

## Absent for Uniformed Services (AUS) 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** (Technicians may use Military Leave, Annual Leave, Time Off Award, and LWOP during AUS)

1. Compensatory Time: (Must be used prior to AUS)	_____	To	_____
2. AUS: (Active Duty Order start date or Comp Time end date)	_____		
3. Military Leave:	_____	To	_____
4. Annual Leave:	_____	To	_____
5. Leave Without Pay (LWOP):	_____	To	_____

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

### Administrative Leave

\_\_\_\_\_ **Personnel preparing for Deployment are entitled to Administrative Leave if:**  
Mission requirements permitting and the mutual convenience between supervisor and employee. Granted in increments of: one half day for deployments greater than 15 days, and an additional half day for each 15 days beyond that, but not to exceed a total of 3 days. (HRR 630, Ch 12, para 12-2).

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

\_\_\_\_\_ I **DO NOT** have FEHB coverage.

\_\_\_\_\_ I elect to continue my FEHB coverage during AUS\*.

**\*If Title 10 Contingency:**

While in a **non-pay status** and under Title 10 Contingency for Special Operations; the federal government will pay my share of FEHB premiums for up to 24 months. **While using paid leave during AUS, premiums will be paid by the employee.**

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

While in a **non-pay status** and under Title 10 Non-Contingency / Title 32, health benefits will continue for up to 18 months and I am required to pay the employee's share of the premium for the first 365 days. After the initial 365 days, I will pay **both** the employee share and government share of the premium, plus a 2% administrative charge. **The premiums may be paid through direct payments or I may incur a debt and pay double premiums upon returning to duty.**

\_\_\_\_\_ I canceled FEHB coverage prior to active duty for Early TRICARE (Title 10-Contingency). I verified eligibility for Early TRICARE coverage and cancelled my FEHB with the Army Benefits Center (ABC-C). I will contact ABC-C with any questions in regards to my cancelled FEHB coverage at: (877) 276-9287 <https://www.abc.army.mil>

\_\_\_\_\_ I elect HRO to terminate my FEHB coverage while on active duty to use TRICARE. I understand that I may terminate my FEHB coverage during AUS as a Qualifying Life Event (QLE). The effective date will be the day before active duty. I also understand that I will be required to notify HRO when to reinstate coverage upon my return.

### **Federal Employee Group Life Insurance (FEGLI)**

\_\_\_\_\_ I **DO NOT** have FEGLI coverage.

\_\_\_\_\_ I **DO** have FEGLI coverage and understand:  
It will continue at no cost to me for up to 12 months in a **non-pay status**, and then terminate with an automatic 31-day extension of coverage and right to convert to a private policy. In the event of my death while on active military duty I am covered by FEGLI and death benefits will be payable to my beneficiaries.

### **Federal Employee Dental and/or Vision Program (FEDVIP)**

\_\_\_\_\_ I **DO NOT** have FEDVIP coverage.

\_\_\_\_\_ I **DO** have FEDVIP and understand that:  
I may cancel my coverage due to a QLE by contacting BENEFEDS, or if I continue coverage, I am responsible for paying premiums directly. After two consecutive pay periods of **non-pay**, I will be switched to a Direct Bill method. This means I will receive a bill to my home address for my premiums, and I must pay this bill. If I do not pay by the due date specified on the bill, my coverage will be terminated.  
*Contact BENEFEDS at 1-877-888-3337 for questions regarding FEDVIP. [www.benefeds.com](http://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 my loan payments will be suspended while in a **non-pay** status during the period of my active military service and will resume upon my return to paid technician status. I also understand that I must inform my HRO that I have a loan so that a TSP-41 may be prepared and sent to TSP.

*Please initial as statement of understanding.*

\_\_\_\_\_ I **understand that no contributions will be 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 Account (FSA)**

\_\_\_\_\_ I **DO NOT** have a FSA (Health Care or Dependent Care).

\_\_\_\_\_ I **DO** have a FSA and understand:  
I must notify FSAFEDS of my entrance in AUS to discuss my payment options.

### **National Guard Association United States (NGAUS) Disability Insurance**

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

\_\_\_\_\_ I **DO** have NGAUS Disability and understand that it will suspend after 30 days of being on AUS.

### **National Guard Association United States (NGAUS) Life Insurance**

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

\_\_\_\_\_ I **DO** have NGAUS Life Insurance and understand:  
Premiums will be direct billed and I am responsible for payment while on **non-pay** AUS. Premiums will return to automatic deduction upon returning to duty.  
*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 understand my coverage will continue as long as I pay the premiums.  
FLTCIP (800) 843-3557 <https://www.ltcfeds.com/>

**Retirement / Military Deposit**

**I understand that while on AUS:**

\_\_\_\_\_ I am still covered by retirement law (CSRS/FERS) and death / disability benefits continue.

\_\_\_\_\_ **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.

\*If I am **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.

\*If I am **not restored** under USERRA, the military deposit calculation would be based on my military base pay if my military service was performed under 10 U.S.C. If my military service was performed under 32 U.S.C., I will receive credit for six months of each calendar year while on Absent-US. (Military service performed under 32 U.S.C. is not creditable unless the employee returns to civilian duty via exercise of restoration rights under USERRA, and pays the military deposit.)

**Reservist Differential (RD)**

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

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 during AUS.

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**Employee Responsibility:** Complete checklist and provide to their supervisor along with a copy of their military orders.

**Supervisor Responsibility:** Initiate AUS action in DCPDS with completed checklist and military orders attached.

**Acknowledgement:**

I have initialed above, my elections and the statements of understanding for this period of military active duty. I understand the elections I have made and the effects they have on my career. I will notify my supervisor and the Human Resource Office when my active duty is about to end and when I will return to duty.

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