



## I. Purpose

This directive sets forth the policy and procedures of the U.S. Department of Education (ED) for health benefits coverage of employees in non-pay status.

## II. Policy

It is ED's policy to give employees enrolled in the approved Federal Employee Health Benefits (FEHB) program and who are in non-pay status several options regarding continuation of coverage. These options are to- cancel enrollment, continue enrollment and negotiate premium payments, or continue enrollment and defer payment until return to duty.

For reservists and guard members called to active military duty for more than 30 days for contingency operations or a national emergency, ED will pay both the employee and government shares of the employee's FEHB premium for up to 18 months.

## III. Authorization

- A. This directive is authorized by the Title 5 of the Code of Federal Regulations (5 CFR Part 890 "Federal Employees Health Benefits Program"), which requires federal employees to pay for their coverage when they elect to continue their FEHB enrollment while in non-pay status.
- B. Further, the Office of Personnel Management's (OPM) original Federal Personnel Manual Letter No. 890-30 dated August 5, 1982, and subsequent updates, authorizes all Federal Departments and Agencies to collect health benefit premiums from employees who are in non-pay status.

## IV. Applicability

This directive applies to all ED employees who are enrolled in FEHB and who are voluntarily or involuntarily placed in a non-pay status that produces pay insufficient to cover the employee's share of FEHB premiums in any given pay period.

## V. Definitions

- A. Absence Without Leave (AWOL) – A non-pay status that results when an employee does not obtain prior approval for leave. An employee who is absent after a leave request has been denied can also be put on AWOL.
- B. Leave Without Pay (LWOP) – A non-pay status that is granted upon an employee's request. An employee whose leave balance does not cover an authorized absence from duty will be placed on LWOP.
- C. LWOP-US—Leave without pay to perform active duty military (uniformed) service by a member of a military reserve component or the National Guard.

- D. Non-Pay Status – Employment condition for which an employee does not receive compensation. This may be for a partial pay period or extend for several pay periods.
- E. Notice of Intent Agreement (NOIA) – A document outlining an employee’s health benefit continuation options and reflecting the employee’s subsequent decision concerning health benefits coverage. (See [Exhibit A](#) and [Exhibit B](#).)
- F. Separation from Duty – An action terminating an employee’s employment with the Federal Government, i.e., resignation, expiration of appointment, termination, removal, retirement, death, or other personnel actions.
- G. Separation-US – Separation at the request of an employee to perform active duty military (uniformed) service by a member of a military reserve component or the National Guard.

## **VI. FEHB Program: Rights of ED and Employees**

- A. Continuation of Health Benefits Coverage – Health benefits coverage for an employee who is currently enrolled in an approved FEHB Plan and who is voluntarily or involuntarily placed in non-pay status will continue for a maximum of 365 days unless the employee cancels the health benefits enrollment in writing. An employee is responsible for payment of the employee share of the costs of enrollment for every pay period during which the employee is covered.

The 365 days in non-pay status may be continuous or broken by periods of less than four consecutive months in pay status. If an employee had at least four consecutive months in pay status after a period of non-pay status, the employee is entitled to begin the 365 days coverage continuation anew.

- B. Payment Deferment – Employees currently enrolled in FEHB may elect to continue enrollment and to defer payment for a maximum of 365 days pending action on an application for disability retirement. If the disability retirement application is approved, the payments will be made by OPM retroactive to the date the LWOP began. If the application for disability is disapproved, the employee will be responsible for making the payments during the period of coverage.
- C. Exceptions – Participants appointed under Schedule B to OPM-approved career related work-study programs are permitted to continue their enrollment in FEHB under certain conditions for more than 12 months of continuous non-pay status. (See CFR 890.303 (d) (2).)
- D. Cancellation – An employee in a non-pay status or, in non-pay status who subsequently returns to pay status, electing to cancel enrollment in the FEHB program (normally) will not be able to re-enroll until the next open season.

Employees may contact the HRS Employee Relations Team at (202) 401-1920 for further information or PMI 630-8.

- E. Military Reservists and National Guard Members – Employees who are placed in non-pay status while on active military duty (LWOP-US) or separated (Separation-US) can keep their FEHB coverage for up to 18 months, or they may choose to terminate coverage. To assist ED reservists and guard members called to active military duty for more than 30 days for contingency operations or a national emergency, ED will pay both the employee and government shares of the employee's FEHB premium for up to 18 months.

NOTE: Employees in non-pay status must read [Exhibit A](#) and [Exhibit B](#) for further information regarding their FEHB rights and responsibilities. This information will not be duplicated in the body of this directive.

## VII. Responsibilities

- A. Human Resources Services (HRS) – Located within the Office of Management (OM), HRS informs employees in non-pay status of the existence of these regulations, and processes, and maintains applicable documents. HRS notifies the U.S. Department of the Interior/National Business Center/Federal Personnel Payroll System (DOI/NBC/FPPS) of any employees affected by this directive. HRS answers employee questions, negotiates and approves payment arrangements, and supplies pertinent information regarding employee options.
- B. NBC/FPPS Staff – This staff provides status reports and Bill of Collections (BOC) to OM/HRS, collects payments from employees, reports those collections on relevant reports, and, where applicable, prepares and forwards OPM Form 1522, Request for Offset for Past-Due Health Benefits Premiums to Department of the Interior, to OPM for separated employees. (OPM form 1522 may be downloaded directly from OPM's Website: <http://www.opm.gov/forms>). OPM Form 1522 covers employees under both the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS).
- C. Office of the Chief Financial Officer (OCFO) – Upon notification from HRS that an employee is in non-pay status, OCFO establishes a receivable and mails bills to employees.
- D. Employees in Non-Pay Status – An employees in non-pay status reviews the NOIA, makes a selection, forwards the completed form to the Servicing Personnel Office (SPO), makes payments as agreed, and notifies the SPO of any changes in employment status. The SPO keeps the employee's supervisor apprised of the status of the employee's situation and makes alternative health insurance arrangements upon expiration of the 365 day coverage period (18 months for military reservists and National Guard members on LWOP-US or Separation-US; see paragraph VI.E. above).

- E. Supervisors – Supervisors should remain apprised of employees’ non-pay status and (intervene) when necessary. Supervisors should also contact HRS for assistance on concerns related to the leave share program. Documentation on the Leave Share Program is in PMI 630-10. Questions concerning the program may be addressed to HRG Work Life Team on (202) 401-9549. Intervention will be helpful if the supervisor determines that the LWOP is insufficient based on the circumstances surrounding the leave.

## VIII. Procedures

### A. Human Resources Systems Team (HRST)

1. Upon receipt of the Insufficient Funds Report from NBC/FPPS HRST, notifies all employees who are in non-pay status for an entire pay period or whose available pay during a pay period does not cover the health benefit premium of the existence of these regulations by issuing the NOIA Cover Letter (See [Exhibit A](#)) and NOIA (See [Exhibit B](#)).
2. Tracks/monitors records and application documents to ensure that the employee in non-pay status completes and returns the NOIA.
3. Informs employees when their benefits are due prior to lapse.
4. Forwards a signed copy of the NOIA to employee and FPPS who elect to continue enrollment.
5. Maintains the original file of all NOIAs.

An FPPS Bill of Collection (BOC) is sent to the Office of Management’s Debt Coordinator. The ACS Handbook for Salary Overpayment has the guidelines for salary overpayment.

### B. NBC/FPPS:

1. Forwards biweekly reports to HRS that includes the following information:
  - a. The name, social security number, health benefits enrollment code, and biweekly premium of all employees whose time and attendance documents reflect pay periods where earnings due to LWOP status are insufficient to cover premiums and
  - b. A list of those employees who have returned to pay status.
2. Collects premium payments for the employees described in Section VIII.A.1. above, by payroll deductions upon their return to pay status and maintains records relating to these transactions. Deductions may be instituted with or without signed authorizations from employees.

Deductions instituted without the signed NOIA will be made at the rate of the biweekly insurance premium.

3. Sends a Bill of Collection (See [Exhibit C](#)) to HRS for billing of and collection from employees who have not paid premiums in accordance with the NOIA or when offset by any means available to the Government cannot be accomplished. Complies with ED's procedures related to recovery of debts and overpayments.
4. Includes amounts collected on the biweekly SF 2812, Report of Withholdings and Contributions for Health Benefits, Group Life Insurance, and Civil Service Retirement, which is submitted to OPM.
5. Forwards to OPM the completed OPM Form 1522 for employees separating from ED who owe past due health benefit premiums in order to capture the necessary funds from the employee's retirement account.

C. OCFO:

Establishes receivables and bills the employee according to standard debt collection regulations upon notification from HRS that separated employees have not returned the health benefit premium to them as directed. The notification from HRS will include a BOC generated by the FPPS stating the basis for the bill.

D. Non-Pay Status Employees

1. Promptly complete and sign the NOIA and return it to the SPO. Employees shall select **one** of the following options:
  - a. Cancellation of enrollment.
  - b. Continuation of enrollment and negotiation of a payment plan.
  - c. Continuation of enrollment and deferment of payment until return to duty.
  - d. Continue FEHB enrollment for up to 18 months while serving on active military duty without cost to the employee (on LWOP-US for more than 30 days or Separation-US).
2. Make payments, if applicable, as agreed in the NOIA. If the employee elected to make premium payments while in a non-pay status or elected to pay in a single payment for the total amount owed upon the employee's return to a pay status, the employee must submit the Repayments Form ([Exhibit D2](#)) and a check or money order payable to the U.S. Department of Education and mailed to:

U.S. Department of Education

Attn: OCFO/Financial Management Operations  
Receivables and Cash Receipts Team  
400 Maryland Avenue, S.W., FB-6, Room 4C110  
Washington, DC 20202-4330

3. Promptly inform their SPO of any changes in status that will affect the NOIA, such as resignation, reemployment, or other changes.
4. The employee must keep his/her supervisor apprised of the Health Benefits status.
5. If Military related, make other arrangements for health benefit coverage upon expiration of the 365-day period (18 months for reservists/National Guard members).
6. Employees in non-pay status who elect to participate in the Federal leave share program will have their FEHB coverage continued while in the leave program. However, those employees must complete Pages 3 - Election Sheet and 4 - Employee Information Fact Sheet of [Exhibit B](#), to make arrangements for payment of their FEHB coverage for any periods of non-pay status not covered by leave donations. The amount of FEHB premiums due will generally have to be determined after the medical emergency has concluded and the leave donation period has ended.

**Exhibit A: Notice Of Intent Agreement (NOIA) Cover Letter**

Dear \_\_\_\_\_:

The purpose of this letter is to furnish you with information concerning continuation of your health benefits coverage while you are in non-pay status. Under current Office of Personnel Management regulations, employees must pay for their premium share of health insurance if they desire continuation of health benefits while they are in non-pay status.

Please read the enclosed **Notice of Intent Agreement** for information regarding the impact of continued non-pay status on your health benefits and indicate on page 3 your decision to:

- \*1) Cancel your health benefits; or
- \*2) Continue your health benefits and pay the premiums either:
  - On a biweekly basis while in non-pay status;
  - On a bimonthly basis while in non-pay status;
  - In a single payment for the total amount owed when you return to duty; or
  - Through payroll deductions upon return to duty.

**Special guidance for active duty military service:** If you are a military reservist or National Guard member called to active duty for more than 30 days, you may keep your FEHB coverage for up to 18 months while in non-pay status, or you may choose to terminate coverage. If you choose to continue health benefits coverage while on military duty, ED will pay both employee and employer shares of the premium. Such employees should mark election choice C on page 3.

If no election is made, one biweekly insurance premium per pay period, in addition to your current premium due, will be recovered when your return to pay status.

Once you have made your election, please:

- Sign and date Exhibit B: page 3 - Election Sheet and
- Complete page 4, Employee Information Fact Sheet, and return the form in the enclosed envelope.

If you have any questions or need assistance completing the forms, please contact Ann Davis at 202-401-0536.

Sincerely,

ED Payroll Liaison

Enclosures

1. Notice of Intent Agreement
2. Self-addressed envelope



**Exhibit B: Notice of Intent Agreement (page 1)**

Name of Employee \_\_\_\_\_ Date \_\_\_\_\_

Social Security # (Last Four Digits) \_\_\_\_\_

Federal Employees Health Benefits (FEHB) program regulations (Part 890 of Title 5, Code of Federal Regulations) provide that you may continue your FEHB coverage for up to one year while you are on leave without pay but that you must pay for this coverage.

There is no change for premium withholdings from salary. However, if you are in non-pay status for an entire pay period, or if your salary for a pay period does not cover the full employee share, you will be required to make the payment due. If you wish to pay the premiums before returning to work, you should contact the OCFO at the address listed on page 3 – Election Sheet of Exhibit B for precise information on the payment procedure.

**If you are a military reservist or National Guard member** called to active duty for more than 30 days for a national emergency or contingency operations, you may keep your FEHB coverage for up to 18 months while in a non-pay status, or you may choose to terminate coverage. If you choose to continue health benefits coverage while on military duty, ED will pay both employee and employer shares of the premium. Select choice C on page 3 - Election Sheet, Exhibit B, and fill out items 1 through 6 on page 4 - Employment Information Fact Sheet, Exhibit B. Contact HRS for additional information and assistance.

If you do not settle the amount before your return to duty or make other election repayment arrangements, recovery will be made from your salary upon your return to pay status at the rate of one biweekly insurance premium per pay period. We encourage you to take advantage of the opportunity to suggest a reasonable salary withholding based on your individual circumstances by completing page 3 – Election Sheet, Exhibit B, of this agreement. The regulations state that an employee is deemed to consent to withholdings from salary to cover past-due premiums that were not withheld from the employee's salary.

Upon your return to duty, you will be advised of the total amount to be recovered. If you separate from service, you will be advised of the total amount to be recovered and, before any action is taken, you will have the opportunity to suggest a reasonable payment arrangement based on your individual circumstances. If the amount due cannot be withheld in full from your salary, it will be recovered from other sources normally available for the recovery of a debt to the United States Government.

**Exhibit B: Notice of Intent Agreement (page 2)**

As long as you are enrolled in a health benefit plan, you are responsible for payment of the employee share and ED must pay the Government contribution for your plan. If you do not want this coverage, you may voluntarily cancel your health benefits enrollment. A cancellation is effective on the last day of the pay period following the pay period in which the SF-2809 form is received in the employing office. There is no 31-day extension of coverage or right to convert to a non-group contract following cancellation. If you cancel health benefits, you will not be allowed automatically to re-acquire your health benefits upon return to pay status. Most employees must wait for an open season in order to re-enroll, but there are other circumstances listed in the booklet, Federal Employees Health Benefits Program, SF 2809-A, which would allow you to re-enroll following a cancellation. Also, before you cancel, you need to be aware of the requirements for continuing health benefits group coverage during retirement or receipt of worker's compensation benefits, as explained in the SF 2809-A booklet. This booklet is available from either the HQ Employee Relations Office or the Regional SPO. Generally, an employee must have been enrolled (or covered as a family member in an FEHB plan) for the five years of service immediately before retirement or, if fewer than five years, for all period(s) of service during which eligible to be enrolled.

Please make your "election" by checking the appropriate space(s) on page 3 of Exhibit B, Notice of Intent Agreement, sign the form, and return this agreement to your servicing specialist at either Headquarters or your Regional SPO.

Headquarters Employees

U.S. Department of Education  
Office of Management  
Human Resources Services  
HR Systems Team  
400 Maryland Avenue, SW, Room 2E112  
Washington, DC 20202-4573

Regional Employees

Respective Regional SPO

(If this sheet was mailed to you, a return envelope is enclosed for your use.)

**Exhibit B: Notice of Intent Agreement (page 3)****Election:**

- A.     \_\_\_ Cancel my health benefits as soon as possible.
- B.     \_\_\_ Continue my health benefits coverage (at a bi-weekly cost of \$\_\_\_\_\_) according to the following payment schedule:
1.     \_\_\_ Elect \_\_\_ bi-weekly or \_\_\_ monthly payments in the amount of \$\_\_\_\_\_ while in a non-pay status \*, or
  2.     \_\_\_ Elect deferment of health benefit premiums until my return to duty, at which time I elect to pay the amount due by either a:
    - a.     \_\_\_ Single payment \* for the total amount owed or
    - b.     \_\_\_ Payroll deduction at \$\_\_\_\_\_ per pay period. Payroll deduction should be no less than the amount of your bi-weekly insurance premium and may be doubled, tripled, etc. upon your request.
- C.     \_\_\_ I am a military reservist or member of the National Guard called to active duty for a national emergency or contingency operations for more than 30 days. I wish to continue FEHB coverage for up to 18 months without cost to me. (ED will pay the full FEHB premium.)

\*Make check or money order payable to the U.S. Department of Education and mail promptly to:

U.S. Department of Education  
 Attn: OCFO/Financial Management Operations  
 Receivables and Cash Receipts Team  
 400 Maryland Avenue, S.W., FB-6, Room 4C110  
 Washington, DC 20202-4330

I understand that I must pay the premiums for my health benefits coverage that continues during my non-pay status (or during pay periods when my salary is insufficient to cover the required premium), and that if I do not settle before returning to work, the amount due will be recovered from my salary or any other monies owed to me by the Federal Government. (Employees in non-pay status (or separated) serving on active military duty for more than 30 days for a national emergency or contingency operations are exempt from this repayment requirement; ED will cover the full cost of premiums.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

CC of signed NOIA: Employee  
 Human Resources Services  
 Office of Chief Financial Officer (OCFO)

**Exhibit B: Notice of Intent Agreement (page 4)****Employment Information Fact Sheet**

1. Employee Name \_\_\_\_\_ Date \_\_\_\_\_
2. Employee Home Address \_\_\_\_\_  
\_\_\_\_\_
3. Employee Social Security Number (Last Four Digits) \_\_\_\_\_
4. Employee Health Code \_\_\_\_\_  
(From Leave and Earnings Statement, Deductions Section, Health Benefits Plan Box)
5. Effective Date of Non-Pay Status \_\_\_\_\_
6. Estimated Date of Return to Pay Status \_\_\_\_\_  
(Date recovery from salary will begin if you selected the election for payroll deduction upon return to duty)
7. Number of Pay Periods Not Covered By Withholdings \_\_\_\_\_  
(Duration of time between items 5 and 6 above)
8. Employee Biweekly Health Benefit Cost \$ \_\_\_\_\_  
(From Leave and Earnings Statement, Deductions Section, Health Benefits Deduct Box)
9. Total Premiums Required for this/these Pay Period(s) \_\_\_\_\_  
(Item 7 above multiplied by number in item 8 above)
10. Amounts Employee Paid Directly to Agency \_\_\_\_\_
11. Total Amount Due to Date \_\_\_\_\_
12. Amount of Each Installment \_\_\_\_\_
13. Number of Installments \_\_\_\_\_
14. Common Accounting Number \_\_\_\_\_  
(Obtain from timekeeper)

This information must be completed by the employee and forwarded to the employee's servicing Personnel Specialist at either Headquarters or the employee's Regional Office per the mailing instructions on page 2.

**Exhibit C: Sample Bill of Collection**

**Request/Discovery Date:** mm/dd/yyyy      **Pay Period YTD Corrected:**

**To:** Accounting Office

**From:** Division of Payroll Operations, Education Branch

**Subject:** Request for Issuance of Bill of Collection for Overpayment of Salary or unpaid FEHB premiums

Please prepare a bill of collection for the following employee:

**Employee Name:** John Jones

**Bureau:** ES                      **Subbureau:** H3                      **Block:** SB4

**Social Security Number** 9999  
**(Last Four Digits):**

**Address:** P.O. Box XXX  
Boston, MA 02108

**Employee Status:**  
Active  
Inactive X      Term mm/dd/yyyy

**\*Reason for the Bill of Collection:** Employee owes for continuation of health benefits while on leave without pay. Employee owes \$9.44 a pay period from 8820-8901, 09/11/1988 to 12/31/1988 and from 8902-8911, 01/01/1989 to 05/12/1989 at a rate of \$10.96 per pay period.

<b>Calculations:</b>				<u>Total</u>
\$9.44	Bi-weekly deduction	\$10.96	Bi-weekly deduction	<b>\$75.52</b>
<u>x 8</u>	Pay periods 8820-8901	<u>x 10</u>	Pay periods 8902-8911	<b>+109.62</b>
<b>\$75.52</b>		<b>\$109.60</b>		<b>\$185.12</b>

**Amount due this bill:** \$185.12

\*Payroll Clerk, please include all calculations and give full description of the overpayment and pay periods involved.

This request requires the signature of the Team Leader and/or Payroll Clerk.

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**Team Leader/phone number**

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**Payroll Clerk/phone number**

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**Concurrence of Payroll Processing Section Supervisor**

## Exhibit D1: Sample ED Repayments Instructions



### U.S. Department of Education (ED)

### ED REPAYMENTS INSTRUCTIONS

#### I. PURPOSE:

The purpose of the ED Repayments Form is for the Office of the Chief Financial Officer (OCFO), Office of Financial Management Operations (FMO), Receivables and Cash Receipts Team to record timely and accurate Education employee debt repayment data into the accounting system. Before OCFO/FMO will accept the ED Repayment Form, the Education employee needs to complete the ED Repayments Form and submit it directly to the OCFO/FMO.

Employees who have been overpaid are notified via written notification (billing notice), which includes the amount of the debt, the reason for the debt, waiver and hearing rights, the date collections will begin, interest and penalty information, and a point of contact for any questions. A copy of the written notification to repay the debt must be attached to the ED Repayments Form. Employees recognizing overpayments prior to receiving a billing notice from the Department of Education should contact their Executive Officer to request the appropriate documentation to support the repayment.

#### II. RESPONSIBILITY:

##### A. ED Employee:

1. The ED Employee will fill out the ED Repayments Form by first checking the appropriate box located at the top of the form indicating the type of overpayment that occurred. NOTE: ED employees are not permitted to drop off their personal check and/or money order to the OCFO/FMO without the accompanying ED Repayments Form.

Overpayment may occur for the following reasons:

- Salary Overpayment: Salary Overpayments identified by the Department of Interior, National Business Center, Federal Personnel Payroll System due to retroactive personnel and/or time sheet corrections.
- Travel Overpayment: Travel Overpayments identified by the Travel Manager System post audits or overpayment due to travel payment discrepancies on the employee voucher claim and billing statement from the Department's banking institution.
- Benefits Overpayment (i.e. Health, Transit, etc.): Health benefit overpayments identified by the Department of Interior due to corrections to prior pay periods. Transit benefits overpayments identified by the Department of Education due to unused transit benefits.
- Workers' Compensation Repayment (i.e. Leave Buy Back): The buy back of leave used for a work related injury, by an employee, in lieu of receiving compensation from the Department of Labor.
- Other: These are overpayments or repayments related to the current year, which do not fall into any of the categories above.

2. The current or former Education employee will complete the ED Repayments Form before delivering a personal check and/or money order to the OCFO/FMO/Receivables and Cash Receipts Team. The ED Employee will complete the information under **Section I — Education Employee Information** in items 1 through 10.
3. The ED Employee will deliver the ED Repayments Form and the accompanying written notification to pay the debt along with payment to:



**U.S. Department of Education (ED)**

**ED REPAYMENTS INSTRUCTIONS**

**Mail and Overnight Delivery:**

U.S. Department of Education  
 OCFO/Financial Management Operations, Receivables and Cash Receipts Team  
 400 Maryland Avenue, S.W., FB-6, Room 4C137  
 Washington, D.C. 20202-4330

**Hand Delivery:**

U.S. Department of Education  
 400 Maryland Avenue, S.W., FB-6, Room 4C137, Washington, D.C. 20202-4330

**B. Principal Office Accounting Information: Executive Officer or Budget Contact**

1. The Executive Officer or Budget Contact will receive the ED Repayments Form, with a copy of the debt notification attached, from the Education employee.
2. The Executive Officer or Budget Contact will determine if the employee made the payment after the fiscal year, in which the overpayment occurred. If the repayment is made after the fiscal year in which the overpayment occurred, select item 1 Miscellaneous Receipts box in **Section II – Principal Office (PO) Accounting Information** to indicate that the FY of Overpayment and FY of Repayment do not agree. In this case, the account classification code structure (ACCS) information is not required. These funds will be deposited in the Department of Education's Miscellaneous Receipts Account and the funds will be returned to the Department of Treasury.
3. The Executive Officer or Budget Contact will provide the ACCS in items 2 through 9 if the overpayment and repayment occur in the same fiscal year, so that current year expenditures can be decreased. In addition, please complete items 10 through 12 to certify the accuracy of the data.
4. The Executive Officer or Budget Contact will review and attach the Status of Funds Report for repayments applicable to current year overpayments and will submit the completed ED Repayments Form to OCFO/FMO, and will retain a copy for their file.

**C. OCFO/FMO Receivables and Cash Receipts Team: Program Support Assistant/Financial Analyst**

1. The Program Support Assistant:
  - Will issue a receipt of payment to the Education employee.
2. The Financial Analyst:
  - Will review the Education employees' completed ED Repayments Form, personal check and/or money order, and the attached current year Status of Funds Report.
  - Will deposit funds and record the SF-215 Deposit Ticket information in the accounting system.
  - Will complete the ED Repayments Form under **Section III – OCFO/FMO Receivables and Cash Receipts Team items 1 through 2**.
  - Will forward the ED Repayments Form to the Accountant to continue processing.
  - Will maintain all records of the ED Repayments Forms.



## U.S. Department of Education (ED)

## ED REPAYMENTS INSTRUCTIONS

D. OCFO/FMO Grant Programs, Admin. Reporting, and Reconciliation Group: Accountant1. The Accountant:

- Will process the ADI to record the accounting to reduce the expenditures.
- Will complete the ED Repayments Form under **Section III – OCFO/FMO Receivables and Cash Receipts Team and Grant Programs, Admin. Report, and Reconciliation Group items 3 and 4.**
- Will forward the ED Repayments Form to the FMO Supervisor to sign.

E. OCFO/FMO: FMO Supervisor1. The FMO Supervisor:


- Will review and complete the ED Repayments Form for accuracy under **Section III – OCFO/FMO Receivables and Cash Receipts Team and Grant Programs, Admin. Report, and Reconciliation Group item 5.**

F. OCFO/FMO Receivables and Cash Receipts Team: Financial Analyst1. The Financial Analyst:

- Will send a copy of the certified ED Repayments Form to the person whose signature appears in **Section II – Principal Office Accounting Information item 10.**



# Exhibit D2: Sample ED Repayments Form

	<h2 style="margin:0;">ED REPAYMENTS</h2> <p style="margin:0;"><b>OCFO/FMO Receivables and Cash Receipts Form</b></p>	<p style="font-size: small; margin:0;"><i>Instructions for completing this form are attached.</i></p> <p><b>Mailing Address:</b>                  U.S. Department of Education                  Attn: OCFO/Financial Management Operations                  400 Maryland Avenue, S.W., FB-6, Room 4C137                  Washington, D.C. 20202-4330</p> <p><b>For Hand Delivery:</b>                  U.S. Department of Education                  400 Maryland Avenue, S.W., FB-6, Room 4C137</p>															
ED EMPLOYEE, select the appropriate box on right to indicate the type of debt repayment to pay to the U.S. Department of Education. If appropriate box is not listed, select other and enter reason.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"><input type="checkbox"/></td> <td>Salary Overpayment</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Travel Overpayment</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Benefits Overpayment (i.e. Health, Transit, etc.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Workers' Compensation Repayment (i.e. Leave Buy Back)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> </table>	<input type="checkbox"/>	Salary Overpayment	<input type="checkbox"/>	Travel Overpayment	<input type="checkbox"/>	Benefits Overpayment (i.e. Health, Transit, etc.)	<input type="checkbox"/>	Workers' Compensation Repayment (i.e. Leave Buy Back)	<input type="checkbox"/>	Other: _____						
<input type="checkbox"/>	Salary Overpayment																
<input type="checkbox"/>	Travel Overpayment																
<input type="checkbox"/>	Benefits Overpayment (i.e. Health, Transit, etc.)																
<input type="checkbox"/>	Workers' Compensation Repayment (i.e. Leave Buy Back)																
<input type="checkbox"/>	Other: _____																
NOTE: Before the Education current or former employee delivers a personal check and/or money order to the OCFO/FMO/Receivables and Cash Receipts Team, the ED employee must fill out the information on Section I, items 1 - 10 and request its Executive Officer or Budget Contact to fill out the accounting information from Section II, items 1 - 12. Employees must attach a copy of the written notification and/or provide appropriate documentation to support debt repayment.																	
<b>I. EDUCATION EMPLOYEE INFORMATION</b> GENERAL INFORMATION NEEDED TO PROCESS A DEBT REPAYMENT																	
1. NAME: (Last, First, Middle Initial) _____	2. WORK TELEPHONE NO.: _____	3. SSN: (Last 4 digits) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> and/or EMPLOYEE ID NO.: <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: x-small;">For Future Use</div>	X	X	X	-	X	X	-								
X	X	X	-	X	X	-											
4. HOME ADDRESS: _____	5. WORK STATUS: Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/>																
6. PAYMENT TYPE: Check      Money Order      Check or Money Order <input type="checkbox"/> <input type="checkbox"/> Number      Date _____ / ____ / ____ NOTE: Make payment payable to the U.S. Department of Education (ED).	7. PAYMENT AMOUNT: \$ _____																
8. SIGNATURE: _____	9. DATE: mm / dd / yyyy ____ / ____ / ____	10. PRINCIPAL OFFICE NAME: _____															
<b>II. PRINCIPAL OFFICE (PO) ACCOUNTING INFORMATION</b> PLEASE ASSIGN CLASSIFICATION CODES (ACCS) MUST BE INCLUDED TO DECREASE CURRENT YEAR EXPENDITURES																	
1. MISCELLANEOUS RECEIPTS <input type="checkbox"/> Principal Office, select Miscellaneous Receipts box on left if FY of Overpayment and FY of Repayment do not agree. Do not provide the ACCS if box is checked Miscellaneous Receipts. <b>NOTE:</b> Review the current year Status of Funds Report for expenditures and submit the report with this form.																	
2. FUND CODE: (e.g. 9 position code--0800A2006) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>												3. BUDGET FISCAL YEAR: (e.g. 4 position code--2006) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>					
4. ORGANIZATION CODE: (e.g. 8 position code--EA000000) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>											5. LIMITATION CODE: (e.g. 3 position code--200) DO NOT ZERO FILL <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>						
6. OBJECT CLASS CODE: (e.g. 5 position code--1111A) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>						7. ACTIVITY CODE: (e.g. 3 position code--000) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>											
8. CFDA CODE: (e.g. 3 position code--000) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>				9. FUNDS CONTROL LEVEL: (e.g. 1 position code--A) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>													
10. EXECUTIVE OFFICER or BUDGET CONTACT SIGNATURE & DATE: _____ / ____ / ____	11. TELEPHONE NO.: _____	12. BUILDING & ROOM NO.: _____															
<b>III. OCFO/FMO RECEIVABLES AND CASH RECEIPTS TEAM AND GRANT PROGRAMS, ADMIN. REPORT, AND RECONCILIATION GROUP</b> CERTIFICATION OF PAYMENT DEPOSIT AND TRANSACTIONS																	
I certify that the necessary <b>Application Desktop Integrator (ADI) transactions</b> have been processed for the ACCS indicated under Section II.																	
1. S.F. 215 DEPOSIT TICKET NUMBER & DATE:	2. S.F. 215 DEPOSIT TICKET POSTED BY (SIGNATURE & DATE):																
3. ADI NUMBER & DATE:	4. ADI PREPARER (SIGNATURE & DATE):																
5. FMO, SUPERVISOR (SIGNATURE & DATE):																	
NOTE: A copy of this certified Receivables and Cash Receipts Form should be forwarded to the PO Executive Officer or Budget Contact.																	

## Exhibit D3: Privacy Act Statement

### U.S. Department of Education (ED)

#### PRIVACY ACT STATEMENT

31 U.S.C. 3512, 31 U.S.C. 3711-3720E, 31 U.S.C. 901-903, 5 U.S.C. 5701 et seq., 5 U.S.C. 8101 et seq., 5 U.S.C. 5514, 5 U.S.C. Section 5584 et seq., and 5 C.F.R. Section 890.502(b), Chief Financial Officer, Financial Management Operation, Receivables and Cash Receipts Team to properly record funds in a financially acceptable accounting manner in the Receivables Management System of Records (18-03-03), 64 Fed. Reg. 30116 - 30118 (June 4, 1999), which system of records ED intends to republish in the near future in the Federal Register in such a way as to incorporate this system within the EDCAPS (18-03-02) system of records.

Disclosure of this information to third parties may be made pursuant to the published routine use disclosures in the applicable system of records notice, as discussed above. Currently, these routine use disclosures include: (1) to credit agencies and Federal agencies in order to verify the identity and location of the debtor; (2) to credit agencies, educational and financial institutions, and Federal, State, or local agencies to enforce the terms of a loan or where disclosure is required by Federal law; (3) to the U.S. Department of the Treasury and privately contracted collection companies for debt servicing; (4) to the U.S. Department of Justice (DOJ), to adjudicative bodies before which ED is authorized to appear or to an entity otherwise empowered to resolve disputes, or to an opposing counsel, representative or witness if ED determines that disclosure of the records is relevant and necessary to the litigation and in the event that one of the parties listed below is involved in litigation, or has an interest in litigation: (i) ED or any component of ED (ii) Any ED employee in his or her official capacity; (iii) Any employee of ED in his or her individual capacity where DOJ has agreed to provide or arrange for representation for the employee; (iv) Any employee of ED in his or her individual capacity where ED has agreed to represent the employee; or (v) The United States where ED determines that the litigation is likely to affect ED or any of its components; (5) to an appropriate agency, whether foreign, Federal, State, Tribal, or local, charged with the responsibility of investigating or prosecuting a violation or potential violation of law or charged with enforcing or implementing the statute, or executive order or rule, regulation, or order issued pursuant thereto in the event that information in this system of records indicates, either on its face or in connection with other information, a violation or potential violation of any applicable statute, regulation, or order of a competent authority; (6) to employees of contractors that ED contracts with for the purpose of performing any function that requires disclosure of records in this system. Before entering into a contract, ED shall require the contractor to maintain Privacy Act safeguards as required under 5 U.S.C. 552a(m) with respect to the records in the system; (7) to the Office of Management and Budget (OMB) for Credit Reform Act (CRA) support as necessary to fulfill CRA requirements; (8) to another agency of the Federal government if the record is relevant to one of the following proceedings regarding a present or former ED employee; a grievance, complaint, discipline or competence determination proceeding; (9) to a labor organization recognized under Title V of the United States Code, Chapter 71, if a contract with the labor organization provides that ED will disclose personal records relevant to the organization's mission; (10) to researchers if an appropriate official of ED determines that an individual or organization is qualified to carry out specific research related to functions or purposes of this system of records and if the researcher is required to maintain Privacy Act safeguards with respect to these records; (11) to the DOJ and the OMB in the event that ED deems it desirable or necessary in determining whether particular records are required to be disclosed under the Freedom of Information Act; (12) to the DOJ to the extent necessary for obtaining DOJ advice on any matter relevant to an audit, inspection, or other inquiry related to the programs covered by this system; and (13) to a member of Congress from the record of an individual in response to an inquiry from the member made at the written request of that individual.

Because the employee identification number is the last four digits of your Social Security Number (SSN), collection of the SSN information is authorized by Executive Order 9397. Furnishing the data on this form in the requested format, including your SSN, is voluntary; however, the possibility exists that OCF/FMO may not be able to process your repayment accurately without such data. Further, failure to repay your debt may result in adverse collection activities, such as salary or administrative offset or referral to the Department of Treasury.