Human Resource or Remote Designee Contact Information Sheet
Overview

• Welcome
• DOIM
• EEO Briefing
• Basic forms
• My Biz Briefing
• Permanent Technicians – Benefits
• ABC-C Brochure
Permanent Checklist

CHECKLIST FOR PERMANENT APPOINTMENTS

NAME: ___________________________________ DATE: _______________________

SUPERVISOR’S NAME: _______________________

POSITION TITLE: __________________________

EFFECTIVE DATE: _________________________

DUTY STATION: ____________________________

The following booklets, forms and memorandums are provided to you for the purpose of further explanation of your federal technician benefits. Please initial on the space at the end of each item indicating you have received that item.

- MONG Policy Memorandum - FFO
- Employee Assistance Program Letter
- Human Resources Office Contact list

Termination of Federal Bonus Program and/or Student Loan Repayment Program may be applicable – must contact: Director of Personnel, Incentives branch, extension 9637.

- SF 1199A (Direct Deposit) W-4 (State and Federal)
- I-9 (Emp Elig Verification) SF-51 (Appointment Affidavit)
- Standards of Ethical Conduct SF-144 (Federal Service)
- Labor Organization Statement/Annual Weingarten Notification
- Constitution Day Flyer Department of Labor CA-11
- Labor Management Agreement Inmate Working Relations
- My Biz Handout MONG Technicians Handbook
- Step Increases Leave & Absences

Benefits Section

- Snapshot of Insurance Benefits for New/Newly Eligible Federal Employees
  - FEHB: OPM Website Information FEHB Guide
  - FEGLI: Federal Employee Group Life Insurance (FEGLI) Booklet
  - SF 2823: Designation of Beneficiary
  - TSP: Summary of the TSP TSP Automatic Enrollment Letter
  - ABC-C/EBIS: Information and Login Slides
  - FSAFEDS: Federal Flexible Spending Account Program (FSAFEDS) Brochure
  - Federal Long-Term Disability & Term Life Insurance: Booklet Enrollment Form
  - FLTCIP: Federal Long Term Care Insurance Program (FLTCIP) Booklet
  - FERS: FERS (Overview of your Benefits)

EMPLOYEE: ____________________________________________

COUNSELOR: _________________________________________
Temporary Checklist

CHECKLIST FOR TEMPORARY APPOINTMENTS

NAME: ____________________________  DATE: ____________________________
SUPERVISOR’S NAME: ____________________________
POSITION TITLE: ____________________________
EFFECTIVE DATE: ____________________________
DUTY STATION: ____________________________

The following booklets, forms and memorandums are provided to you for the purpose of further explanation of your federal technician benefits. Please initial on the space at the end of each item indicating you have received that item.

____ MONG Policy Memorandums - EEO
____ Employee Assistance Program Letter
____ Human Resources Office Contact list

______ Termination of Federal Bonus Program and/or Student Loan Repayment Program may be applicable – must contact: Director of Personnel, Incentives branch, extension 9637.

____ SF 1199A (Direct Deposit)
____ I-9 (Employee Elig Verification)
____ Standards of Ethical Conduct
____ Labor Organization Statement/Annual Weingarten Notification
____ Constitution Day Flyer
____ Labor Management Agreement
____ My Biz Handout
____ Step Increase

EMPLOYEE: ____________________________
COUNSELOR: ____________________________
• Common Access Card (CAC) also known as your ID card
• MONG Logon account
  – AGMO 25, AUP, and IAA Exam Certificate
• Security
  – Basic OPSEC
  – Classifying /Marking/Using
EEO

- Discrimination Complaint
- Diversity & Equal Opportunity
- Equal Employment Opportunity (EEO) & Affirmative Employment Program (AEP)
- Sexual Harassment
- Workplace Environment


POC: 573-638-9854
Employee Assistance Program

- Licensed counselors
- Crisis Management
- Relationship Issues
- Legal Concerns
- Addictions
- Grief Counseling
- Financial Issues

www.FOH4you.com or 800-222-0364
MY BIZ

My Biz is an automated web based system that allows technicians to view/update their personnel file. Technicians can view data such as, Position Information (current/historical); Salary Information; Appraisal and Awards Information; Benefits; Appointment Information and are able to print any SF-50’s that have been created after September 2007.

MY WORKPLACE

My Workplace is an automated web system that allows a Supervisor of technician employees to access and view their employees’ personnel information. Supervisor’s can also print SF-50 on their employees.
The My Biz Responsibility

Once you have completed the one-time CAC registration and login to the DCPDS Portal, you will see the My Biz responsibility on the Navigator screen. Can only be accessed from your work computer.

My Biz will be the only responsibility available to non-supervisory Technicians.

The My Biz responsibility contains three functions:
• My Information
• Update My Information
• Employment Verification
• Performance Appraisal Application (PAA)
A View of My Biz

*My Biz and associated web pages are web-based tools created by the Department of Defense (DoD) as part of the Defense Civilian Personnel Data System (DCPDS) to allow DoD personnel access to and management of their personal personnel records. The DoD MyBiz and associated tools can be accessed only by authorized DoD personnel within a .mil or dodea.edu network. The DoD MyBiz tool has no association with any private or other enterprise using “MyBiz” in whole or in part as a title or logo.*
Viewing My Information

Department of Defense

Gray, Biskit2

GENERAL INFO: The information is current as of today’s date.

Organization: AASF 2 - TN NGARVW/P99 01
Position: 03154000.ELECTRONICS MECHANIC,721824.NGAR.TECH
Total Salary: 56,411.00 USD
Email Address: 

Tabs within “My Information”

Click here to view Emergency Contact Info

Appointment 

Information displayed in this section is based on changes to either the Position, Organization, Location, Grade, Job or Assignment Status.

Details | Effective Date | Job | Grade/Pay Band | Step or Rate
---|---|---|---|---
Show 01-Apr-2009 | Electronics Mechanic (2604) | WG-11 | 00

Retained Grade Details

| Date From | Date To | Retained Grade | Retained Step or Rate | Retained Pay Plan | Retained Pay Table ID | Retained Pay Basis | Temporary Promotion Step
|---|---|---|---|---|---|---|
| 21-Dec-2008 | 20-Dec-2010 | 01 | GS | 0000 | PA

ICE MyBiz | ICE PAA V3 | Home | Logout | Preferences
### Viewing Personnel Actions (NPAs)

**NOTIFICATION OF PERSONNEL ACTION**

<table>
<thead>
<tr>
<th>FIRST ACTION</th>
<th>SECOND ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Gray, Eiski2 NMN</td>
<td></td>
</tr>
<tr>
<td><strong>Social Security Number</strong></td>
<td><strong>Social Security Number</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Position</strong></td>
<td><strong>Position</strong></td>
</tr>
<tr>
<td>HUMAN RESOURCES ASSISTANT (MILITARY)</td>
<td>HUMAN RESOURCES ASSISTANT (MILITARY)</td>
</tr>
<tr>
<td><strong>Base Pay</strong></td>
<td><strong>Base Pay</strong></td>
</tr>
<tr>
<td>$42,449.00</td>
<td>$46,145.00</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>KNOXVILLE, TN</td>
<td>KNOXVILLE, TN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Data</strong></td>
<td><strong>Employee Data</strong></td>
</tr>
<tr>
<td><strong>Veteran Preference</strong></td>
<td><strong>Veteran Preference</strong></td>
</tr>
<tr>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>FEGLI</strong></td>
<td><strong>FEGLI</strong></td>
</tr>
<tr>
<td>Basic + Option A</td>
<td>Basic + Option A</td>
</tr>
<tr>
<td><strong>Retirement Plan</strong></td>
<td><strong>Retirement Plan</strong></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>Position Data</strong></td>
<td><strong>Position Data</strong></td>
</tr>
<tr>
<td><strong>Position Occupied</strong></td>
<td><strong>Position Occupied</strong></td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Notes:**

- Standard Form 50
- Rev. 7/1/81
- Office of Program Management
- AAR 295-33, Exhibit A
My Biz allows you to update certain personal data that may change from time to time:
• Phone Numbers
• Work Email Address (.mil or .us required)
• Work Address
• Handicap Code
• Foreign Language Proficiency
• Ethnicity and Race Category
• Emergency Contact Information
• Education Information
• Training Data
• Certifications and Licenses
• Awards and Bonuses

Keeping this information up-to-date and accurate is important. You have a secure, real-time, on-line way to maintain your information easily.
Employment Verification releases employment information and, optionally, salary information to an external organization or person.

Select the 'Details to Share' and enter the 'Recipients' email address.

Important
To receive a confirmation copy of the Employment Verification information forwarded ensure a valid work email address is listed in the 'CC' email field below.

* Indicates required field

Details to Share

- Employment Information
- Employment and Salary Information

Recipient Information

To: Rank@loan.money
user@host.domain

CC: Employee.Name@US.mil
user@host.domain

Note: Enter your valid work email address to receive a copy of the Employment Verification information sent.
Performance Appraisal Application (PAA) Version 3.0

Performance Appraisal Application Main Page

Warning: The Performance Appraisal Application is designated for sensitive unclassified personnel information only. Do NOT enter classified information in this system. Unauthorized release of classified information is a violation of law and may lead to prosecution.

From the Main Page, you can create, update and view your Performance Plans; view and print part or an entire plan after you can also search for completed plans by selecting the 'Show Completed Plans/Appraisals' link located at the bottom of the page.

To create a Performance Plan:
- Select 'Choose a Plan Type'
- Select Appraisal Plan Type
- Select the 'Go' button

To complete other actions described above:
- Select an option from the Action column
- Select the 'Go' button

Important: To become familiar with the columns, select the 'Need Help?' link.

This table includes information on the status of existing plans. From this screen you can view and update existing plans.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Current Owner</th>
<th>Rating Official Name</th>
<th>Appraisal Year</th>
<th>Appraisal ID</th>
<th>Plan Approval Date</th>
<th>Plan Approval Status</th>
<th>Status</th>
<th>Status Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blomme, Domingo X</td>
<td>Fred, Abdul</td>
<td>Rhynes, Conrad Z</td>
<td>2009</td>
<td>27</td>
<td>NG</td>
<td>Pending</td>
<td>Plan in Progress</td>
<td>View</td>
</tr>
</tbody>
</table>

The Need Help link will give you information on what is available on the page where you are located.
APPONITMENT AFFIDAVITS

(Position to which Appointed) (Date Appointed)

(Department or Agency) (Bureau or Division) (Place of Employment)

I, ___________________________, do solemnly swear (or affirm) that:

A. OATH OF OFFICE
   I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same, that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT
   I am not, nor have I ever been, a member of any association against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE
   I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation of or hope of receiving assistance in securing this appointment.

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me the ______ day of ______________, ________

(Signature of Officer)

Commission expires:

(Title)

Note: If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency’s legal counsel for advice.

U.S. Office of Personnel Management
The Guide to Processing Personnel Actions

Print Save Reset
Direct Deposit

Section 1
Fill out:
A – Name, Address, Telephone Number
C – SSN
D – Type of Depositor Account
F – Fed. Salary/Mil Civilian Pay

Section 3
Fill out:
Bank Name
Routing Number
Tax Forms

• Federal W-4
• State MO W-4

• Must provide to HR within 1st pay period after date of hire.
• Changes can be made by logging onto MyPay
Ethical Conduct

STANDARDS OF ETHICAL CONDUCT FOR MONG FULL-TIME FEDERAL EMPLOYEES

In accordance with the provisions of Executive Order 12371, dated 17 October 1990, Principles of Ethical Conduct for Government Officers and Employees, I have read, understood, and am complying with the following standards of conduct which are detailed in above order.

Public service is a public trust requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

Employees shall not hold financial interests that conflict with the conscientious performance of duty.

Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.

An employee shall not, except pursuant to the exceptions in subpart B, accept or receive any gift or other item of monetary value from any person or entity seeking official action from doing business with, or conducting activities regulated by the employee’s agency, or whose interest may be substantially affected by the performance or nonperformance of the employee’s duties.

Employees shall put forth honest effort in the performance of their duties.

Employees shall make no unauthorized commitments or promises of any kind of purporting to bind the Government.

Employees shall not use public office for private gain.

Employees shall treat impartially and not give preferential treatment to any private organization or individual.

Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those such as Federal, State and local taxes that are imposed by law.

Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or these Standards of Ethical Conduct.

Employees who are required to have permission for part-time employment must obtain written approval from their supervisor before beginning that employment.

(Signature) (Print Name) (Date)
Military Deposit (FERS) Form SF144

- What is a Military Deposit?
  - Since you are covered by FERS, you are eligible to pay a deposit to obtain credit for your military service performed after December 31, 1956. *(You must contact the Human Resources Office to discuss which military service is creditable)*

- What happens if I do not buy back my Military Service?
  - Payment is Optional. You do not have to pay if you do not want to do so, although, you will not receive any credit for it toward retirement, including your eligibility to receive an annuity and computing your average salary.
  - Interest accrues annually on the outstanding balance, and is compounded annually until the outstanding balance is deposited, annuity, whichever is earlier.

- How do I start a Military Deposit?
  - You may do so by emailing all Active Duty Orders or DD 214’s to your Human Resources Office with Subject Line: Military Deposit.

- Once military deposits have been paid in full you are responsible to forward that paid military deposit receipts the Human Resource Office.
### Prior Federal Service

Examples:
- Post Office
- Social Security Office
- VA
- Temp Appt

#### Federal Civilian Service

Active Duty — Title 10
- Basic, AIT, OCCONUS, etc.

Must provide DD214

---

**Statement of Prior Federal Service**

To be Completed by Employee

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Social Security Number</th>
<th>Date of Birth (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Does the application or resume that you submitted for the position to which you are being appointed list all of your Federal Government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?

- Yes — if “Yes,” check this block and skip to item 6.
- No — if “No,” check this block and complete items 5 - 8.

5. List below your prior civilian service. Include service with the GOV; Government appointments made before October 1, 1987.

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF AGENCY</th>
<th>FROM</th>
<th>TO</th>
<th>TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Interim)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. During periods of employment shown in item 5, did you have a total of more than 6 months’ absence without pay due to any one extended illness?

- Yes — if “Yes,” list the following information.
- No — if “No,” go to item 7.

<table>
<thead>
<tr>
<th>TYPE OF ABSENCE, IF KNOWN (Sick Leave, Suspension, AWO, or Placement in Nonpay Status)</th>
<th>FROM</th>
<th>TO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>FROM</th>
<th>TO</th>
<th>DISCHARGE (Honorable or Dishonorable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you claim any type of veterans’ preference which has not been verified?

- No
- Yes — Check one of the statements if it applies to you. I claim preference as the:
  - Spouse of a disabled veteran
  - Mother or father of a deceased or disabled veteran
  - Unmarried widow/widower of a veteran

9. Certification: This prior Federal Civilian and uniformed service listed on my application/resume and noted above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature: ____________________________ Date: ____________

---

NRB 5540-06-634-4101  Previous Edition Usable 144-11-6

144-11-6


Print Form  Save Form  Clear Form
LABOR ORGANIZATION STATEMENT

“Under the Law, you have a right to join the Union or not to join. If you are interested in finding out more about the Union, the name of the local steward, his/her telephone number and where they are located should be posted on the local union bulletin board at your work area.”

A copy of the current Labor-Management Agreement is in your “Orientation Packet.”

You will be afforded the opportunity to meet with the local union steward at your worksite, subject to your supervisor’s approval. They can answer any questions you have at that time.

ANNUAL WEINGARTEN NOTIFICATION

In accordance with title 5 United States Code section 7114 (a) (3) the agency is required to inform its bargaining unit employees of the following:

A) You are entitled to Labor Organization representation if you are subjected to any examination by a representative of the agency in connection with an investigation if:

1) you reasonably believe the examination may result in you being disciplined and,

2) you request representation

POC: Your local Labor Organization Representative
Constitution Day

September 17th

Constitution Day and Citizenship Day

The happy Union of these States is a wonder, their Constitution a miracle; their example the hope of Liberty throughout the world.

- James Madison, Father of the Constitution

September 17th has been proclaimed as Constitution Day and Citizenship Day.

To learn more about the U.S. Constitution, visit the DoD website at http://constitutionday.cpms.osd.mil

DoD Constitution Website

http://constitutionday.cpms.osd.mil
Workman’s Comp

- **Report to Supervisor**
  - Every related injury, illnesses or disease that is caused or aggravated by the employment should be reported to your supervisor.

- **Obtain Medical Care**
  - Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16.

*Note: Injury report will not be submitted to Department of Labor unless there is incurred wage loss and medical payments*
Introduction

The Federal Employees' Compensation Act (FECA) (5 U.S.C. $101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability resulting from personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents of the employee if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by willful misconduct of the employee or by the employee's incurrence or bringing about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has the right to choose a physician of his or her choice. Any physician may be selected who is licensed to practice medicine or surgery in the state in which the injury occurred. In any case, if the injured employee does not agree with the physician recommended by the OWCP, he or she may obtain the services of another physician of his or her choice, whether or not the second physician is licensed to practice medicine or surgery in the state in which the injury occurred. The employee is entitled to all necessary medical treatment, including hospitalization, surgical care and medical supplies and equipment, under the supervision and control of the OWCP. The employee is entitled to medical treatment as determined by the OWCP in accordance with the provisions of the FECA.

Compensation for Temporary Total Disability

An employee who sustains a disabling, job-related traumatic injury may request compensation of regular pay for the period of disability not to exceed 45 calendar days or six months, whichever is less. If disability extends beyond 45 days or the employee is not entitled to continuation of pay, the employee may receive up to 2/3 of his or her regular pay for the first 30 days and 2/3 of the regular pay for the next 30 days or for the period of disability, whichever is less. The temporary total disability benefits terminate when the employee returns to work or when the OWCP determines that the disability is permanent.

Compensation for Permanent Effects of Injury

The Act provides a schedule of benefits for permanent impairment of certain members, functions and organs of the body such as the eye, arm, hand, knee and for serious disfigurement of the head, face or neck. For example, an award of 150% of compensation is payable for total loss of vision in one eye.
Annex I
Inmate Working Relations

1. Responsibilities. The Inmate Work Release Program is under the purview of the Facilities Manager.
2. Inmate relationships are to be professional. Inmates will not be granted any favors. They are here to work. When they have completed their work task, they are expected to report to their supervisor and be assigned another task. You are not to provide any inmate with food, refreshments, money, stamps, letters or information. Any inmate who lingers in your area or displays unacceptable behavior will be reported to your supervisor.
3. Employees will not discriminate against an inmate on the basis of race, color, creed, national origin, ancestry, sex, age or disability.
4. Employees will not write letters of recommendation or reference for inmates.
5. Employees are advised that this policy does not encompass all possible situations that can occur with such a relationship between the Office of the Adjutant General and the Department of Corrections. Any suspected violation or employee concerns should be reported to a supervisor immediately. Failure to follow the guidelines of this policy could result in disciplinary action.
6. Inmate Incident/Problem Reports shown on the following page, will be completed and forwarded using the most expeditious means possible when an incident/problem occurs.
7. All new employees will receive training on conducting professional working relationships with inmates in the Work Release Program. All employees will receive refresher training on a semi-annual basis.
Labor/Mgmt

- Official Record
- Workweek and Hours of Work
- EEO Program
- Performance Appraisal System
- Compensatory Time
- TDY and Travel
- Unfair Labor Practices
- Employee Assistant Program
- and More
• Located at www.moguard.com/employee-relations Then click on Technician Handbook
• Contains valuable information to include: Pay Information, Leave and Absence, Performance Evaluation, Incentive Awards, FEGLI, FEHB, USERRA, Injury Compensation, Retirement, TSP, and other EEO issues.
Leave & Absences

Other Forms of Leave:
• Paternity Leave
• Court Leave
• Administrative Leave

Federal Holidays

- New Year’s Day
- Birthday of Martin Luther King, Jr.
- Washington’s Birthday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day
<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>FORM #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECKLIST</td>
<td>N/A</td>
</tr>
<tr>
<td>DIRECT DEPOSIT FORM</td>
<td>SF 1199A</td>
</tr>
<tr>
<td>STATE</td>
<td>W-4</td>
</tr>
<tr>
<td>FEDERAL</td>
<td>W-4</td>
</tr>
<tr>
<td>S-T-A-T-E-N-N-T of Ethical Conduct</td>
<td>N/A</td>
</tr>
<tr>
<td>APPOINTMENT AFFIDAVIT</td>
<td>SF 61</td>
</tr>
<tr>
<td>EMPL ELIG VERIFICATION</td>
<td>I-9 FORM</td>
</tr>
<tr>
<td>1-9 ACCEPTABLE DOCUMENTS</td>
<td>N/A</td>
</tr>
<tr>
<td>PRIOR FEDERAL SERVICE</td>
<td>SF 144</td>
</tr>
<tr>
<td>ATT.</td>
<td></td>
</tr>
</tbody>
</table>
Permanent Technicians
## Benefits

<table>
<thead>
<tr>
<th>Insurance Programs</th>
<th># of days employees have to enroll from hire date</th>
<th>How to enroll</th>
<th>Website/ form and additional information can be found at:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEHB</strong> <em>(Federal Employees Health Benefits)</em></td>
<td>60 days</td>
<td>EBIS</td>
<td><a href="http://www.opm.gov">www.opm.gov</a></td>
</tr>
<tr>
<td><strong>FEGLI</strong> <em>(Federal Employee Group Life Insurance)</em></td>
<td>60 days</td>
<td>EBIS</td>
<td><a href="http://www.opm.gov">www.opm.gov</a> <a href="http://www.abc.army.mil">www.abc.army.mil</a></td>
</tr>
<tr>
<td><strong>TSP</strong> <em>(Thrift Savings Plan)</em></td>
<td>NA</td>
<td>EBIS</td>
<td><a href="http://www.tsp.gov">www.tsp.gov</a> <a href="http://www.abc.army.mil">www.abc.army.mil</a></td>
</tr>
<tr>
<td><strong>FSAFEDS</strong> <em>(Flexible Spending Account)</em></td>
<td>60 days</td>
<td><a href="http://www.fsalinks.com">www.fsalinks.com</a> <a href="http://www.opm.gov/insure/pretax/fsa">www.opm.gov/insure/pretax/fsa</a></td>
<td></td>
</tr>
<tr>
<td><strong>FEDVIP</strong> <em>(Federal Employee Dental and Vision Insurance Program)</em></td>
<td>60 days</td>
<td><a href="http://www.benefeds.com">www.benefeds.com</a></td>
<td><a href="http://www.opm.gov/insure/dentalvision">www.opm.gov/insure/dentalvision</a></td>
</tr>
<tr>
<td><strong>FLTCIP</strong> <em>(Federal Long Term Care Insurance Plan)</em></td>
<td>60 days</td>
<td><a href="http://www.ltc.com">www.ltc.com</a></td>
<td><a href="http://www.opm.gov/insure/ltc">www.opm.gov/insure/ltc</a></td>
</tr>
<tr>
<td><strong>NGAUS</strong> <em>(Technician Ins Program)</em></td>
<td>60 days</td>
<td>Submit NGAUS-APPMN to HR</td>
<td><a href="http://www.ngaus.org">www.ngaus.org</a></td>
</tr>
</tbody>
</table>
FEHB Enrollment

• As a new employee, you must make an election within 60 days of your 1st eligibility date or entrance on duty date
• You may make changes outside the 60 day window with a Qualifying Life Event (QLE) or during the annual Open Season
• Open Season begins the 2nd Monday in November and runs through the 2nd Monday in December effective on the 1st full pay period in January
Add website to Favorites as it provides useful informative information on:
• Guide to Federal Benefits
• Forms
• USAJOBS
• Retirement Information
• Current updates from OPM
• Federal Technician Handbook
• and much more.....
U.S. OFFICE OF PERSONNEL MANAGEMENT
Recruiting, Retaining and Honoring a World-Class Workforce to Serve the American People

FEDERAL BENEFITS
OPEN SEASON
November 8 – December 13, 2010

WHAT'S NEW AT OPM
Nov 18, 2010
Federal Register: Proposed Collection; Comment Request for Review of a Revised Information Collection

Federal Register: Submission for OMB Review; Extension of a Currently Approved Information Collection

Federal Register: Submission for OMB Review; Request for Comments on a Revised Information Collection

BROWSE BY AUDIENCE
Job Seekers
- USAJOBS
- Jobs@CPM
- Recovery Jobs

Federal Employees
- Fed LOFP
- Leadership Training
- Federal Holidays
- Insurance Programs
- Child Care Subsidy Program

Retirees & Families
- Retirement
- Federal Tax

Federal Benefits
- Feds Hire Vets
- StudentJobs
- Scholarship for Service

Most Requested Tasks
- Complete e-Qip Application
- Find Federal Holidays
- View Salaries & Wages
- Investigate Health Insurance
- Get Retirement Info
- Find Form(s)

Featured Sites
- Frequently Asked Questions
- Labor-Management Council
- Hiring Reform
- OpenOPM - Talk to Us
- Recovery@OPM
- Recovery.gov
- USAJOBS
- Telework
- Publications
- Veterans' Information
- HealthierFeds

News & Events

Enter Zip Code for your area
<table>
<thead>
<tr>
<th>Plans (You may select up to four plans)</th>
<th>Plan Type</th>
<th>Telephone</th>
<th>State</th>
<th>Plan Homepage</th>
<th>Self</th>
<th>Self &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HealthFund - CDHP - Most of Missouri</td>
<td>CDP</td>
<td>877-459-6604</td>
<td>MO</td>
<td></td>
<td>221</td>
<td>222</td>
</tr>
<tr>
<td>Aetna HealthFund - HDHP - Most of Missouri</td>
<td>HDP</td>
<td>877-459-6604</td>
<td>MO</td>
<td></td>
<td>224</td>
<td>225</td>
</tr>
<tr>
<td>APWU Health Plan - CDHP - Nationwide</td>
<td>FFS</td>
<td>866-833-3463</td>
<td>Nationwide</td>
<td></td>
<td>474</td>
<td>475</td>
</tr>
<tr>
<td>APWU Health Plan - high - Nationwide</td>
<td>FFS</td>
<td>800-222-2798</td>
<td>Nationwide</td>
<td></td>
<td>471</td>
<td>472</td>
</tr>
<tr>
<td>Association Benefit Plan - high - Specific Areas</td>
<td>FFS</td>
<td>800-634-0069</td>
<td>Specific Groups</td>
<td></td>
<td>421</td>
<td>422</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - basic - Nationwide</td>
<td>FFS</td>
<td>Local phone #</td>
<td>Nationwide</td>
<td></td>
<td>111</td>
<td>112</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - std - Nationwide</td>
<td>FFS</td>
<td>Local phone #</td>
<td>Nationwide</td>
<td></td>
<td>104</td>
<td>105</td>
</tr>
<tr>
<td>Blue Preferred HMO - high - St Louis/Central/SW areas</td>
<td>HMO</td>
<td>888-811-2092</td>
<td>MO</td>
<td></td>
<td>9G1</td>
<td>9G2</td>
</tr>
<tr>
<td>Foreign Service Benefit Plan - high - Specific Areas</td>
<td>FFS</td>
<td>202-833-4910</td>
<td>Specific Groups</td>
<td></td>
<td>401</td>
<td>402</td>
</tr>
<tr>
<td>GEHA Benefit Plan - high - Nationwide</td>
<td>FFS</td>
<td>800-821-6136</td>
<td>Nationwide</td>
<td></td>
<td>311</td>
<td>312</td>
</tr>
<tr>
<td>GEHA Benefit Plan - std - Nationwide</td>
<td>FFS</td>
<td>800-821-6136</td>
<td>Nationwide</td>
<td></td>
<td>314</td>
<td>315</td>
</tr>
<tr>
<td>GEHA High Deductible Health Plan - HDHP - Nationwide</td>
<td>FFS</td>
<td>800-821-6136</td>
<td>Nationwide</td>
<td></td>
<td>341</td>
<td>342</td>
</tr>
<tr>
<td>Group Health Plan, Inc - HDHP - St Louis Area</td>
<td>HMO</td>
<td>800-755-3901</td>
<td>MO</td>
<td></td>
<td>MM4</td>
<td>MM5</td>
</tr>
<tr>
<td>Group Health Plan, Inc - high - St Louis Area</td>
<td>HMO</td>
<td>800-755-3901</td>
<td>MO</td>
<td></td>
<td>MM1</td>
<td>MM2</td>
</tr>
<tr>
<td>Group Health Plan, Inc - std - St Louis Area</td>
<td>HMO</td>
<td>800-755-3901</td>
<td>MO</td>
<td></td>
<td>MU4</td>
<td>MU5</td>
</tr>
<tr>
<td>Mail Handlers Benefit Plan Consumer Option - HDHP - Nationwide</td>
<td>FFS</td>
<td>800-694-9901</td>
<td>Nationwide</td>
<td></td>
<td>481</td>
<td>482</td>
</tr>
<tr>
<td>Mail Handlers Benefit Plan - std - Nationwide</td>
<td>FFS</td>
<td>800-410-7778</td>
<td>Nationwide</td>
<td></td>
<td>454</td>
<td>455</td>
</tr>
<tr>
<td>Mail Handlers Benefit Plan Value Nationwide</td>
<td>FFS</td>
<td>800-410-7778</td>
<td>Nationwide</td>
<td></td>
<td>414</td>
<td>415</td>
</tr>
<tr>
<td>NALC - high - Nationwide</td>
<td>FFS</td>
<td>888-636-6252</td>
<td>Nationwide</td>
<td></td>
<td>321</td>
<td>322</td>
</tr>
<tr>
<td>Panama Canal Area Benefit Plan - high - Specific Areas</td>
<td>FFS</td>
<td>800-424-6199</td>
<td>Specific Groups</td>
<td></td>
<td>431</td>
<td>432</td>
</tr>
<tr>
<td>Rural Carrier Benefit Plan - high - Specific Areas</td>
<td>FFS</td>
<td>800-638-8432</td>
<td>Specific Groups</td>
<td></td>
<td>381</td>
<td>382</td>
</tr>
<tr>
<td>SAMBA - high - Nationwide</td>
<td>FFS</td>
<td>800-638-6589</td>
<td>Nationwide</td>
<td></td>
<td>441</td>
<td>442</td>
</tr>
<tr>
<td>SAMBA - std - Nationwide</td>
<td>FFS</td>
<td>800-638-6589</td>
<td>Nationwide</td>
<td></td>
<td>444</td>
<td>445</td>
</tr>
</tbody>
</table>
The 2011 Guide To Federal Benefits

For Federal Civilian Employees

Health Care Reform and Your Federal Benefits p. 3

Federal Employees Health Benefits (FEHB) Program p. 12
Federal Employees Dental and Vision Insurance Program (FEDVIP) p. 16
Federal Flexible Spending Account Program (FSAFEDS) p. 20
Federal Employees’ Group Life Insurance (FEGLI) Program p. 23
Federal Long Term Care Insurance Program (FLTCIP) p. 26

Visit us at: www.opm.gov/insure
Federal Employees' Group Life Insurance Program

**BASIC LIFE**

- **OPTION A**
  - Standard

- **OPTION B**
  - Additional

- **OPTION C**
  - Family

Administered by the
United States Office of Personnel Management

FEGLI PROGRAM BOOKLET
For Federal Employees
50TH ANNIVERSARY EDITION

FEGLI '04
Celebrating 50 years of protection

FE-76-21
Revised August 2004
Previous versions (FE 76-21) not usable
FEGLI Enrollment

• Elections can be made through the automated telephone system (IVRS) or through the website using EBIS

• You may waive or decrease your coverage at any time

• You must have Basic coverage in order to elect Optional coverage

• Notify ABC-C immediately if your FEGLI coverage is not correct on your LES
**FEGLI Coverage**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic</strong></td>
<td>Annual Salary up to nearest thousand + $2,000</td>
</tr>
<tr>
<td><strong>Option A – Standard</strong></td>
<td>Basic + 10,000</td>
</tr>
<tr>
<td><strong>Option B – Additional</strong></td>
<td>Multiple Selected * Annual Salary</td>
</tr>
<tr>
<td><strong>Option C – Family</strong></td>
<td>$5,000-Spouse * Multiple Selected</td>
</tr>
<tr>
<td></td>
<td>$2,500-Eligible Dependent * Multiple Selected</td>
</tr>
</tbody>
</table>
- **Social Security Benefits**
  - OASDI (Old Age Survivors, and Disability Insurance) - 6.50% of your earnings up to the maximum taxable wage base.
  - Medicare - 1.45% of your total pay
- **Basic Benefit Plan**
  - Contribution - .08% of your salary
- **Thrift Savings Plan**
Summary of the TSP

- Contributing to the TSP
- Contributions Limits
- Tax Advantages
- Tax Liability
- Moving Money from Other Plans into the TSP
- Investing in the TSP
- TSP Loans and Withdrawals
- Death Benefits
- Other Information about the TSP
TSP Highlights

- Automatically enrolled at 3% of basic pay
- Tax deferred investment
- Agency Automatic 1% Contribution
- Agency matching contribution of up to 5%
- Can Increase or Decrease Contribution amount at any time (effective-beginning of next pay period.
- This is a great opportunity to invest in your Retirement
- Enrollment/changes are done through EBIS
<table>
<thead>
<tr>
<th>FERS EMPLOYEE</th>
<th>AGENCY AUTOMATIC</th>
<th>AGENCY MATCHING</th>
<th>TOTAL TSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%*</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>1%*</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>2%*</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>3%*</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>4%*</td>
<td>1%</td>
<td>3.5%**</td>
<td>8.5%</td>
</tr>
<tr>
<td>5%*</td>
<td>1%</td>
<td>4%**</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Percent of base salary
**Match $ for $ on 1st 3%; 50 cents on the $ for next 2%
ABC-C Automated System
Employee Benefit Information System (EBIS)

- Secured Web based application
  [https://www.abc.army.mil](https://www.abc.army.mil)
- Available 24 hours a day
- Create and process electronic benefit elections
- Requires use of Common Access Card (CAC) authentication
- Requires use of SSN and PIN
- Allows you to print pending benefits transactions
ABC-C/EBIS
FEHB/FEGLI/TSP Enrollment

If you are accessing the Employee Benefits Information System (EBIS) website through the Army network, you will need your SSN and 8-digit ABC-C PIN. If you are accessing the EBIS website via the ABC-C homepage, you will first need to authenticate with your Army Knowledge On Line (AKO) user and password and then will need your SSN and
Logging into EBIS

First Name.Last Name

Ralphy11@@

Or log in by CAC
DoD Notice and Consent Banner

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.

- At any time, the USG may inspect and seize data stored on this IS.

- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.

- This IS includes security measures (e.g., authentication and access controls) to protect USG interests— not for your personal benefit or privacy.

- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

I have read and consent to the terms of the IS User Agreement

[Agree]

[Agree]
EBIS

Welcome to the Employee Benefits Information System (EBIS)...

Department of Army EBIS Login

Current Users:
Enter your SSN and your PIN.

SSN [999999999] (No Dashes)

PIN

Reset PIN

User Information:
If you are a new user select the New User button below. Your
temporary PIN is your two digit month and the last two digits of your
year of birth (MMYY). If you have forgotten your PIN, you will need
your latest Leave and Earnings Statement or Notification of Personnel
Action to complete the information on the Reset PIN link above. Your
new permanent PIN must be six numbers and cannot be in the exact
order of your Social Security number, date of birth, service
compensation data, or repetitive/consecutive numbers.

New User

If you encounter difficulty with your PIN, please contact the HelpDesk @ DSN 856-2000 or 785-239-2000 Monday through Friday, from 0730 to 1600 CT, for assistance numbers.

ABC PIN # 123456 (MMYY)

SSN with no dashes
EBIS- Transactions

Welcome to the Employee Benefits Information System (EBIS)...
## Overview of Benefits

### FEHB Current Coverage
You are currently not enrolled in FEHB.

### FEHB Pending Transaction
You have no pending transactions.

### TSP Current Coverage
You are currently contributing to TSP.

<table>
<thead>
<tr>
<th>Retirement Plan</th>
<th>FERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contribution Percent</td>
<td>5%</td>
</tr>
</tbody>
</table>

### TSP Pending Transaction
You have no pending transactions.

### FEGLI Current Coverage
All FEGLI amounts and costs are based on your age as of the pay period ending date: 08/19/2006.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount of</th>
<th>Cost Per</th>
<th>Multiple</th>
</tr>
</thead>
</table>

### FEGLI Pending Transaction
You have no pending transactions.
If you completed a FEGLI transaction that is effective today there will be no pending transaction.
Interactive Voice Response System (IVRS)

- Automated Self-Service Phone System
- To access call toll free 1-877-276-9287
- TDD: 1-877-276-9833 (Hearing Impaired)
- Requires use of SSN and PIN (initially the PIN is your mm/yy of birth, then you will be prompted to create a 6 digit PIN)
- Available 24 hours a day
- Counselors are available 12 hours per day from 6:00 a.m. – 6:00 p.m. Central Time
## Army Benefits Center - Civilian

**1-877-276-9287**

### Initial Options

Select:
1 = Army Civilian  
2 = DCMA Civilian  
3 = Army Uniformed Services Member

Select:
1 = Customer Service Survey  
2 = Access Benefits and Entitlements

Select:
1 = Current or Separated Civilian Employee  
2 = Retiree or Surviving Spouse  
3 = Seeking Temporary Continuation of Coverage (FEHB TCC)

### To access Benefits and Entitlements:

Select:
1 = Enter SSN and PIN  
2 = Change your PIN  
2 = Forgot PIN

Current Duty Phone:
1 = Correct  
2 = Change

### Main Menu:

0 = Benefits Counselor  
1 = FEHB  
2 = Retirement  
3 = TSP  
4 = FEGLI  
6 = Fax Document  
9 = Exit System

### Menu Information Available after Main Menu Option Selected

<table>
<thead>
<tr>
<th>1 = FEHB:</th>
<th>2 = Retirement:</th>
<th>3 = TSP:</th>
<th>4 = FEGLI:</th>
<th>6 = Faxed Documents:</th>
</tr>
</thead>
</table>
| 1 = General Information  
2 = Personal Information  
3 = New Employee Election  
4 = Change from Self and Family to Self Only (without changing plan)  
5 = Open Season Election  
6 = Cancel FEHB  
7 = Non-Open Season Change  
8 = Fax of latest SF 2809  
0 = Counselor  
9 = Previous Menu | 1 = General Information  
2 = Personal Information  
3 = Retirement Estimate  
0 = Counselor  
9 = Previous Menu | 1 = Personal Information  
2 = TSP Election  
4 = Stop Contributions  
5 = TSP Catch-Up Election  
0 = Counselor  
9 = Previous Menu | 1 = General Information  
2 = Personal Information  
3 = New Employee Election  
4 = Non-Open Season Election  
5 = Open Season Election  
6 = Fax of Open Season Election  
0 = Counselor  
9 = Previous Menu | 1 = Request a Document  
2 = Index of Documents  
9 = Previous Menu |
• THREE TYPES:
  Health Care FSA
  Dependent care FSA
  Limited Expense

• What is FSAFEDS?
  – A tax-favored program that allows employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars.
  – For more information visit: www.opm.gov
  – Enroll through FSAFEDS.com

**For New Employees**

**SAVE MONEY on Day Care and Health Care expenses**

How? By enrolling in FSAFEDS, the Federal Flexible Spending Account Program. With FSAFEDS, you PAY LESS IN TAXES which means you SAVE MONEY!

It’s like this—if you make $1,000 per pay date, you pay taxes on $1,000 per pay date. But if you enroll in FSAFEDS and put, say $30 per pay date in a FSA account, you pay taxes on only $700 per pay date. So, you save money, because less money is withheld for taxes. Who wouldn’t want to save money? It’s like getting an instant raise.

FSAFEDS works very easily. First you enroll. Then you pay out-of-pocket for eligible day care and/or health care services or items. You submit a claim and receive reimbursement. It’s that simple! Here are just a few examples of eligible expenses:

**Dependent Care FSA**
- Care for children under the age of 13 including:
  - Child care at a day care center, day camp, sports camp or by a private sitter
  - Babysitter and after-school care
  -Late pick-up fees
- Adult day care
- Expenses for a housekeeper whose duties include caring for an eligible dependent
- Placement fee and stipend for hiring an au pair

**Health Care FSA**
- Co-payments, co-insurances and deductibles
- Over-the-counter medicines like cold remedies
- Acne treatments
- Body scans
- Hand sanitizer
- Hearing aids
- Mental health counseling
- Physical therapy
- Prescription drugs
- Sunscreen
- Vision and dental care

ENROLL NOW! You have 60 days after your actual start date to enroll, but you must enroll before October 1. Otherwise you must wait for Open Season.

For more information or to enroll, go to www.FSAFEDS.com or call toll-free 1-877-FSAFEDS (1-877-372-5335); TTY line at 1-800-952-0450.

FSAFEDS

<table>
<thead>
<tr>
<th>Annual Tax Savings Example</th>
<th>With FSA</th>
<th>Without FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your taxable income is:</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>And you deposit this amount into an FSA:</td>
<td>$2,000</td>
<td>-$0-</td>
</tr>
<tr>
<td>Your taxable income is now:</td>
<td>$48,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Subtract Federal &amp; Social Security taxes:</td>
<td>$13,807</td>
<td>$14,383</td>
</tr>
<tr>
<td>If you spend after-tax dollars for expenses:</td>
<td>-$0-</td>
<td>$2,000</td>
</tr>
<tr>
<td>Your real spendable income is:</td>
<td>$34,193</td>
<td>$33,617</td>
</tr>
<tr>
<td><strong>Your tax savings:</strong></td>
<td><strong>$576</strong></td>
<td><strong>-$0-</strong></td>
</tr>
</tbody>
</table>

**Note:** This example is intended to demonstrate a typical tax savings based on 27% Federal and 7.65% FICA taxes. Actual savings will vary based upon the retirement system in which you are enrolled (CSRS or FERS), your state of residence, and your individual tax situation. In this example, the individual received $2,000 in services for $1,424 - a discount of almost 36%. You may also wish to consult a tax professional for more information on the tax implications of an FSA.
<table>
<thead>
<tr>
<th>Condition/Type of Service/Expense</th>
<th>Account Type</th>
<th>Eligible Expense</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULANCE</td>
<td>HCFSA</td>
<td>X</td>
<td>----</td>
</tr>
<tr>
<td>ALCOHOLISM/DRUG/SUBSTANCE ABUSE TREATMENT</td>
<td>HCFSA</td>
<td>X</td>
<td>Inpatient treatment, outpatient care, transportation</td>
</tr>
<tr>
<td>BAN-AIDS/BANDAGES</td>
<td>HCFSA</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BEFORE AND AFTER-SCHOOL CARE</td>
<td>DCFSA</td>
<td>X</td>
<td>Child must be under 13 or one who is incapable of self care and can be claimed on your Federal Income Tax Return.</td>
</tr>
<tr>
<td>CAMPS, summer or holiday (Day)</td>
<td>DCFSA</td>
<td>X</td>
<td>Child must be under 13 or one who is incapable of self care and can be claimed on your Federal Income Tax Return.</td>
</tr>
<tr>
<td>CONTACT-LENSES</td>
<td>HCFSA LEX HCFSA</td>
<td>X</td>
<td>Contact lenses, cleaning and soaking solutions and lens storage cases are all eligible for reimbursement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payment in advance is not covered. You can only be reimbursed for expenses that have been incurred</td>
</tr>
</tbody>
</table>
FEDVIP

Federal Employees Dental and Vision Insurance Program

- www.opm.gov
- Investigate Health Insurance
- Enroll through BENEFEDS.com
NGAUS Insurance
Federal Long-Term Disability Insurance & Term Life Insurance Plan

• Long Term Disability Insurance
  – Depending on your salary you may receive $1,100 per month from the Basic Disability depending on your salary.

• Term Life Insurance
  – Each individual is limited to a maximum of $250,000 term life insurance coverage under all NGAUS Insurance Plans through ReliaStar Life Insurance Company

*Note: Please review Limitations/Exclusions on both insurances before submitting the following form.*
# Enrollment Form

## National Guard Association of the United States

### Open Enrollment Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Sex</th>
<th>Tech</th>
<th>AGT</th>
<th>State</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number (W)</th>
<th>Phone Number (H)</th>
<th>SS#</th>
<th>Date of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Paying Office/Number</th>
<th>Employing Office</th>
<th>Annual Salary</th>
<th>Job Duty</th>
<th>Enrollee Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Long Term Disability Insurance

Check the box for the coverage you want based on your salary. Either Basic or Basic-Supplemental. Rates are based on biweekly deductions.

<table>
<thead>
<tr>
<th>Salary Under $15,000</th>
<th>Monthly Benefits</th>
<th>Under 40</th>
<th>40-49</th>
<th>50-59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary $15,000-$19,995</td>
<td>$15.00</td>
<td>$14.81</td>
<td>$14.62</td>
<td>$14.43</td>
</tr>
<tr>
<td>Salary $20,000-$23,995</td>
<td>$20.00</td>
<td>$19.81</td>
<td>$19.62</td>
<td>$19.43</td>
</tr>
<tr>
<td>Salary $25,000-$27,995</td>
<td>$25.00</td>
<td>$24.81</td>
<td>$24.62</td>
<td>$24.43</td>
</tr>
</tbody>
</table>

### Term Life Insurance

Check the box for the coverage you want based on your age. Rates are based on biweekly deductions.

<table>
<thead>
<tr>
<th>Age</th>
<th>Benefit</th>
<th>Rate</th>
<th>Check Here</th>
<th>Age</th>
<th>Benefit</th>
<th>Rate</th>
<th>Check Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 31</td>
<td>$15,000</td>
<td>$10.21</td>
<td></td>
<td>31-35</td>
<td>$20,000</td>
<td>$11.21</td>
<td></td>
</tr>
<tr>
<td>36-40</td>
<td>$25,000</td>
<td>$12.21</td>
<td></td>
<td>41-45</td>
<td>$35,000</td>
<td>$14.21</td>
<td></td>
</tr>
</tbody>
</table>

**Beneficiary Designation for Term Life Insurance**

Name: [ ]

Relationship to the enrollee:

Certification of the enrollee’s coverage will be the insured person.

I request participation in the insurance plan offered by the National Life Insurance Company. Understand that upon issuance of such insurance, I will become a member of the NAIGA’s Insurance Trust. If, at any time, I or any dependent on my record will make regular health benefits deductions for the premiums, I agree that all experience will be other than any health benefits or any combination of health benefits and other benefits provided for me.

**Signature of Applicant:**

Date:

Optional Benefits

- Are you interested in additional Group Term Life coverage for yourself? [ ] Yes [ ] No
- Are you interested in Group Term Life coverage for your spouse? [ ] Yes [ ] No

**Form Office Use Only**

Indicate amount for Group coverage:

- Basic LTD
- Supplemental LTD

Deduction Amount:

<table>
<thead>
<tr>
<th>Basic LTD</th>
<th>Supplemental LTD</th>
<th>Social Security</th>
<th>Total Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Effective Date for Payroll Deduction
- Transmitted Number UHRD
- Ours, Number

[Agreement Signature]

Date:

[Print Name]

[Signature]

[Print Title]

[Position]
• What is LTC?
  – Long term care assists with daily living (such as eating, dressing and bathing) that someone may need due to an illness, injury, or aging.

• Who is eligible?
  – Federal employees, Spouse, Parents, parents-in-law, stepparents and Adult Children (including adopted or step children) of living employee.
## ORIENTATION DOCUMENTS
### HR NEEDS TODAY!

<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>FORM #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECKLIST</td>
<td>N/A</td>
</tr>
<tr>
<td>DIRECT DEPOSIT FORM</td>
<td>SF 1199A</td>
</tr>
<tr>
<td>STATE</td>
<td>W-4</td>
</tr>
<tr>
<td>FEDERAL</td>
<td>W-4</td>
</tr>
<tr>
<td>S-T-A-T-E-M-E-N-T</td>
<td>N/A</td>
</tr>
<tr>
<td>APPOINTMENT AFFIDAVIT</td>
<td>SF 61</td>
</tr>
<tr>
<td>EMPL ELIG VERIFICATION</td>
<td>I-9 FORM</td>
</tr>
<tr>
<td>1-9 ACCEPTABLE DOCUMENTS</td>
<td>N/A</td>
</tr>
<tr>
<td>PRIOR FEDERAL SERVICE</td>
<td>SF 144</td>
</tr>
<tr>
<td>DD 214 OR ORDERS</td>
<td>ATT. SF 144</td>
</tr>
</tbody>
</table>
Questions