs (Military)

___ DCPDS input

___ Eligible to apply: Yes:

No:

Reason (if no):

Remedy Ticket Sent to DFAS:

Ticket #: _____

Date Sent: _____

Send Reservist Differential packets to HRO at ng.hi-hiarng.mbx.nghi-hro-benefits@mail.mil, or Wing Remote (ANG)

**HAWAII NATIONAL GUARD, HUMAN RESOURCES OFFICE
EMPLOYEE SERVICES SECTION**

REQUEST FOR USERRA RETROACTIVE TSP CONTRIBUTIONS (FORM USERRA RETRO TSP)
(Revised June 2021)

PRIVACY ACT STATEMENT

AUTHORITY: PL 103-353, 1994, Uniformed Services Employment and Reemployment Rights Act (USERRA)
PRINCIPLE PURPOSE: For employees to make retroactive TSP contributions following periods of Absent-Uniformed Services (AUS)
ROUTINE USES: For employees to make retroactive TSP contributions following periods of Absent-Uniformed Services (AUS)
DISCLOSURE: Voluntary

SECTION A – EMPLOYEE INFORMATION (COMPLETE FORM ONLY IF CONTRIBUTING TO TSP)

1. Employee's Name: _____ 2. SSN: _____ 3. Date of Birth: _____

4. ☐ CSRS Employee 5. ☐ FERS Employee

SECTION B – EMPLOYEE CERTIFICATION

INSTRUCTIONS: First, complete either item 1 or 2. Next, complete item 3 either a or b.

1. ☐ I want to make retroactive payments to my Civilian TSP account. The missed contributions will be based on the TSP-1 form in effect at the time I entered on Absent-Uniform Services (AUS) as well as any TSP-1 forms I completed during my AUS period. I understand that I will have up to twice as many pay periods as I was in AUS to make up the missed contributions.
2. ☐ I **DO NOT** want to make any Civilian TSP retroactive payments. **[NOTE:** If you are covered under FERS, you will be eligible to receive the Agency Automatic (1%) contributions plus any Agency Matching contributions based on what you may have contributed into your Military TSP during the period of AUS whether or not you elect to make up the missed Civilian TSP contributions. *You MUST submit copies of all your Military Leave and Earnings Statements (LES) or your Master Military Pay Account (MMPA) screens reflecting the amount of contributions withheld from your military pay.*
3. Military TSP (check either a or b).
- a. ☐ I contributed to a Military TSP during my AUS period. I understand that this will offset the amount I am able to put back into my Civilian TSP. **Attached are copies of ALL of my Military Leave and Earnings Statements (LES) or my Master Military Pay Account (MMPA) screens reflecting the amount of contributions withheld from my military pay.**
- b. ☐ I did not contribute to a Military TSP during my AUS period.

Employee Signature: _____ Date: _____

Phone No: _____ **PLEASE ATTACH MILITARY LES (Combine ALL on one PDF)**

SECTION C – CERTIFICATION BY HRO PERSONNEL

1. Started ABSENT-US on: _____ 2. Returned to Duty on: _____
(Use a separate form for each period of ABSENT-US)
3. List of other personnel actions that occurred during the ABSENT-US period:

1. Name: _____	2. Official Title: _____	3. Address: Departments of the Army and Air Force National Guard of Hawaii Office of the Adjutant General (HRO-M) 3949 Diamond Head Road Honolulu, HI 96816-4495
4. Date: _____	5. Telephone Number: _____	
6. Signature: _____		