

Return To Duty (RTD) Checklist

Please contact your Human Resource Office (HRO) Benefit Specialist at (608) 242-3709 / 3705 with any questions.

Employee Name: _____ Phone #: _____

Supervisor Name: _____ Phone #: _____

Effective Dates

1. Active Duty Order End Date: _____

2. Date physically returning to work: _____

3. RTD: (Day after Order ends, unless returning to work before Orders end) _____

4. Administrative (Presidential-5 days) Leave*: _____ To _____

*If active duty was Title 10 in Support of Contingency Operation (Executive Order 13223) and served at least 42 consecutive days within a 12 month period, then I am entitled to 5 consecutive days of administrative leave (paid time off). The days must be used consecutively after both returned to duty and orders have ended.

Please initial each line as applicable to select an option or to acknowledge the statement of understanding.

Federal Employee Health Benefits (FEHB) Please initial **ONLY ONE** option.

_____ **I DID NOT** have FEHB coverage prior to AUS

I did not have coverage prior to active duty, but may enroll through EBIS under the Qualifying Life Event (QLE): Due to loss of Federal coverage.

(Coverage is effective in pay period following enrollment, overlap TRICARE before it expires to prevent break in coverage)

_____ **I elected to continue my FEHB coverage during AUS***

***If Title 10 Contingency:**

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

***If Title 10 Non-Contingency or Title 32:**

My share of the premiums were my responsibility and once I 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 AUS and elect them to reinstate previous coverage:**

I understand that HRO will immediately reinstate my previous coverage effective my RTD date.

I may elect to waive immediate reinstatement upon RTD and choose a date not to exceed the day after my TAMP end date, if qualified. ****Waiver of Immediate Reinstatement of FEHB must be attached****

_____ **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 prior to my active duty ending or prior to TAMP ending. I may contact the Army Benefits Center (ABC-C) with any questions on enrolling in FEHB through EBIS at: (877) 276-9287 <https://www.abc.army.mil>

(Coverage is effective in pay period following enrollment, overlap TRICARE before it expires to prevent break in coverage)

Federal Employee's Dental and/or Vision (FEDVIP)

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

_____ I **Canceled / Continued** my FEDVIP coverage and understand:
Canceled coverage: I must contact BENEFEDS 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 BENEFEDS at 1-877-888-3337 with additional questions. <https://www.benefeds.com/>

Thrift Savings Plan (TSP)

Please initial only one

_____ I **DO NOT** have a TSP Loan

_____ I **DO** have a TSP loan:
I understand that payments were suspended while in a **non-pay** status during AUS. Loan payments will resume upon notifying HRO of my RTD and a TSP-41 submitted. 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.
You can contact TSP at 1-877-968-3778 if you have additional questions. <http://www.tsp.gov/>

Please initial as statement of understanding.

_____ I **understand no contributions were made to my Civilian TSP while in non-pay AUS:**
I may request retroactive contributions to my TSP account within 60 days of returning to duty by contacting the HRO. Make up 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.

Flexible Spending Accounts (FSA)

_____ 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)
You can contact FSA Feds at 1-877-372-3337 if you have additional questions. <https://www.fsafeds.com/>

National Guard Association United States (NGAUS) Disability Insurance

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

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

National Guard Association United States (NGAUS) Life Insurance

_____ 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 on non-pay AUS. Premiums will continue to be direct billed until my return to duty is reconciled with payroll, then return to automatic deduction.
Contact NGAUS at 1-800-955-7736 if additional questions. <http://www.ngaus.org>

Long Term Care Insurance (LTCI)

_____ I **DO NOT** have LTCI

_____ I **DO** have LTCI and was responsible for paying my premiums while on AUS and after RTD
FLTCIP (800) 843-3557 <https://www.ltcfeds.com/>

Retirement / Military Deposit

_____ **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 RI20-97 and attach a DD 214 (must include type of discharge) documenting the period of service. Both documents are mailed or faxed to the appropriate DFAS address (on page 2 of RI20-97). If paid within three years from RTD, no interest is charged.

*Being **restored** under USERRA (return from military service within five years; exception during a period of a National emergency), 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.

_____ **I am responsible for providing HRO a copy of my completed DD214 (if applicable):**
Providing HRO with my DD214 of my military service if requesting Military Buy Back or TSP Make-Up.

Reservist Differential (RD)

_____ **I may be eligible for Reservist Differential Payments if my technician pay would have been higher than my military pay during LWOP and under qualifying active duty.**

To request RD calculations, provide a signed request form and the required supporting documentation to your HRO. For more information on RD visit: <http://www.opm.gov/reservist/>

Leave and Earnings Statement (LES)

_____ **I will monitor my LESs for correct compensation and deductions upon RTD.**

Employee Responsibility: Complete checklist and provide to their supervisor along with any modified military orders.

Supervisor Responsibility: Initiate RTD action in DCPDS with checklist and modified 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:** _____

Waiver of Immediate Reinstatement of FEHB

Name: _____ **RTD date:** _____

Active Duty Order end date: _____ **Transitional TRICARE end date:** _____

I was discharged from active duty military service and qualify for Transitional TRICARE (TAMP). I understand that, 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 immediate reinstatement of FEHB coverage at this time and elect to have my FEHB reinstated on:

*Select any date between the day you return to duty and the day after your Transitional TRICARE 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. This waiver will terminate upon my death.

Signature: _____ **Date:** _____

Revocation of Waiver for Immediate Reinstatement of FEHB

*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.

Name: _____ **RTD date:** _____

Signature: _____ **Date:** _____