

FSA
HANDBOOK

Employee Benefits

To access the transmittal page click on the short reference

For All FFAS Employees

SHORT REFERENCE

35-PM

UNITED STATES DEPARTMENT OF AGRICULTURE
Farm Service Agency
Washington, DC 20250

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Employee Benefits
35-PM

Amendment 1

Approved by: Acting Deputy Administrator, Management



Amendment Transmittal

A Reasons for Issuance

This handbook has been issued to:

- establish the following OPM handbooks or guidance as FFAS's official policy documents:
 - "Federal Employees Dental/Vision Insurance Program"
 - "Federal Employees Group Life Insurance"
 - "Federal Employees Health Benefits Program"
 - "Flexible Spending Account"
 - "Long Term Care Insurance Program"
 - "Retirement"
 - "Thrift Savings Plan"
- provide policy and processing procedures for Foreign Service retirement, Unemployment Insurance, Professional Liability Insurance, and OWCP.

Note: Policy and guidance on benefits has been removed from 22-PM.

Table of Contents

Page No.

Part 1 Basic Provisions

1	Overview	1-1
2	Source of Authority, Coverage, and Related References	1-3
3	Responsibilities	1-5
4	Forms	1-6
5	BAL's.....	1-7
6-10	(Reserved)	

Part 2 Retirement

11	Retirement Basics	2-1
12	CSRS, CSRS Offset, and FERS	2-2
13	Foreign Service Retirement Systems.....	2-7
14	FRB-WEB	2-9
15	Retirement Coverage Errors.....	2-16
16	Death Cases	2-17
17-60	(Reserved)	

Part 3 FEHB Program

61	Overview	3-1
62	FEHB Premium Conversion	3-2
63	Child Equity Law	3-7
64	HSA's.....	3-9
65	FSAP	3-10
66	FEHB Premium Payments for Reservists Called to Active Duty	3-16
67	Medicare	3-20
68-90	(Reserved)	

Part 4 FEGLI Program

91	FEGLI	4-1
92-100	(Reserved)	

Part 5 FLTCIP

101	Overview	5-1
102	Long Term Care Partners.....	5-3
103-110	(Reserved)	

Table of Contents (Continued)

Page No.

Part 6 Unemployment Compensation Program

111	Overview	6-1
112	Unemployment Compensation Claims	6-2
113	Unemployment Compensation Forms Received From State Unemployment Offices	6-4
114	Hearing Procedures.....	6-5
115-150	(Reserved)	

Part 7 Professional Liability Insurance Program

151	Overview	7-1
152	Professional Liability Insurance Reimbursement Employment Designations....	7-2
153	Reimbursement.....	7-4
154	Applying for Reimbursement.....	7-5

Part 8 Workplace Injury and Illness

160	On-the-Job Injuries	8-1
161	On-the-Job Inquiries	8-18
162	Time and Attendance for On-the-Job Injuries	8-19
163	T&TM.....	8-20
164-199	(Reserved)	

Part 9 TSP

200	TSP Participation.....	9-1
201	TSP Contributions	9-4
202-249	(Reserved)	

Part 10 FEDVIP

251	FEDVIP Information	10-1
252	Eligibility	10-5
253	Enrollment.....	10-8
254	How to Make or Cancel an Enrollment	10-11

Exhibits

1	Reports, Forms, Abbreviations, and Delegations of Authority
2	Definitions of Terms Used in This Handbook

Part 1 Basic Provisions**1 Overview****A Purpose**

This handbook:

- applies to **all** FFAS Federal and county employees
- provides official agency policy references for the following benefits:
 - CSRS, CSRS Offset, and FERS retirement programs
 - FSRDS, FSRDS Offset, and FSPS retirement programs
 - FEHB Program
 - FSAP
 - FEDVIP
 - FEGLI Program
 - FLTCIP
 - TSP
- provides policy and processing procedures for the following benefit areas:
 - Unemployment Insurance
 - Professional Liability Insurance
 - OWCP
- notifies employees of benefits and how to apply for benefits
- provides policy and comprehensive guidance to SPO's on retirement and benefits to ensure accurate, timely, and proper counseling and receipt of benefits.

1 Overview (Continued)

B SPO Contacts

This table provides contact information for employee benefits.

IF employee is in...	THEN employees SPO contact is FSA...
<ul style="list-style-type: none"> • FAS • FSA and RMA National Office • RMA Field Office 	EPB.
<ul style="list-style-type: none"> • APFO • FSA/RMA Kansas City • St. Louis 	Kansas City Human Resource Office.
<ul style="list-style-type: none"> • FSA County Office • FSA State Office 	Administrative Officer.

2 Source of Authority, Coverage, and Related References

A Source of Authority

The following provides the regulatory basis for administering retirement and benefit programs.

Benefit Program	Authority
FEDVIP	Pub. L. 108-496 Note: This is the Federal Employee Dental and Vision Benefits Enhancement Act of 2004, the statutory authority for the Federal Government's dental and vision program.
	5 CFR Part 894 Note: These are the regulations implementing the Federal Employee Dental and Vision Benefits Enhancement Act of 2004. These regulations should be published soon.
FEGLI	5 U.S.C. Chapter 87
	5 CFR Part 870
FEHB/FSAP	5 U.S.C. Chapter 89
	5 CFR Parts 890 and 892
FLTCIP	5 U.S.C. Chapter 90
OWCP	5 U.S.C. Chapter 81 and 20 CFR Part 1
Professional Liability	Pub. L. 104-208, Section 636
	Pub. L. 106-58, Title IV, Section 642 (a)
Retirement, Civil Service	5 U.S.C. Chapters 83 and 84
	5 CFR Parts 831, 839, 841-845, and 846.12
Retirement, Foreign Service	Foreign Service Act as amended, 1981
Unemployment Insurance	5 U.S.C. Chapter 85

2 Source of Authority, Coverage, and Related References (Continued)

B Related References

The following are directly related to this handbook:

- 27-PM
- 28-PM
- Guide to Processing Personnel Actions at <http://www.opm.gov/feddata/html/updates.asp>
- NFC Procedures Manual at <http://dab.nfc.usda.gov/pubs/na-pubsmain.html>.

3 Responsibilities

A OPM Responsibilities

OPM:

- has Government-wide responsibility and oversight for benefits administration
- is responsible for all benefit policies and final benefit determinations.

Note: DOL is the authority on unemployment and injury compensation.

B EPB Responsibilities

EPB shall provide the following to AO's:

- benefit policy, policy guidance, and/or references that shall be provided to all State and County Office employees
- benefits processing instructions or references for all benefit programs that shall be provided to all State and County Offices.

C State AO Responsibilities

State AO's shall:

- provide benefits guidance to all employees
- counsel all employees in matters about benefits and retirement
- assist CED's in providing guidance for newly hired employees for eligible benefits
- contact EPB for assistance, if necessary.

D CED Responsibilities

CED's shall:

- provide overview of benefit programs for eligible employees
- assist employees in completing enrollment forms in the required timeframes
- contact State AO for assistance if necessary.

4 Forms

A Reference

Electronic versions of the following types of benefit forms may be found at <http://www.opm.gov/forms/index.asp>:

- FEGLI
- OF
- OPM
- RI
- SF.

B Other Forms Web Sites

The following web sites contain electronic versions of the following types of forms:

- IRS at <http://www.irs.gov/formspubs>
- SSA at <http://www.ssa.gov/online>
- SSA publications at <http://www.ssa.gov/about.htm>
- TSP at <http://www.tsp.gov>
- OWCP can be found at the following web sites:
 - <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>
 - <http://www.tandtmanagement.com/owcp/owcp.asp>.

5 BAL's

A BENEFITSINFO Online Mailing List

All AO's and CED's shall subscribe to BENEFITSINFO.

BENEFITSINFO provides e-mails, primarily BAL's, to subscribers. While the primary customers for BENEFITSINFO are agency benefits officers, anyone, anywhere can subscribe to BENEFITSINFO. BAL's will be sent to list subscribers automatically. Details on subscribing to the e-mailing list can be found in BAL 00-701 at <http://www.opm.gov/retire/asd/htm/2000/00-701.htm>.

6-10 (Reserved)

Part 2 Retirement**11 Retirement Basics****A Vesting and Annuities**

Employees who have worked for the Federal Government for 5 years and are covered by a retirement system are considered vested and are eligible for retirement benefits.

Retirement benefits, known as annuities, are paid on a monthly basis after retirement.

Note: To be vested for disability retirement:

- CSRS, CSRS Offset, FSRDS, and FSRDS Offset employees must work 5 years
- FERS and FSPS employees must work 18 months.

B Service and Age Requirements

Employees must work a certain number of years (service requirement) and meet MRA requirements to retire. The types of service and MRA requirements vary by retirement system; however, retirement benefits are fully payable with any of the following:

- 20 years of creditable service and MRA 50 years (FSPS)
- 30 years of creditable service and MRA 55 years (CSRS and CSRS Offset)
- 30 years of creditable service and MRA 55-58 years (CFERS)
- 10 years of creditable service and MRA 55-57 years (up to 57 for employees covered by FERS) (age reduction is applicable)
- 20 years of creditable service and 60 years of age (CSRS and FSRDS)
- 5 years of creditable service and 62 years of age (CSRS and FSRDS).

12 CSRS, CSRS Offset, and FERS

A CSRS, CSRS Offset, and FERS Descriptions

Federal and county employees employed in positions subject to retirement contributions that are **not** Foreign Service positions, are covered by 1 of the following retirement systems.

Retirement System	Description
CSRS	CSRS is a defined benefit, contributory retirement system. CSRS benefits are based on the employee’s “high-3” average salary and years of service. Under the general formula, 30 years of service provides 56.25 percent of the “high-3” average salary. CSRS employees generally do not pay Social Security tax.
CSRS Offset	CSRS offset employees are covered by Social Security. CSRS offset employees receive a full CSRS annuity until age 62. At age 62, the CSRS benefits will be recalculated and reduced by a portion of the Social Security benefits received. In most cases, the employee receives a slightly higher benefit than the full CSRS benefit.
FERS	<p>FERS is a 3-tiered plan consisting of Social Security, a basic FERS annuity, and TSP. FERS employees are covered by full Social Security taxes. The basic FERS annuity is based on the employee’s length of service and “high-3” average pay. For most employees, the formula for computing the annual annuity is 1 percent of average pay for each year of creditable service.</p> <p>Note: FERS employees at least 62 years of age who have completed at least 20 years of service will be computed at 1.1 percent of the employees “high 3” average salary.</p>

12 CSRS, CSRS Offset, and FERS (Continued)**B CSRS, CSRS Offset, and FERS Policy**

This paragraph establishes FSA's official policy and guidance on all CSRS, CSRS Offset, and FERS issues as OPM's CSRS and FERS Handbook for Personnel and Payroll Offices at <http://www.opm.gov/asd/htm/hod.htm>. SPO's shall use OPM's handbook to provide guidance and determine all matters related to the following:

- administration (unless otherwise noted in this handbook)
- coverage
- service credit
- contributions
- retirement eligibility
- computing benefits
- disability benefits
- death benefits
- re-employed annuitants
- relationship between retirement annuity and compensation for work-related injuries and diseases.

C CSRS, CSRS Offset, and FERS Publications

Retirement publications:

- are an easy reference for employees and those providing guidance to employees on benefit programs
- can be found at <http://www.opm.gov/retire/html/library/index.asp>.

Note: State and County Offices shall print publications as needed or maintain a current stock.

12 CSRS, CSRS Offset, and FERS (Continued)

D Filing for Disability With FEDMER (FERS Only)

OPM instructed agencies to have FERS disability applicants complete FEDMER Social Security Disability Eligibility Statement (see subparagraph E). When filing for FERS disability, disabled employees are responsible for obtaining MER's needed to process the FERS disability claim. Under FEDMER, applicants give a copy of MER's obtained for the FERS disability application to SSA. This table provides the steps for FEDMER.

Step	Instructions
1	FERS employees contact their SPO to file for FERS disability and then complete the FEDMER Social Security Disability Eligibility Statement (see subparagraph E) that provides FERS disability applicants basic instructions for initiating the SSA disability application process.
2	<p>FERS employees only need to sign the FEDMER Social Security Disability Eligibility Statement and present either of the following to the SPO; proof of:</p> <ul style="list-style-type: none"> • filing, such as an application receipt • the award of benefits, such as a copy of Social Security Award Certificate. <p>Note: If employees check blocks 1 or 2, the FEDMER process does not apply.</p>
3	<p>If employees check block 3, the FEDMER process applies and the FERS employee begins the SSA disability claims process by doing either of the following, according to the FEDMER Social Security Disability Eligibility Statement, block 3:</p> <ul style="list-style-type: none"> • using the link shown, complete the Online Adult Disability Report and the Online Application for Social Security benefits • contact SSA, to request an appointment to file for disability benefits.
4	<p>OPM instructs SPO's to provide employees covered by the FEDMER process with a copy of the MER submitted with FERS application. FERS disability applicants:</p> <ul style="list-style-type: none"> • submit a copy of the FEDMER Social Security Disability Eligibility Statement and a copy of the MER to SSA when filing the SSA disability application • provide SPO a copy of the receipt for SSA disability claim.
5	SSA sends a copy of the disability award or denial notice to OPM.

12 CSRS, CSRS Offset, and FERS (Continued)

E Filing for Title II Disability Under FEDMER (FERS Only)

These are the instructions from OPM to file for Title II Disability Under FEDMER.

Filing for Title II Disability under FEDMER

Ref: 994747224

Effective Date: 03/01/2007

OPM has instructed employing Federal agencies to have Federal Employee Retirement System (FERS) disability applicants complete the Federal Medical Evidence of Record (FEDMER) Social Security Disability Eligibility Statement.

When filing for FERS disability, the disabled employee is responsible for obtaining the medical evidence of record (MER) needed to process the FERS disability claim. Under FEDMER, the applicant gives a copy of the MER obtained for the FERS disability application to SSA.

1. The Federal Employee Retirement System (FERS) employee contacts his/her agency Human Resource (HR) specialist to file for FERS disability, then completes the FEDMER Social Security Disability Eligibility Statement.

This form provides the FERS disability applicant with basic instructions for initiating the Social Security disability application process.

2. If the employee checks block #1 (I am already receiving Social Security disability benefits) or block #2 (I have filed for Social Security disability benefits), the FEDMER process does not apply.

The FERS employee only needs to sign the statement and present proof of filing (e.g., an application receipt) or proof of the award of benefits (e.g., copy of Social Security Award Certificate) to the HR specialist.

3. If the employee checks block #3 (I have not previously filed for Social Security disability benefits or I have filed and have been denied. Since I am now filing for FERS disability, I understand I also need to file for Social Security disability benefits.), the FEDMER process applies and the FERS employee begins the Social Security disability claims process by either:
 - o Using the link shown on the FEDMER Eligibility Statement to complete the i3368 (Internet Adult Disability Report) and the ISBA (Internet Social Security Application);
 - or
 - o Contacting Social Security's 800# or the local Field Office to request an appointment to file for Social Security disability benefits.

4. OPM instructs servicing HR offices to provide employees covered by the FEDMER process with a copy of the MER submitted with the FERS application. The FERS employee submits a copy of the FEDMER eligibility statement and a copy of the MER to SSA when filing the SSA disability application.

The applicant then provides the agency HR specialist with a copy of the receipt for the Social Security disability claim.

5. Social Security sends a copy of the disability award or denial notice to the Office of Personnel Management (OPM).

12 CSRS, CSRS Offset, and FERS (Continued)

E Filing for Title II Disability Under FEDMER (FERS Only) (Continued)

This is the FEDMER Social Security Disability Statement provided by OPM.

Exhibit – FEDMER Social Security Disability Eligibility Statement

Federal Medical Evidence of Record (FEDMER)
 Social Security Disability Eligibility Statement
 Keep a copy of this form

Name _____ SSN _____

Please put a check mark in the box next to the number that describes your situation, and follow the instructions for that section.

- 1. I am already receiving Social Security disability benefits. I will provide my Human Resource office with proof (e.g. copy of my Social Security Award Certificate).
- 2. I have filed for Social Security disability benefits, but I have not received a decision. I will provide my Human Resource office with proof (e.g., copy of Social Security disability application receipt, copy of the ISBA page "What You Need to Do Now", etc.).

If you checked either #1 or #2 above, sign and date the statement below, and return it to your Human Resource office with the documentation indicated. **Do not check any further blocks, or take any other action.**

My signature below verifies my status.

Signature: _____ Date: _____

If you have not checked Box 1 or 2, above, please check Box 3 and follow the instructions.

- 3. I have not filed for Social Security disability benefits, OR I have filed and have been denied. Since I am now filing for FERS disability, I understand I also need to file for Social Security disability benefits.

If you checked block #3, you need to apply for Social Security disability using either the:

- **Internet** to complete the "Online Adult Disability Report" and the "Online Application for Social Security benefits" at <http://www.socialsecurity.gov/applyfordisability/adult.htm> OR
- **Contact Option:** Contact Social Security to schedule an appointment to file your Social Security disability claim. You can call Social Security's national toll-free telephone number (1-800-772-1213) or contact your local Social Security office. When you make your appointment, Social Security will provide you with an "Adult Disability Starter Kit" that you can use to prepare for your interview. You can also see the starter kit at the Internet site shown above.

Whether you use the Internet or the Contact Option to file, a Social Security representative will contact you to complete your disability application. At that time you will need to provide to Social Security a **copy of this form and a copy of any medical records you have obtained for your FERS disability claim.**

When you file your disability application, Social Security will provide you with a receipt. You must provide your Human Resource office with a copy of the application receipt, which is needed by them in order to complete the processing of your FERS disability application.

Under FEDMER (the Federal Medical Evidence of Record program), Social Security will:

- 1) Use the medical records you provide to expedite the processing of your Social Security disability claim. (If additional medical evidence is needed to process your disability application, the State Agency making the decision will let you know.)
- 2) Share a copy of the medical decision with the Office of Personnel Management (OPM). When your Social Security disability claim is processed, Social Security will send a copy of any award or denial notice to the U.S. Office of Personnel Management (OPM), Claims 1 Group, Room 4458, 1900 E St. NW, Washington D.C. 20415, Attn: FEDMER.

13 Foreign Service Retirement Systems

A FSRDS, FSRDS Offset, and FSPS Descriptions

Foreign Service employees employed in positions subject to retirement contributions are covered by 1 of the following retirement systems.

Retirement System	Description
FSRDS	<p>Referred to as the “old” retirement plan, FSRDS participation is limited to career Foreign Service employees who entered Federal service before January 1, 1984, and have either of the following:</p> <ul style="list-style-type: none"> • been continuously employed by the U.S. Government since December 31, 1983, or before • had a break in Federal service of 1 year or less since 1984. <p>Note: Employees who are enrolled in FSRDS contribute 7.25 percent of their basic pay to FSRDS.</p>
FSRDS Offset	<p>Developed during 1984 through 1986 when Congress was devising a plan to put new Foreign Service employees under SSA coverage. Participants in FSRDS Offset are covered by both FSRDS and Social Security. Participation in FSRDS Offset is limited to career Foreign Service employees who had at least 5 years of creditable civilian Federal service before January 1, 1987, and rejoined Federal service since January 1, 1984, after a break of CSRS/FSRDS coverage of more than 1 year.</p> <p>Assistant Secretaries and higher, that did not elect FSPS, who are career Foreign Service employees and had at least 5 years of creditable civilian Federal service before January 1, 1987, and rejoined Federal service since January 1, 1984, after a break of CSRS/FSRDS coverage of more than 1 year are in FSRDS Offset.</p> <p>Notes: Employees who are enrolled in FSRDS Offset contribute 1.05 percent of basic pay up to \$90,000 (in 2005) to FSRDS and 6.2 percent of basic pay to Social Security. On all annual income in excess of \$90,000, employees contribute 7.25 percent of basic pay to FSRDS.</p> <p>Unless otherwise noted, all references that address FSRDS also apply to FSRDS Offset.</p>

13 Foreign Service Retirement Systems (Continued)

A FSRDS, FSRDS Offset, and FSPS Descriptions (Continued)

Retirement System	Description
FSPS	<p>FSPS "new" retirement plan for career Foreign Service employees; all employees covered by FSPS are also covered by Social Security. All Foreign Service employees:</p> <ul style="list-style-type: none"> • hired since January 1, 1984, are covered by FSPS • rehired after January 1, 1984, that had less than 5 years of prior civilian service as of December 31, 1986, are covered by FSPS. <p>Employees that receive new appointments can often elect FSPS coverage voluntarily during the first 6 months of the appointment. Employees covered by FSPS pay 1.35 percent of basic pay up to \$97,500 (in 2007) to FSPS and 6.2 percent to Social Security. When employee basic pay reaches \$90,000, Social Security deductions (except Medicare) end and the employee pays only 1.35 percent of basic pay above that level to FSPS. Employees covered by FSPS are eligible for government contributions to a TSP account.</p>

B Online Assistance

Foreign Service employees can find information on the following topics at <http://www.rnet.state.gov/myretirement.cfm>:

- retirement coverage
- credit for Service
- age and service requirements for retirement eligibility
- computation of retirement annuity
- alternate form of annuity
- survivor benefits
- benefits taxation
- reemployment
- summary of benefits payable to a former spouse
- cost-of-living adjustments after retirement.

C Applying for Foreign Service Retirement

Employees eligible to retire under Foreign Service retirement systems shall contact EPB, Benefits Officer at 202-401-0681, for a retirement package. Retirement packages **must** be received in EPB **90 calendar days** before the retirement date.

14 FRB-WEB**A Overview**

FRB-WEB provides:

- a calculator that can be accessed by employees or SPO's to:
 - compute SCD's
 - provide estimates of current and future retirement benefits for all employees
 - compute deposits and redeposits for prior civilian and military service
- links to retirement and/or benefit-related forms that are partially pre-filled and can be completed online by employees or SPO's.

FRB-WEB is accessed by logging into a dashboard. The web site address for the dashboard is <https://asp.gdcii.com/dashboard/usdao>.

B User ID and Password for FRB-WEB

A user ID and password are necessary to access FRB-WEB. State and County Office employees shall request user ID's and passwords from their State's System Administrator, usually the AO or a State Office administrative employee.

Note: AO's can request additional authorized users in SPO by contacting Darla Hensley at either of the following:

- e-mail at darla.hensley@wdc.usda.gov
- telephone at 202-401-0681.

Requests should include user's name, State Office name, and personnel office identifier numbers to which the user will need access.

14 FRB-WEB (Continued)**C Accessing FRB-WEB Calculator**

To access FRB-WEB Calculator:

- log onto FRB-WEB through the USDA dashboard at **<https://asp.gdcii.com/dashboard/usdao>**
- CLICK “Calculate Retirement” button on the left menu

Note: The Welcome Screen will be displayed that provides links to FRB Introduction and valuable resources, including a User Guide and related retirement web sites. It is highly recommended that users:

- read FRB Introduction
- download and study the User Guide.

These are helpful tools toward understanding how the retirement calculator works.

- on the Welcome Screen, CLICK “OK” and the Specialist Home Page will be displayed.

Note: This is where users will choose the employee on which they want to work.

D System Administrators

System Administrators have authority to assign and reset passwords for employee access to the dashboard for their State’s employees. Upon request from employees, System Administrators will create initial passwords that will allow employee access to FRB-WEB. Employees will be required to change the initial password the first time they log onto the dashboard.

Each SPO must identify at least 1 System Administrator per State.

Note: It is highly recommended that each SPO have an alternate System Administrator.

14 FRB-WEB (Continued)

E SPO Responsibilities

SPO's shall:

- enter the entire service history for each Federal and County Office employee in their State into FRB-WEB (see subparagraph F)
- enter service history for new hires into FRB-WEB within 30 calendars days of start date
- verify SCD's

Note: If FRB SCD does **not** agree with the employee's current SCD, determine why and take corrective action. The service history may have been entered incorrectly or the current SCD was previously computed incorrectly.

- act as administrator for their State and assign passwords and ID's as necessary
- determine the member or members of their staff to be assigned System Administrator responsibilities.

14 FRB-WEB (Continued)

F Entering Service History

FRB software:

- has retirement rules built in that are used to correctly determine creditable service for retirement purposes
- applies the retirement rules to show:
 - reductions in service credit
 - reductions in annuity payable for the applicable period
 - type of service entered.

Correctly entering service histories provides data for:

- employees to compare retirement benefits to choose whether or not to pay any deposit or redeposit applicable to employment
- accurate computations for
 - SCD's for leave
 - reductions-in-force
 - retirements
 - TSP purposes.

The service history of each employee can be found in their OPF. SF-50's or FSA-282's should be used to obtain dates, types of employment, and work schedules. If intermittent employment is involved, using annual pay status records may be required to document days or hours worked. See the User Guide for details needed to enter service history.

Note: See Service Credit Chapters at <http://www.opm.gov/asd/htm/hod.htm>, "CSRS and FERS Handbook for Personnel and Payroll Offices" and CLICK "Service Credit Chapters".

14 FRB-WEB (Continued)

F Entering Service History (Continued)

The following provides information to be used when entering an employee’s service history into the FRB-WEB calculator.

Calculator Fields	Description/Instruction
Type of Service	<p>The service history to be entered includes all types of service that has been determined to be creditable for leave and retirement purposes. Users should enter the start and end dates for each period of service that includes, but is not limited to, the following types of service:</p> <ul style="list-style-type: none"> • active duty military service • FSA county employment • all Federal government employment • Peace Corps volunteer service • certain National Guard and Reservist Service • certain DC government service. <p>The type of service that should be selected from the drop down menu in the program should reflect the retirement coverage for the period of service being entered. Retirement coverage can be found on SF-50 or FSA-282 and should be 1 of the following:</p> <ul style="list-style-type: none"> • FICA (most temporary appointments) • CSRS (most permanent employees before January 1, 1984) • CSRS Offset (most permanent employees hired between January 1, 1984, and December 31, 1986, and re-employed CSRS employees) • FERS (new hires after January 1, 1984) • LWOP (should be selected for periods of leave without pay during the employment).

14 FRB-WEB (Continued)

F Entering Service History (Continued)

Calculator Fields	Description/Instruction
Employee Type	In most instances, employee type will be “ Regular ” for FSA employees. Other employee types may rarely be selected when entering Peace Corps volunteer service or military service of a retired military employee.
Work Schedule	<p>The work schedule of the employee during the period of employment must be entered. This field is especially important if the employee worked an intermittent work schedule or has part-time service after April 7, 1986. This field is used to:</p> <ul style="list-style-type: none"> • adjust SCD for intermittent time worked • compute correct deposit or redeposit owed for the service • prorate the annuity for part-time work schedule.
Amount/Units	Used when an intermittent or part-time work schedule has been selected from the Work Schedule field. Whenever an employee works an intermittent or part-time work schedule, the days or hours worked must be recorded in this field. The amount represents the number of days or hours worked and the unit represents the way the days or hours were counted, such as total days, total hours, days per week, or hours per week.
Deposit/Redeposit Is Owed	<p>Check this field whenever an employee has service for which a deposit or redeposit has not been paid to OPM for service in which:</p> <ul style="list-style-type: none"> • no retirement deductions were withheld • CSRS retirement deductions were taken and later refunded • post-56 military time, if deposit is not paid.
Compute	Used to compute the amount of the deposit/redeposit or military deposit owed, if the Deposit/Redeposit Is Owed field is checked. See subparagraph H. Military earnings, annual salary, or hourly salary must be entered to compute the amount of deposit or redeposit.

14 FRB-WEB (Continued)

G Contact Information

The following table provides contacts for issues related to the FRB-WEB calculator:

IF issue is...	THEN...
dashboard access	State Office System Administrators should contact EPB's Benefits Officer for dashboard access. State and County Office employees should contact their State Office Administrator for an FRB-WEB user ID and password.
SPO questions	SPO shall contact ESI support staff by either of the following: <ul style="list-style-type: none"> • e-mail at support@econsys.com • telephone at 703-642-5225.
user help	contact either of the following: <ul style="list-style-type: none"> • ESI support staff by either of the following: <ul style="list-style-type: none"> • e-mail at support@econsys.com • telephone at 703-642-5225 • FSA, EPB, Benefits Officer at 202-401-0681.

15 Retirement Coverage Errors

A Retirement Coverage Errors of Less than 3 Years

If a State or County Office discovers a retirement coverage error that lasted less than 3 years, the State Office shall process corrections according to BAL 02-103.

B Retirement Coverage Errors Greater Than 3 Years

If a State or County Office discovers a retirement coverage error that lasted longer than 3 years, the State office shall:

- make of a copy of the employee's OPF
- forward the employee's OPF to EPB at:

USDA/HRD/EPB/Benefits Officers
1400 Independence Avenue SW
STOP 0595
Washington DC 20250-0595

- await correction instructions from EPB Benefits Officer.

An employee with a retirement coverage error that lasted longer than 3 years is covered under FERCCA. More information about FERCCA may be found on OPM's web site at <http://www.opm.gov/benefits/correction/index.asp>.

16 Death Cases**A Reference**

For information on death-in-service cases, State and County Offices shall use OPM's CSRS and FERS Handbook for Personnel and Payroll Offices, Chapters 70 through 75.

B Notifying OPM of a Death-in-Service

State and County Offices shall report the death-in-service of an employee, who has a widow or widower who may be eligible for recurring monthly payments under CSRS or FERS, to OPM through either of the following methods:

- <http://apps.opm.gov/deathinservice/index.cfm>
- <http://www.opm.gov/asd/htm/2000/00-105.htm>.

C Reporting Death-in-Service of an Employee With FEGLI Coverage

State and County Offices shall report the death of an employee covered by the FEGLI Program at http://www.opm.gov/insure/life/death_1.asp.

D Establishing and Processing a Death Case

Immediately upon learning the official date of death, State and County Offices shall establish a death case in SPPS. Establishing the death case will forward all unpaid salaries and bills to a separate account for the deceased employee.

Note: This does **not** report deaths to FEGLI, but provides forms, etc. needed to process.

Upon receiving the completed paperwork from the beneficiaries, State and County Offices shall process the death case according to SPPS, Title 1, Chapter 11, page 25.

E Processing Personnel Actions

SPO's shall process personnel action, "Nature of Action, 350" in Empower.

17-60 (Reserved)

Part 3 FEHB Program**61 Overview****A Background**

The FEHB Program:

- became effective in 1960
- is the largest employer-sponsored group health insurance program in the world
- covers over 9 million Federal employees, retirees, former employees, family members, and former spouses.

Federal and county employees are entitled to enroll themselves and any eligible family members, in a health plan offered under the FEHB Program, unless their position is excluded from coverage by law or regulation. If employees meet the requirements, they will be eligible to continue group coverage into retirement.

B Reference

This Part establishes FSA's official policy and guidance on all FEHB issues as OPM's Federal Employee's Health Benefits Program: A Handbook for Enrollees and Employing Offices that:

- provides the policies and procedures of the FEHB Program
- is online at <http://www.opm.gov/insure/handbook/fehb00.asp>.

Employees shall use OPM's handbook to determine all matters related to the following:

- annuitants and compensationers
- cost of insurance
- eligibility for health benefits
- enrollment
- family members
- former spouses
- forms and brochures
- health plans
- LWOP and insufficient pay
- military service
- table of permissible changes
- termination, conversion, and temporary continuation of coverage.

62 FEHB Premium Conversion

A Overview

Federal employees can use pre-tax dollars to pay health insurance premiums to FEHB Program under FEHB-PC. FEHB-PC:

- went into effect in October 2000 under Internal Revenue Code, Section 124
- uses Federal tax rules to allow employees to deduct their share of health insurance premiums from their taxable income, thereby reducing their taxes
- information can be found at <http://www.opm.gov/insure/health/pretaxfehb/index.asp> and BAL 00-215 at <http://www.opm.gov/retire/asd/htm/2000/00-215.htm>.

B FEHB-PC Benefits

Employees who choose to participate in FEHB-PC have chosen to have their gross salary reduced by the amount of his/her share of their health insurance premium. That reduction is applied by their agency toward their FEHB premiums. Since employees do not receive the amount of the amount of his/her share of their health insurance premium, it will **not** be considered gross income for tax purposes, so employment taxes are reduced and the employees take home more of their pay.

Note: Health insurance premiums that are paid under temporary continuation of coverage are **not** eligible for FEHB-PC.

FEHB-PC occurs on a pre-tax basis; therefore, the money is not subject to Federal, State, or local taxes.

Health insurance premiums are not affected; however, paying health insurance premiums pre-tax will make FEHB coverage more affordable.

The Government will still pay the Government share of health insurance premiums.

62 FEHB Premium Conversion (Continued)

C Eligibility

All Federal and county employees who participate in the FEHB Program are eligible to participate in FEHB-PC.

Notes: Employees assigned to international organizations may participate, if the organization agrees to adopt FEHB-PC.

Retirees are **not** eligible to participate in FEHB-PC.

D FEHB-PC Participation

Employees who have FEHB premiums deducted from their pay will be deemed to have elected FEHB-PC, unless they waive participation.

To waive participation in FEHB-PC, employees should complete the “Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election Form” at http://www.opm.gov/retire/asd/pdf/2000/00-215_attach3.pdf (see subparagraph E).

62 FEHB Premium Conversion (Continued)

E FEHB-PC Waiver

The following shall be used to waive participation in FEHB-PC. This document is available electronically at http://www.opm.gov/retire/asd/pdf/2000/00-215_attach3.pdf.

Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election Form			
Purpose of This Form			
<i>This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.</i>			
I. PARTICIPANT INFORMATION			
Last Name	First Name	MI	SSN
Agency/Bureau Name	Agency/Bureau Address		Office phone
II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION			
<i>I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax basis.</i>			
Signature		Date	
<input type="checkbox"/> This is my initial opportunity to waive participation in premium conversion <input type="checkbox"/> I am making this election to waive participation during FEHB Open Season <input type="checkbox"/> I wish to waive participation in premium conversion on account of and in accordance with a Qualifying Life Event			
III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION			
<i>I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event. See instructions for acceptable events.</i>			
Signature		Date	
<input type="checkbox"/> I am making this election to participate during the FEHB Open Season <input type="checkbox"/> I wish to participate in premium conversion on account of and in accordance with a Qualifying Life Event			
IV. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF			
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Effective Date: MM/DD/YYYY			
Authorized agency official: _____ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Date </div>			
Privacy Act Statement: This information is collected under 5 C.F.R. § 892 and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C. § 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.			

62 FEHB Premium Conversion (Continued)

E FEHB-PC Waiver (Continued)

Instructions for Completing the FEHB Premium Conversion Election/Waiver Form	
Use this form to	<ul style="list-style-type: none"> ✓ Waive premium conversion and the pre-tax treatment of FEHB premiums ✓ Restore premium conversion if previously waived
Do not use this form to	<ul style="list-style-type: none"> ✓ Elect premium conversion UNLESS you have previously waived it ✓ Waive premium conversion if you have already waived it ✓ Enroll in the FEHB Program. A separate form is used for that purpose
Who May Use This Form	Employees who are eligible for pre-tax treatment of their FEHB premiums
General Information	Further information on premium conversion may be obtained on the OPM website: www.opm.gov
Effective Dates	
For Waivers	<p>If you wish to waive pre-tax treatment when premium conversion becomes effective on October 1, 2000, this form must be completed by you and received by your employing office the earlier of: the date set by your employing agency; or the day before the first pay period that begins on or after October 1, 2000.</p> <p>Your decision to waive pre-tax treatment must be made during FEHB Open Season or within the specified time period after a Qualifying Life Event (QLE). If you change your participation during Open Season, it will become effective on the first full pay period in the following calendar year. If you change your participation as a result of a Qualifying Life Event, the change will be effective the first full pay period after this form is received by your employing office.</p> <p>Newly hired employees who want to waive pre-tax treatment need to submit this form at the same time as SF-2809, Employee Health Benefits Election Form. Pre-tax waivers made by newly hired employees take effect at the same time that FEHB coverage is effective.</p> <p>Your decision will continue indefinitely unless you later submit a new election/waiver form to change the tax treatment of your contributions to FEHB.</p>
For Restorations	<p><i>IRS Guidelines—Restrictions on Changing Health Benefits Coverage (Pre-tax Treatment)</i> To make a change outside of the FEHB Open Season, (switch plans or options, cancel your enrollment, or change from family to self-only) or to change your participation in premium conversion you must have experienced a QLE and the change in coverage must be on account of and in accordance with that QLE. This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. The difference is because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.</p> <p>If your change is allowed, it will be effective the first full pay period after this form is received by your employing office.</p>
Qualifying Life Events (QLEs)	<p>QLEs are events that may allow you to make a change in your premium conversion election outside of open season. Ask your employing agency for more information on whether your event meets the criteria of a qualifying life event.</p> <p>With two exceptions (noted above), the rules for changing FEHB enrollment outside of Open Season do not change. The opportunities for you to enroll or change enrollment described in 5 CFR Part 890, and in the FEHB Employee Health Benefits Election Form (SF 2809) will continue to be allowed under premium conversion.</p> <p>The IRS has additional events that will allow you to change your participation (election) in premium conversion. Please see OPM's website for more information.</p>

62 FEHB-PC (Continued)**F Frequently Asked Questions**

Go to OPM's web site at <http://www.opm.gov/insure/health/pretaxfehb/qanda/index.asp> for more information on FEHB-PC.

G Subsequent Opportunities to Participate or Waive Participation

Employees may enroll or waive participation in FEHB-PC:

- during the annual FEHB open season
- upon experiencing a QLE such as:
 - birth or adoption of a child
 - death of a dependent
 - divorce
 - marriage or loss of spouse
 - return from unpaid leave of absence
 - significant change in employees or employee spouse's health coverage.

Employees shall submit "Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election Form" at http://www.opm.gov/retire/asd/pdf/2000/00-215_attach3.pdf to make open season elections/waivers to the submitting office outlined in the annual "Federal Employees Health Benefits Open Season" Notice.

63 Child Equity Law**A Overview**

Pub. L. 106-394 **requires** mandatory self and family coverage for FEHB-eligible employees who do not comply with a court or administrative order to provide health benefits for their children. An employee subject to a court or administrative order must enroll in self and family coverage in a plan that provides full benefits to his/her children in the area where they live or provide documentation that he/she has other health coverage for the children. If the employee does **not** enroll in an appropriate health plan or provide documentation of other coverage for the children, the agency must enroll the employee for self and family coverage in the Blue Cross and Blue Shield Service Benefit Plan, standard option, enrollment code 105.

B Court or Administrative Order Submission

The court or administrative order can be submitted by any of the following:

- custodial parent
- attorney for the custodial parent
- State administrative agency.

C Court Orders

If the court order deals:

- only with health benefits, it does **not** have to be certified
- with life insurance or retirement benefits, it **does** have to be certified.

D Administrative Orders

Administrative orders come from State child support agencies. They will **not** be certified.

63 Child Equity Law (Continued)**E SPO Responsibilities**

SPO's must review the employee's records to determine whether he/she is eligible for FEHB and, if so, whether he/she is enrolled in a self and family plan that provides full benefits in the location where the children live. If the employee has full coverage, notify whoever sent the court or administrative order. To notify the carrier of the additional family members being covered under the self and family enrollment, send to the carrier, a copy of the:

- enrollee's SF-2809
- court or administrative order.

Place the court or administrative order in a blue privacy folder and file in the employee's OPF so SPO will know OPF contains a court or administrative order about health benefits.

For more information on the Child Equity Law and processing instructions and procedures, SPO's shall go to both of the following:

- BAL 00-224 at <http://www.opm.gov/retire/asd/htm/2000/00-224.htm>
- BAL 02-203 at <http://www.opm.gov/retire/asd/htm/2002/02-203.htm>.

F Receipt of Court or Administrative Orders

SPO's must receive the court or administrative order on or after October 30, 2000, for court or administrative orders to be affected by the Child Equity Law. Court or administrative orders submitted before the enactment of Pub. L. 106-394 are **not** valid.

64 HSA's**A Overview**

HSA's are tax-sheltered trust accounts that employees own, to pay qualified medical expenses for themselves, their spouse, and their dependents. Employees enroll in high deductible health plans and the health plans determine whether employees are eligible for HSA's or health reimbursement arrangements, based on the information provided.

B HSA Features

HSA's features include:

- administration by a trustee/custodian
- employee owned HSA that is theirs to keep even if they change plans or retire
- tax-free interest
- tax-free withdrawals for qualified medical expenses
- unused funds and interest that are carried over, without limit, from year to year
- voluntary contributions that are tax-deductible.

C HSA Benefits

HSA plans may save the employee money through lower premiums, tax savings, and money deposited in their account that can be used to pay the deductible and other out-of-pocket medical expenses in current or future years.

D Information on HSA's

For more information on HSA's, go to <http://www.opm.gov/hsa/faq.asp>.

65 FSAP

A Overview

FSAP's are tax-favored programs that allow employees to set aside pre-tax money from their paychecks to pay for a variety of eligible expenses. Eligible employees may choose to make a voluntary allotment from their salary to FSAP's. Employees:

- do not pay employment taxes on FSAP allotments
- shall communicate and enroll directly with the FSAP administrator; SHPS, Inc.

FSAP contributions must come from an employee's salary through allotments. Employees who elect to participate may set-aside an annual amount of their salary to be contributed to FSAP. The total amount elected by the employee will then be prorated over the number of pay dates the employee has remaining in the benefit year.

Because of the tax advantages of FSAP, IRS has strict guidelines for their use. One of these guidelines is commonly known as the "**use or lose**" rule. According to this rule, if an employee has not incurred enough eligible expenses during the benefit year to equal the annual amount contributed to FSAP, **the employee loses the balance remaining in the accounts when the benefit year ends.**

Employees who are unfamiliar with FSAP's benefits and risks are strongly urged to consult with their accountant, tax advisor, or tax preparer **before** electing FSAP or benefit amount. FSAP contributions do not count toward the IRS yearly maximum non-taxable contribution limit.

OPM's FSAP web site:

- is **<http://www.opm.gov/insure/pretax/fsa/index.asp>**
- provides overall program information.

Employees can enroll and file claims with SHPS Inc. by either of the following:

- online at **<http://www.fsafeds.com>**
- telephone at 877-FSAFEDS (877-372-3337).

65 FSAP (Continued)**B Enrollment**

Unlike FEHB or FEHB-PC, participation in FSAP is **not** automatic. Employees must make a voluntary election on an annual basis. If an employee does not make an election during the open enrollment, they will **not** have FSAP in the new benefit year.

Employees will need to make 2 decisions:

- whether they want to have coverage in 1 or both of the FSAP accounts
- the annual amount of their FSAP.

C Eligibility

Any employee eligible for FEHB is eligible to enroll in the FSAP. Employees do not need to be enrolled in FEHB to participate.

D Two FSAP Accounts

There are 2 FSAP accounts available to eligible employees that allow employees to pay either medical or dependent care expenses using pre-tax dollars. They are:

- HCFSA
- DCFSA.

Eligible employees may choose to participate in either or both. There are no government contributions to FSAP's.

Employees are encouraged to review OPM's Frequently Asked Questions on FSAP at <https://www.fsafeds.com/fsafeds/summaryofbenefits.asp>.

E Open Season

FSAP open season coincides with the annual FEHB open season. During the open season, eligible employees may:

- enroll in 1 or both accounts
- elect or change the annual amount of FSAP accounts.

FSAP's open season is the only time Federal and county employees may enroll in FSAP, outside of a qualified status change.

65 FSAP (Continued)

F Belated Enrollments

If an employee is unable to enroll during the open season for reasons beyond his or her control, he or she may enroll within 30 calendar days after open season using the “Belated Enrollment Form” at <https://www.fsafeds.com/forms/BelatedEnrollment.pdf>.

Belated enrollments are effective the day after SHPS, Inc., receives the employee’s “Belated Enrollment Form”.

G LWOP

Employees on LWOP have 2 options:

- prepay allotments (accelerate deductions so that pay period deductions are larger)
- freeze flexible spending account (no reimbursements until the end of benefit year or return to pay status).

H Benefit Year

The benefit year is the period in which eligible expenses must be incurred and reimbursed.

Note: Expenses are incurred on date of service, not when the expense is paid.

65 FSAP (Continued)**I Subsequent Opportunities to Enroll**

After FSAP open season, employees may enroll 31 calendar days before or within 60 calendar days after a qualified status change/QLE. These include change in:

- dependent's eligibility (that is child at 13 not eligible for DCFSA coverage)
- employment or residence status that affects eligibility for FEHB coverage
- marital status to include legal separation
- number of dependents (that is birth or adoption of a child).

Note: LWOP is a QLE **only** if because of military deployment.

Annuitants are **not** eligible to participate in FSAP. Re-employed annuitants are eligible to participate in FSAP.

New or newly eligible employees may elect to enroll within 60 calendar days of their appointment. If the new employee's appointment is on or after October 1, he or she must wait until an open season to enroll in FSAP.

J Program/Account Costs

Administrative costs for the program are paid by the employee's agency.

K FSAP Administrator

Employees will enroll directly with the FSAP administrator, SHPS, Inc., to participate HCFSA and/or DCFSA directly, by either of the following:

- online at **<http://www.fsafeds.com>**
- telephone at 877-FSAFEDS (877-372-3337).

The enrollment will **not** be processed or approved by the employee's SPO.

65 FSAP (Continued)**L FSAP Enrollment Termination**

FSAP enrollment is terminated when the:

- plan terminates
- employee ceases to be eligible
- date the employee's election or deemed election to receive benefits under the plan terminates
- employee has a qualifying "change in status"; see subparagraph 65 I
- employee separates or retires.
- **Note:** Termination in FSAP does **not** terminate an employee's enrollment in FEHB.

M SPO's Role

SPO's are a resource for directing employees where to go to get information and answer questions on FSAP. SPO's shall refer employees with questions to SHPS, Inc., by either of the following:

- online at **<http://www.fsafeds.com>**
- telephone at 877-FSAFEDS (877-372-3337).

For specific questions not yet addressed on the web site, SHPS, Inc. may be contacted at **fsafeds@shps.net**.

65 FSAP (Continued)**M SPO's Role (Continued)**

SPO's are **not** expected to become FSAP experts or to converse knowledgeably with employees about FSAP rules and requirements.

Notes: FSAFEDS develops a new brochure for the FSAP program each year. SPO's may obtain copies of these brochures by requesting them from www.fsafeds.com/fsafeds/bo/index.asp.

SPO's should see NFC Bulletin, Title 1, 03-4, Flexible Spending Accounts Program for information about FSAP and NFC.

Employees who choose to enroll in 1 or both accounts will see the following on their AD-334 once deductions begin:

- TC 93, Suffix 10, Flexfund DCA for DCFSA
- TC 93, Suffix 11, Flexfund HCA for HCFSA.

N Annual W-2 Statement

The total amount deducted for DCFSA and Child Care Tuition Assistance Program will be reflected on W-2, Box 10. Any amount over IRS's limit will be included in W-2, Boxes 1, 3, and 5.

HCFSA and pre-tax FEHB deductions under FEHB-PC will be reported in W-2, Box 14.

66 FEHB Premium Payments for Reservists Called to Active Duty**A Overview**

FSA, according to Departmental guidance, will participate in the waiver of FEHB premiums of eligible employees. Premiums will be waived up to 24 months while in LWOP status, the maximum amount currently permitted by law.

To assist Reserve component members in maintaining affordable healthcare option, OPM and DOD established a policy that encouraged Federal agencies to pay the total FEHB premium for any covered employee who is called to active duty in support of a contingency operation.

B Definition of Active Duty for FEHB Waiver Benefit

Active duty for FEHB waiver benefit is defined as any Reservist called to active duty under a contingency operation order in support of Operation Enduring Freedom. This includes National Guardsmen called to active duty under U.S.C. Title 10 and Title 32.

Note: This definition shall be used for FEHB **only**. The definition of active duty for service credit and all other benefits remains unchanged.

66 FEHB Premium Payments for Reservists Called to Active Duty (Continued)**C Eligibility**

The following criteria **must** be met to be eligible for the waiver program:

- State and County Office employees enrolled in FEHB, who retain coverage while performing active military duty, elect to incur a debt
- must be a member of 1 of the following Reserve components of the U.S. Armed Forces:
 - Air Force
 - Air National Guard
 - Army
 - Army National Guard
 - Coast Guard
 - Marine Corps
 - Navy
- must have been ordered to active duty, voluntarily or involuntarily, for more than 30 calendar days in support of a contingency operation

Note: Active duty by the National Guard may be under U.S.C. Title 10 or Title 32.

- must have been placed on LWOP to perform active duty.

D Ineligible Employees

Employees who resign to enter active duty are **not** eligible for this program.

66 FEHB Premium Payments for Reservists Called to Active Duty (Continued)**E Employee Responsibilities**

Employees **must**:

- provide SPO a copy of written orders as proof of qualifying service to active duty in support of a contingency operation

Note: Employee must provide name of Commanding Officer to SPO, if needed.

- provide SPO an SF-52 requesting LWOP for active military duty
- elect to retain FEHB while serving on active duty by incurring a debt
- ensure that SPO receives any changes or extensions of military orders
- notify SPO immediately upon return to civilian service by submitting a return-to-duty SF-52 and discharge papers
- provide SPO an FEHB premium bill immediately upon receipt.

Note: A bill may be generated for premiums upon return-to-pay status. SPO will waive the bill for up to 24 months of active military duty.

F State Office Responsibilities

The State Office shall:

- determine whether employees are eligible as outlined in subparagraphs B and C

Note: State Offices must contact Commanding Officer, if questions about the orders are in support of Operation Enduring Freedom.

- give eligible employees the opportunity to elect to retain FEHB and incur a debt
- process LWOP and return-to-duty actions.

66 FEHB Premium Payments for Reservists Called to Active Duty (Continued)**G Reimbursement for Prior Active Duty**

Employees who meet the criteria in subparagraph C may be entitled to a refund if they have served active duty in Operation Enduring Freedom. If employees meet criteria in subparagraph C and paid FEHB premiums either during active duty or upon returning, contact SPO for entitlement and refund application procedures.

H Beginning of 24-Month LWOP Period

The 24-month period begins with the effective date of the order. Whether the employee is:

- reporting to training
- using paid leave
- placed on LWOP to perform active military duty.

Note: Using paid leave, either before LWOP or intermittently throughout, does **not** extend the 24-month period of eligibility for the waiver program.

I FEHB Coverage after 24 Months

At the end of 24 months, FEHB coverage terminates. Employees get a 31 calendar day extension of coverage during which they can convert to a non-group policy.

Employees are **not** eligible for a temporary continuation of coverage.

J 4-Month Rule

The 4-month rule does **not** apply to this program. Employees do **not** have to be in a 4-month pay status to begin a new 24-month period.

Example: An eligible employee may serve on active duty for 19 months, exercise restoration rights, return to civilian duty for 2 weeks, later return to active duty, and continue FEHB for an additional 24 months.

K Employee Death While on Active Duty

The employee's share of FEHB premiums will be paid through the date of death.

67 Medicare

A Overview

Medicare:

- is a health insurance program for any of the following:
 - individuals age 65 or older
 - certain individuals with disabilities who are under 65
 - individuals of any age who have permanent kidney failure
- provides basic protection against the cost of health care, but it does **not** cover:
 - all medical expenses
 - the cost of most long term care.

B Reference

This Part establishes FSA's official policy and guidance on all Medicare issues as OPM's Federal Employees Health Benefit Program and Medicare at <http://www.opm.gov/insure/health/medicare/index.asp>.

67 Medicare (Continued)

C Further Contacts

CMS administers the Medicare program. SSA helps employees enroll in the Medicare program and provides general information.

Employees can send their inquiries for consideration to:

The Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore MD 21244-1849.

Information about CMS is available online at either of the following:

- <http://www.cms.gov>
- <http://www.medicare.gov>.

For more information, employees can go to any of the following:

- their local SSA office
- SSA's web site at www.ssa.gov
- Medicare's web site at <http://www.medicare.gov>.

Employees can call 800-MEDICARE (800-633-4227) to speak to a Medicare customer service representative.

68-90 (Reserved)

Part 4 FEGLI Program**91 FEGLI****A Overview**

FEGLI provides low cost basic group insurance, standard optional insurance, additional optional insurance, family insurance, and accidental death and dismemberment insurance for eligible Federal and county employees.

B Reference

This part establishes FSA's official policy and guidance on all FEHB issues at OPM's Federal Employee's Group Life Insurance Program: A Handbook for Employees, Annuitants, Compensationers, and Employing Offices at <http://www.opm.gov/insure/life/handbook/index.asp>. Employees shall use OPM's handbook to determine all matters related to:

- annuitants and compensationers
- assignment
- claims
- cost of insurance
- coverage
- eligibility
- living benefits
- order of precedence and designation of beneficiary
- records and forms
- SF-50 equivalents of insurance code
- table of basic insurance amounts
- termination and conversion
- types and amount of insurance.

92-100 (Reserved)

Part 5 FLTCIP

101 Overview

A FLTCIP Summary

In December 2001, OPM contracted with John Hancock and MetLife to provide Long Term Care Insurance. John Hancock and MetLife formed the Long Term Care Partners to administer FLTCIP.

FLTCIP provides long term care insurance to help pay for costs of care when employees need help with activities they perform every day, or when they have a severe cognitive impairment, such as Alzheimer's. Over 20 million Federal family members can apply for the insurance offered in LTCIP, which includes Federal and Postal employees and annuitants, active and retired members of the uniformed services, and qualified relatives.

FLTCIP provides reimbursement for care costs when unable to perform at least 2 daily living activities for an expected period of at least 90 calendar days or when constant supervision is needed because of a severe cognitive impairment. FLTIP will provide reimbursement based on the benefit options and amounts approved.

B FLTCIP Web Sites

The following are useful web sites about FLTCIP.

- An overview of the Federal program at www.ltcfeds.com/help/faq/faq.html.
- Applications for FLTCIP at <https://www.ltcfeds.com/apply/index.html>.
- Frequently asked questions at <https://www.opm.gov/insure/ltc/about/faq.htm>.
- Guidance for agency human resources professionals at <http://www.opm.gov/insure/ltc/hr.asp>.
- Premium calculator to find out how much this insurance costs at https://www.ltcfeds.com/ltcWeb/do/assessing_your_needs/ratecalc.
- Who is eligible to apply for this insurance? at <https://www.opm.gov/insure/ltc>.

101 Overview (Continued)

C Advice and Guidance about FLTCIP

State and County Offices shall:

- **not** advise employees on FLTCIP advantages/disadvantages
- advise employees on their opportunities and eligibility to enroll **only**.

OPM's web site for FLTCIP is <http://www.opm.gov/insure/ltc/index.asp>.

D New Employees

New employees or newly eligible employees shall be:

- given MetLife publication FED00123 at https://www.opm.gov/insure/ltc/ic2003/attachments/new_hire.pdf
- be advised that they have 60 calendar days to enroll from their eligibility date.

Employees shall direct all questions and application forms to Long Term Care Partners according to paragraph 102.

102 Long Term Care Partners

A Program Administrators

In December 2001, OPM contracted with John Hancock and MetLife to provide Long Term Care Insurance. John Hancock and MetLife formed the Long Term Care Partners to administer FLTCIP.

B Guidance, Advice, and Application Procedures

Long Term Care Partners:

- shall provide employees with advice and guidance about FLTCIP
- web site is <http://www.ltcfeds.com>.

Employees shall go to <http://www.ltcfeds.com> to:

- direct all questions about FLTCIP to Long Term Care Partners
- request FLTCIP application packages
- apply for FLTCIP.

103-110 (Reserved)

Part 6 Unemployment Compensation Program**111 Overview****A Unemployment Compensation**

Unemployment compensation program is designed to provide partial wage replacement income to individuals who are unemployed through no fault of their own and seeking further employment. This concept has been expanded to include persons who voluntarily quit, have been discharged for cause, or no longer desire to be employed. One hundred percent of the cost of unemployment benefits is charged back to the employees State by DOL.

B TALX UC eXpress (Formerly Frick Company)

USDA has contracted with TALX UC eXpress to manage and administer USDA's unemployment compensation program. TALX UC eXpress's system is continuously updated with FSA's separation and payroll data from NFC. This information allows TALX UC eXpress to respond immediately to unemployment claims.

C Contacting TALX UC eXpress

Contact TALX UC eXpress at the following:

TALX UC eXpress
10101 WOODFIELD LN
SAINT LOUIS MO 63132-2922

- telephone at 800-366-6660, extension 2267
- FAX at 314-997-6051.

112 Unemployment Compensation Claims

A How to Report a Separation

All Federal and county employee separations **must** be reported to TALX UC eXpress.

AO's and CED's shall report separations according to the following.

Step	Action
1	Go to UC eXpress' web site at www.ucexpress.com .
2	<p>In the Client Login/webManager box, type username and password and CLICK "Go".</p> <p>Note: If user does not have a username and password, in the upper-right corner of the Client Login/webManager box, CLICK "help". On the webManager Help Screen, CLICK "New User?", fill in the following, and CLICK "Submit":</p> <ul style="list-style-type: none"> • name • company (use agency name) • State (use drop-down box) • country (use drop-down box) • e-mail • phone • service of interest (use drop-down box, as applicable). <p>A TALX representative will contact user with password information. The password can be changed; however, the username is unique to the site.</p>
3	<p>Input data as requested, making sure that the separation is "committed" at the end. If not, a confirmation will not be received and the separation will not be posted to the system.</p> <p>The following information will be needed:</p> <ul style="list-style-type: none"> • SSN • State in which employee worked • first day worked • last day worked • reason for separation.
5	Once completed, a confirmation will be received through e-mail within 1 hour.
6	If additional details are required, FAX to TALX UC eXpress according to subparagraph 111 C.

112 Unemployment Compensation Claims (Continued)

B Contested Claims

If a claim is contested, TALX UC eXpress will contact AO for detailed information about the contested termination. This information shall be given to TALX UC eXpress at the time of the telephone call. All documentation that supports the termination shall also be forwarded to TALX UC eXpress immediately. DOL has determined that the Privacy Act of 1974 does **not** pertain to disclosure of wage and separation information for the purpose of adjudication unemployment claims.

113 Unemployment Compensation Forms Received From State Unemployment Offices

A Background

State Unemployment Offices should send most of the documents about a claim directly to TALX UC eXpress. However, some States will forward the documents to the work location.

B FSA State Office Action

State Offices shall call and/or FAX any received unemployment related correspondence or documents to TALX UC eXpress **immediately**. Following are examples of unemployment related correspondence or documents:

- ES-931
- ES-931A
- Notice of Determination (form names and numbers vary by State)
- Notice of Hearings (form names and numbers vary by State).

Note: Unemployment related documents have **strict time limits** in which to respond. These time limits **must** be observed or employers State could lose appeal rights for contesting benefit payments to undeserving claimants.

114 Hearing Procedures

A Hearings

If a claim or decision is appealed, the State Unemployment Office will schedule a hearing before a 3rd party for the FSA State Office and claimant.

B TALX UC eXpress' Role

TALX UC eXpress shall work with the State Office to compile information needed for the hearing and will provide recommendations on necessary witnesses. Before the hearing, TALX UC eXpress representatives will review the former associate's file with the witnesses and prepare them for the hearing.

Note: It is imperative the witnesses attend the hearing. If the witnesses fail to appear, unemployment benefits are **automatically** granted.

115-150 (Reserved)

Part 7 Professional Liability Insurance Program

151 Overview

A Background

Congress passed Pub. L. 104-208, dated September 30, 1996, permitting Federal agencies to reimburse their management officials and supervisors for 50 percent of the costs of their annual professional liability insurance premium cost. FSA authorized the provisions to eligible non-Federal County Office employees.

B IRS Tax Treatment Determinations

IRS advises that employee reimbursements made under a properly administered Professional Liability Insurance Program may be excluded from gross income under the IRS Code, Section 132(d) and exempt from the withholding and payment of employment taxes. Employees should consult their individual tax advisors for specific information.

152 Professional Liability Insurance Reimbursement Employee Designations**A Active Employees**

Only active employees are eligible for reimbursement.

Note: Separated employees are **not** eligible for reimbursement.

The partial insurance reimbursement is payable to any eligible supervisor or management official acting within the scope of their employment as defined in 5 U.S.C. 7103 (a)(10) and (a)(11).

B Definition of Supervisor and Management Official

5 U.S.C. 7103 (a)(10) and (a)(11) defines supervisors and management official as follows.

- A supervisor is an individual employed by an agency having authority in the interest of the agency to hire, direct, assign, promote, reward, transfer, furlough, layoff, recall, suspend, discipline, or remove employees, to adjust their grievances, or to effectively recommend such action, if the exercise of the authority is not merely routine or clerical in nature but requires the consistent exercise of independent judgment.
- A management official is an individual employed by an agency in a position with duties and responsibilities of which require or authorize the individual to formulate, determine, or influence the policies of the agency.

Employees who are not sure whether they meet the definition of supervisor or management official should contact SPO for verification.

152 Professional Liability Insurance Reimbursement Employee Designations (Continued)**C FSA Federal Field Employees**

The following FSA Federal field positions meet the definition of supervisor or management official and are eligible for reimbursement.

- SED's
- DD's
- Chief, FLP Branch
- STC members.

Some positions, such as AO's, key Program Specialists, and Farm Loan Managers may meet either the supervisory or management official definition. Contact SPO to obtain a determination on a case-by-case basis.

Farm Loan Officers do **not** meet the definition of supervisor or management official and are **not** eligible for reimbursement.

D County Office Non-Federal Employees

HRD has determined that CED's and Program Technicians-in-Charge (non-Federal positions) are considered supervisory as defined in subparagraph B, and therefore, are eligible for reimbursement.

No other non-Federal positions meet the definition of supervisor or management official.

153 Reimbursement

A Insurer's Administrative Fees

The insurer's administrative fee is considered part of the professional liability insurance premium and may be included for reimbursement.

B Retroactive Reimbursement

Employees who submit claims after April 30, 2002, for reimbursement of insurance purchased more than 2 years before that date will **not** be eligible for reimbursement.

C Partial Insurance Reimbursement Eligibility

The partial insurance reimbursement is payable to any eligible supervisor or management official acting within the scope of their employment as defined in paragraph 152.

D Amount of the Premium Reimbursement

Agencies are authorized to reimburse eligible employees for 50 percent of the annual total cost of the professional liability insurance.

154 Applying for Reimbursement

A Employee Action

Eligible employees may apply for reimbursement by submitting the following:

- a completed SF-1164
- insurance premium statement with acceptable proof of payment, such as a canceled check or insurance statement showing premium payments made in full to the insurer.

Employees shall submit the required documentation to SPO no later than the end of the calendar year following the year in which the cost for professional liability insurance is incurred.

B SPO's Action

SPO shall process reimbursements according to NFC Bulletin 97-17.

Part 8 Workplace Injury and Illness

160 On-the-Job Injuries

A Employee Action at Time of Injury

Employees shall use the following table when on-the-job injury occurs.

Immediate Steps To Be Taken	
Step	Action
1	The employee must notify their supervisor within 24 hours of the date of injury and request an “Injury Package”.
2	<p>If the supervisor has FAXed the employee CA-16, the employee must take CA-16 during the initial doctor’s visit and advise that the visit be billed to DOL’s OWCP.</p> <p>Note: CA-16’s are not given for occupational diseases.</p> <p>Important: CA-16 authorizes treatment and is good only for up to 1 week after the date of injury. If more than 1 week has passed since the injury was reported, the supervisor may refuse to issue another CA-16 on the basis that the need for immediate treatment would become apparent in that period of time. Therefore, to avoid problems with the claim, notify the supervisor of any work-related injuries when they occur. In the event of an emergency:</p> <ul style="list-style-type: none"> • seek medical attention immediately • do not wait for any forms • request that the supervisor send CA-16 and other relevant forms directly to the physician by FAX.
3	<p>Upon receiving the “Injury Package”, immediately:</p> <ul style="list-style-type: none"> • complete CA-1 or CA-2, whichever is appropriate • FAX or hand-deliver CA-1 or CA-2 to the supervisor: <ul style="list-style-type: none"> • within 2 workdays of the date of injury • for Occupational Disease, provide date first realized that the disease was job related. <p>When CA-1 or CA-2 is returned, employee shall request a signed copy for employee’s records, which includes the completion of the Supervisor’s Report. Do not send forms directly to OWCP.</p> <p>Important: OWCP requires receiving CA-1 or CA-2 within 10 workdays of the injury. Failure to comply with these steps could result in a delay in processing the claim and/or in the denial of the claim and/or benefits.</p>

160 On-the-Job Injuries (Continued)

A Employee Action at Time of Injury (Continued)

Immediate Steps To Be Taken											
Step	Action										
4	Contact the servicing OWCP manager within 3 workdays of delivering CA-1 or CA-2 to the supervisor, to ensure that a completed copy of CA-1 or CA-2 was received. If not, FAX the servicing OWCP manager a copy.										
5	<p>Take CA-17, if applicable, and CA-20 from the “Injury Package” to the initial doctor’s visit.</p> <p>Important: Check that the supervisor’s portion of CA-17 is complete before giving it to the doctor. If not, ask the supervisor to complete their portion of CA-17 and submit right away.</p> <p>Note: The injured employee must request a complete narrative from their physician written on the physician’s letterhead instead.</p> <p>CA-20 will be used for all subsequent visits to the doctor. The supervisor should provide additional CA-20’s as needed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the...</th> <th style="text-align: left;">THEN...</th> </tr> </thead> <tbody> <tr> <td>employee has already visited the doctor and provided CA-17 and CA-20</td> <td> <p>follow-up with the doctor’s office within 5 workdays from the date CA-17 and CA-20 was provided to ensure that CA-17 and CA-20 were returned to OWCP and the supervisor. If not, request a FAX copy of CA-17 and CA-20 and FAX to the supervisor.</p> <p>Important: A medical report is required by OWCP before payment of compensation for loss of wages or permanent disability can be made to injured employees.</p> </td> </tr> <tr> <td>doctor recommends physical or occupational therapy</td> <td>deliver the Physical & Occupational Therapy Authorization Request Form included in the “Injury Package” to the doctor.</td> </tr> <tr> <td>doctor recommends surgery or other general medical procedures</td> <td>deliver the General Medical & Surgery Authorization Request Form, included in the “Injury Package” to the doctor.</td> </tr> <tr> <td>doctor recommends special medical equipment</td> <td>deliver the Durable Medical Equipment Authorization Request Form included in the “Injury Package” to the doctor.</td> </tr> </tbody> </table>	IF the...	THEN...	employee has already visited the doctor and provided CA-17 and CA-20	<p>follow-up with the doctor’s office within 5 workdays from the date CA-17 and CA-20 was provided to ensure that CA-17 and CA-20 were returned to OWCP and the supervisor. If not, request a FAX copy of CA-17 and CA-20 and FAX to the supervisor.</p> <p>Important: A medical report is required by OWCP before payment of compensation for loss of wages or permanent disability can be made to injured employees.</p>	doctor recommends physical or occupational therapy	deliver the Physical & Occupational Therapy Authorization Request Form included in the “Injury Package” to the doctor.	doctor recommends surgery or other general medical procedures	deliver the General Medical & Surgery Authorization Request Form, included in the “Injury Package” to the doctor.	doctor recommends special medical equipment	deliver the Durable Medical Equipment Authorization Request Form included in the “Injury Package” to the doctor.
IF the...	THEN...										
employee has already visited the doctor and provided CA-17 and CA-20	<p>follow-up with the doctor’s office within 5 workdays from the date CA-17 and CA-20 was provided to ensure that CA-17 and CA-20 were returned to OWCP and the supervisor. If not, request a FAX copy of CA-17 and CA-20 and FAX to the supervisor.</p> <p>Important: A medical report is required by OWCP before payment of compensation for loss of wages or permanent disability can be made to injured employees.</p>										
doctor recommends physical or occupational therapy	deliver the Physical & Occupational Therapy Authorization Request Form included in the “Injury Package” to the doctor.										
doctor recommends surgery or other general medical procedures	deliver the General Medical & Surgery Authorization Request Form, included in the “Injury Package” to the doctor.										
doctor recommends special medical equipment	deliver the Durable Medical Equipment Authorization Request Form included in the “Injury Package” to the doctor.										

160 On-the-Job Injuries (Continued)

B Employee Responsibilities

Employees shall:

- return to work as soon as medically cleared
- call employee's supervisor and timekeeper on a weekly basis to update on **all** absenteeism relevant to the work-related injury and the status of ability to return to work in a light or full duty status
- continue to submit medical evidence, CA-20, or doctor's narratives to the supervisor, as requested, for **all** absences from work because of the work-related injury
- ensure that copies of all medical documents sent to the supervisor are also received by the servicing OWCP manager
- at the request of the supervisor, contact the doctor's office billing department to resolve billing errors

Important: This is necessary because FECA indicates that the injured employee is the **only** person with the legal right to contact the doctor by telephone.

- select a physician that meets the definition of "physician" under FECA and who must **not** have been excluded from payment under OWCP

Important: Employees who want change physicians after the initial choice must contact OWCP, in writing, for approval and include the reasons for wanting to change. See OWCP Publication CA-810, Chapter 6 and/or the OWCP web site at <http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>.

- verify with physician that he/she is an enrolled provider with DOL's OWCP
- if a bill is received from the doctor, send it directly to the following:

U.S. Department of Labor
DFEC Central Mailroom
PO Box 8300
London KY 40742-8300.

Note: Be sure to include the claim number on **every page** sent. If a claim number has not been assigned, contact T&TM to see if a claim number has been assigned. Once a claim number has been assigned, forward the bill to DOL.

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury

Supervisors shall take immediate actions, according to the following, when an injury occurs in their office.

IF an employee is injured while in the performance of duty and...	THEN the manager/supervisor...
<ul style="list-style-type: none"> • the injured employee requires medical treatment for their injury • this is their initial visit to the physician 	<p>must:</p> <ul style="list-style-type: none"> • notify the servicing OWCP manager within 4 work hours of the injury • if appropriate, issue CA-16 and provide an “Injury Package” to the injured employee • complete CA-16, Part A within 4 work hours of the injury notification and give it to the injured employee • remind the injured employee that they cannot use CA-16 more than 48 hours from injury date • go to T&TM’s web site (see paragraph 163 B), prepare an “Injury Package”, and give it to the injured employee or person representing the injured employee.
<p>there is no time to complete CA-16</p>	<p>may authorize medical treatment by telephone and FAX the completed CA-16 to the medical facility within 48 hours of the call. Retroactive issuance of CA-16 is usually not permitted under other circumstance.</p>
<ul style="list-style-type: none"> • the employee delayed reporting the injury several days after the fact • did not request medical treatment within 24 hours of the injury 	<p>may still authorize medical care using CA-16. Agency personnel are encouraged to use discretion in issuing authorizations for medical care under such circumstances, but employees should not be penalized for short delays in reporting injuries. If unsure about what to do, contact T&TM (see subparagraph 163 B).</p>
<p>the employee delayed reporting the injury for over 3 workdays after the occurrence</p>	<p>may refuse to issue CA-16, if more than 3 workdays has passed since the injury, on the basis that the need for immediate treatment would become apparent in that period of time. If unsure about what to do, contact T&TM (see subparagraph 163 B).</p>

Note: CA-16 shall be issued **only** once per injury.

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury (Continued)

The following shall be given to the injured employee within 24 hours of the injury notification and upon receiving the "Injury Package".

- A blank CA-1 or CA-2.

Note: Do **not** complete the supervisor's portion before sending to the employee.

- Before giving "Injury Package" to the injured employee, if applicable, complete CA-17, side A, which describes the physical requirements of the employee's job and notes the availability of any light or limited duty work. Once completed, give to the employee.

Important: CA-17 is used to obtain interim medical reports about the employee's fitness for duty. It may be issued initially with CA-16.

- A blank CA-20.

For Occupational Diseases only, issue the appropriated CA-35 with the following:

- CA-2
- CA-7
- CA-7a
- CA-20
- Leave Buy Back Memo
- Physical and Occupational Therapy Authorization Request Form (see subparagraph H)
- General Medical and Surgery Authorization Request Form (see subparagraph I)
- Durable Medical Equipment Authorization Request Form (see subparagraph J).

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury (Continued)

Once the employee receives the "Injury Package", the manager/supervisor shall:

- counsel the employee about the proper processing of the forms and the implications of not adhering to the forms processing and submission requirements

Note: If the employee's claims are approved by DOL, the employee shall bring the case number to their physicians so the medical bills will be paid.

- inform the employee that for **Occupational Diseases** there is no COP (see subparagraph G).

Notes: If the employee is going to be out because of a disease, the employee shall elect to use annual leave, sick leave, or LWOP from the agency and receive compensation through DOL instead. T&TM will manage the claim so the employee receives their paycheck on time.

Request that the injured employee FAX or mail the completed CA-2 and re-emphasize the implications of not adhering to submission requirements in a timely fashion. Upon receiving CA-2, the manager/supervisor **must** complete the Supervisor's Report portion immediately and FAX to T&TM and mail hard copy (see subparagraph 163 B for FAX and mailing address).

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury (Continued)

- **For Traumatic Injuries only**, once the employee receives the “Injury Package”, the manager/supervisor shall:
 - inform the employee of the right to elect COP, annual, or sick leave if time loss will occur because of the traumatic injury
 - advise the employee whether COP will be refused, and if so, whether COP will be terminated
- Important:** The basis for the action **must** be explained to the employee and the reason for controverting the claim must always be shown on CA-1.
- follow-up with the injured employee **within 48 hours of injury notification** to acquire the completed CA-1
 - contact the injured employee, **within 7 calendar days of injury notification**, to discuss their ability to return to some form of work, if applicable, and report the findings by documenting the manager/supervisors comments onto the Injured Employee Contact Report, then e-mail or FAX the report to the servicing OWCP manager
 - request medical documentation from the injured employee for all absences because of the work-related injury and FAX all correspondence directly to T&TM (see subparagraph 163 B)
 - maintain copies of all time and attendance records reflecting code 67.

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury (Continued)

IF...	THEN the supervisor/manager must...
there is doubt as to whether the employee's condition is from a work-related injury	indicate their comments on CA-1 and CA-16.
the injured employee is treated at the agency's medical office after the date of injury	add the words "first aid" to the upper right corner of the CA-1 and submit the completed CA-1 directly to T&TM either by FAX or mail. Important: This rule applies as long as no leave or COP is charged and no medical expenses are incurred.
the injured employee does not obtain medical care or obtains only agency-sponsored care on the date of injury and no time loss is charged to either leave or COP	send CA-1 directly to T&TM by either FAX or mail (see subparagraph 163 B).

If it appears that the injured employee will remain disabled beyond the 45 calendar day COP period, then the manager/supervisor shall:

- contact the servicing OWCP manager with any questions about leave options and/or go to T&TM's web site at <http://www.tandtmanagement.com/owcp/owcp.asp>
- continue to contact the employee on a weekly basis to discuss their ability to return to some form of work, if applicable, and report the findings by documenting comments onto the Injured Employee Contact Report and FAX or e-mail the report to the servicing OWCP manager

Note: This **must** be done until the employee returns to work or OWCP adjudicates the case, whichever comes first.

160 On-the-Job Injuries (Continued)

C Supervisory Action at Time of Injury (Continued)

- request medical documentation (CA-20 or doctor's narrative) from the employee as often as needed for all absenteeism because of the work-related injury

Note: This should be done on a weekly basis until the employee returns to work or OWCP adjudicates the case, whichever comes first. OWCP Publication CA-810, Section D states that the supervisor/manager should supply CA-20 to the employee as often as needed.

- at the request of the servicing OWCP manager, initiate and complete CA-7, Supervisor's Section 15 workdays before COP ends
- contact the injured employee to discuss leave options and request that the employee complete CA-7, Employee's Section and return it along with medical evidence within 5 workdays of receipt
- follow-up with the employee to acquire the completed CA-7 and current medical documentation

Note: Upon receiving, complete CA-7, Sections 8 through 15, sign, and FAX; along with the current medical evidence, to the servicing OWCP manager. Place the originals in the mail on the same day.

- monitor the injured employee's COP usage and CA-20's for all absenteeism because of the work-related injury.

160 On-the-Job Injuries (Continued)

D Supervisory Action When Employee Returns to Duty

The following actions shall be taken when the employee returns to work.

- Work with Nichole White, Disability Employment Program Manager, at 202-401-0571 to handle accommodations on return to work from the long term rolls cases.
- Notify T&TM **immediately** by telephone (see subparagraph 163 B) when an employee returns to work.
- Ensure timely claim form submissions and coverage for the injured employees.

Note: This specifically relates to timely:

- acquiring and submitting the completed CA-1 or CA-2 from the injured employee to T&TM (see subparagraph 163 B for contact information)
- submitting CA-7 to the servicing OWCP manager to ensure that the injured employee receives timely compensation.

Important: Upon notification of case adjudication, the manager/supervisor may discontinue the weekly reporting; however, continued contact with the injured employee is still encouraged. The manager/supervisor role will reduce significantly when OWCP adjudicates the case.

160 On-the-Job Injuries (Continued)**E State OWCP Manager Action**

The State OWCP Manager is usually the AO or a State Office administrative employee. If an employee is injured while in the performance of duty, the designated servicing OWCP Manager shall approve the CA-16.

If this is the injured employee's initial visit to the physician, FAX the authorized CA-16 to the manager/supervisor (or medical facility upon notification of a work-related Traumatic Injury).

The servicing OWCP manager shall:

- **within 24 hours of receiving an injury notification:**
 - FAX the INR to the attention of Victoria Clement, T&TM at 301-446-6084

Note: INR may also be completed and submitted electronically at <http://www.tandtmanagement.com/owcp/owcp.asp>.

 - telephone T&TM at 301-446-6080, if OWCP manager does not receive an INR confirmation receipt within 24 hours of submission
- **within 3 workdays of receiving an injury notification**, contact the manager/supervisor to follow-up on the receipt of a completed **CA-1** or **CA-2**

Notes: Request that the supervisor FAX CA-1 or CA-2 directly to T&TM.

If any medical documentation on an injury claim is received, FAX and send originals by mail to T&TM (see subparagraph 163 B).

- **within 7 calendar days of receiving an injury notification:**
 - contact the supervisor to acquire their written comments about the injured employee's ability to return, if applicable, to some type of work and FAX to T&TM

Note: Continue to acquire the Injured Employee Contact Report from the supervisor on a weekly basis, to review the status of the employee's ability to return to any type of work and FAX to T&TM.

 - review the medical evidence to formulate an opinion of whether the employee will or will not return to work within 45 calendar days of the date of injury.

160 On-the-Job Injuries (Continued)

E State OWCP Manager Action (Continued)

If it appears that the injured employee will remain disabled beyond the COP 45 calendar day period State OWCP Manager shall:

- contact the supervisor to initiate CA-7
- request that the supervisor inform the employee of their leave options under FECA
- request that the employee complete CA-7, Sections 1 through 6, once the leave option has been decided

Note: The employee should hand-carry or FAX the completed CA-7 and current medical evidence, and CA-20 to their supervisor within 5 workdays. For LBB information, go to <http://www.tandtmanagement.com/owcp/owcp.asp>.

- contact the supervisor within 5 workdays from the date that CA-7 was initiated and request a FAX copy of the completed CA-7 for State’s OWCP Manager review

Note: Request that the original and the most recent medical evidence is sent by mail.

- review CA-7 for completion and FAX CA-7 and the recent medical evidence to T&TM.

Note: Upon receipt of the **original** CA-7, attach any medical documentation and mail to T&TM on the same day of receipt.

Contact Victoria Clement, T&TM representative, by telephone or e-mail with any inquiries, updates, and/or problems with the claim (see subparagraph 163 B for contact information).

160 On-the-Job Injuries (Continued)

F SPO's Responsibilities

SPO shall:

- reproduce, download, and maintain copies of injured employee's packages
- for LBB, prepare CA-7a and CA 7b, FAX to NFC for estimate at 504-426-9762

Note: After estimate is back from NFC, FAX to T&TM all the following:

- CA-7
 - all other CA forms on the case
 - NFC's estimate.
-
- work with HRD classification specialist to develop light duty positions
 - advise timekeepers on injury leave policy
 - advise injured employees on OWCP policy and entitlements
 - enter all agency chargeback codes and Occupational Safety & Health Administration site codes on CA-1 and CA-2 **before** FAXing to T&TM
 - maintain a log with all CA-1's and CA-2's sent to T&TM.

160 On-the-Job Injuries (Continued)



G Employee Responsibilities for COP

Employee determined to have been injured on-the-job are entitled to COP for 45 calendar days (see subparagraph 162 B for details). The following are the employee’s responsibilities for COP.

IF...	THEN...
the employee is receiving COP	medical documentation must be provided that supports the work-related injury to the supervisor within 10 workdays from the date of injury or there is a risk of the COP benefits being terminated.
the doctor has returned CA-17 and CA-20	additional medical documentation may be required to be provided to the supervisor during this period of COP. Important: Submitting the initial medical documentation is necessary to continue receiving COP. Failure to do so could result in delays and/or termination of employee’s benefits.
it appears the employee will be disabled beyond the 45 calendar day COP period	CA-7 should be completed and returned within 5 workdays. Attach current medical documentation and FAX or hand carry to the supervisor. For LBB information go to http://www.tandtmanagement.com/owcp/owcp.asp .
the employee does not qualify for COP	complete CA-7 immediately , attach current medical documentation, and FAX or hand-carry to the supervisor. For LBB information go to http://www.tandtmanagement.com/owcp/owcp.asp .
employee will be claiming a schedule award	employee must complete CA-7 and FAX or hand-carry to their supervisor when the doctor determines that they have reached maximum medical improvement.

Important: The employee is responsible for the necessary follow-up with the servicing OWCP manager to ensure that CA-7 is received and processed.

H Physical and Occupational Therapy Authorization Request Form

	Authorization Request Form Please fax with supporting medical documentation 800-215-4901	
<p>Effective January 3, 2005, all Prior Authorization requests must either be faxed on this template or be submitted through the Medical Authorization Entry screen on the Web Bill Processing Portal (http://owcp.dol.acs-inc.com). All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.</p>		
<p>Date Requested _____ Requested by _____</p>		
<p>Case file # _____</p> <p>Claimant Name _____</p> <p>Claimant Date of Birth _____</p> <p>Provider Name _____</p> <p>ACS Provider Number _____</p> <p>Provider Tax ID _____</p>		
<p>Date(s) of Service Requested _____</p> <p>ICD-9 Diagnosis code _____</p> <p>Procedure Code(s) and/or Modifier(s) (CPT, HCPCS, RCC) _____</p> <p>_____</p> <p>Specific body part to be treated _____</p> <p>Right___ , Left___ , Bilateral___ , N/A___</p> <p>Units/Days Requested _____</p> <p>Is this a second surgery on the same body part? _____</p> <p>Comments _____</p> <p>_____</p>		
<p>Please remember to send any supporting medical documentation with request.</p> <p>Please put Case File # on every page faxed.</p> <p>800-215-4901</p>		
<p>Authorization Form-general medical 01/12/05</p>		

160 On-the-Job Injuries (Continued)

I General Medical and Surgery Authorization Request Form



Physical Therapy/Occupational Therapy
Authorization Request Template
Please fax with supporting medical
documentation.
Fax # (800) 215-4901



Effective January 3, 2005, all Prior Authorization requests must either be faxed on this template or be submitted through the Medical Authorization Entry screen on the Web Bill Processing Portal (<http://owcp.dol.acs-inc.com>). All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.

Date Requested _____ Requested by _____

Case file # _____ Claimant's Name _____
Claimant Date of Birth _____ Claimant's DOI _____
Provider Name _____
ACS Provider Number _____
Provider Tax ID _____

ICD-9 Diagnoses Code _____
Procedure Code(s) and/or Modifier(s) (CPT, HCPCS) _____

Specific body part to be treated _____
Right _____, Left _____, Bilateral _____, N/A _____



Treatment Schedule:
Date(s) of Service Requested _____
No. of units per day: _____
No. of days of therapy per week _____ No. of Weeks _____
Total Units Req. (no. of units per day x no. of therapy days x No of weeks = total units) _____

Treatment Plan (include long/short term goals)

Comments:

Please remember to send prescription from attending physician and treatment plan with requests for physical therapy or occupational therapy. Please put Case File # on every page faxed

J Durable Medical Equipment Authorization Request Form

	<p>Durable Medical Equipment Authorization Request Form Please fax with supporting medical documentation 800-215-4901</p>	
<p>Effective January 3, 2005, all Prior Authorization requests must either be faxed on this template or be submitted through the Medical Authorization Entry screen on the Web Bill Processing Portal (http://owcp.dol.acs-inc.com). All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.</p>		
<p>Date Requested _____ Requested by _____</p>		
<p>Case file # _____ Claimant Name _____ Claimant Date of Birth (optional) _____ Provider Name _____ ACS Provider Number _____ Provider Tax ID _____</p>		
<p>Date(s) of Service Requested _____ Procedure Code(s) and/or Modifier(s) (HCPCS) _____ _____ Rental or Purchase and price per item _____ _____ Duration Requested _____ Comments _____ _____ _____</p>		
<p>Please remember to send prescription from attending physician and/or any supporting medical documentation for request. Please put Case File # on every page faxed. 800-215-4901</p>		
<p>Authorization Form-DME 01/12/05</p>		

160 On-the-Job Injuries (Continued)**K OWCP Forms**

All OWCP forms can be obtained at <http://www.tandtmanagement.com/owcp/owcp.asp>.

Note: CA-16's should be obtained from the Beltsville Service Center at <http://www.bsc.usda.gov>. SPO's will need to know their customer ID number. To obtain customer ID numbers, call 301-394-0400.

161 On-the-Job Injury Inquiries**A Status of Bills or Claims for Reimbursement Inquiries**

Inquire about the status of a bill or claim for reimbursement through either of the following:

- a 24 hour-a-day Interactive Voice Response system at 866-335-8319
- a customer service representative, available Monday through Friday, 8 a.m. to 8 p.m. e.t. at 850-558-1818.

B Claim Inquiries

Direct claim inquiries, other than the status of a bill or claim for reimbursement, to Victoria Clement by telephone at 301-446-6080.

Important: A number of statutory provisions (20 CFR 10.16) make it a crime to file a false or fraudulent claim or statement with the government in connection with a claim under FECA, or to wrongfully impede a FECA claim.

Administrative proceedings may be initiated under the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801-12, to impose civil penalties and assessments against persons who make, submit, or present, or cause to be made, submitted or presented, false, fictitious, or fraudulent claims or written statements to OWCP in connection with a claim under FECA.

For additional information visit T&TM's web site at <http://www.tandtmanagement.com/owcp/owcp.asp>.

162 Time and Attendance for On-the-Job Injuries**A Payroll Purposes**

If the employee uses 1/2 day for a medical appointment that is related to the on-the-job injury and then comes into work for the other 1/2 day, the timekeeper must charge:

- 1/2 day to code 67 (injury leave)
- 1/2 day shall be coded as regular time.

Notes: A medical certificate **must** be provided.

For the purposes of counting the 45 calendar days of COP, the 1/2 day of injury leave is counted as a full day.

If the employee uses 1/2 day for a medical appointment that is related to the on-the-job injury and does **not** return to work that day, a doctor's certificate excusing the employee from work because of total disability/inability to perform duties as a result of the on-the-job injury **must** be provided. If the employee does **not** bring a doctor's certificate stating that they are totally disabled, the other 1/2 day will be charge to annual leave, sick leave, LWOP, or AWOL, as applicable.

B 45 Calendar Day Period for COP

COP is an entitlement and is counted in calendar days including Saturdays, Sundays, and holidays, not workdays. After 45 calendar days have passed, COP ends. A whole COP day is charged even if only 1 hour of COP (code 67-injury leave) is used. After COP ends, the employee may elect to use annual leave, sick leave, or LWOP, if disability continues beyond the 45 calendar days.

Notes: If employee's case is disapproved by DOL, COP will have to be changed to annual or sick leave.

Timekeepers shall record COP using code 67.

163 T&TM**A Overview**

T&TM is FSA's contact with DOL to find claims status, medical documentation, bill and reimbursement inquiries, correspondence, LBB, etc. Any new injury or illness claims reported on CA-1 or CA-2 should be FAXed or mailed directly to T&TM.

B Contact Information

The following is contact information for T&TM:

- FAX is 301-446-6084, attention Loren Woodson
- mailing address is:

T&T Management Inc.
Attn: OWCP
7833 Walker Dr Ste 620
Greenbelt MD 20770

- web site is <http://www.tandtmanagement.com/owcp/owcp.asp>
- telephone to attention Loren Woodson at 301-446-6080.

C OWCP Forms and Information

OWCP forms and information can be found at
<http://www.tandtmanagement.com/owcp/owcp.asp>.

Important: If an employee does **not** have access to the Internet, the employee shall contact their SPO.

164-199 (Reserved)

Part 9 TSP

200 TSP Participation

A Overview

Federal or county employees have the opportunity to participate in TSP. TSP:

- is a retirement benefit that is offered to U.S. Government employees; similar to “401(k)” plans available to many private sector employees
- provides employee the opportunity to participate in a long-term savings and investment plan.

Saving for retirement through TSP provides numerous advantages, including:

- before-tax contributions and tax-deferred investment earnings
- automatic payroll deductions
- low administrative and investment expenses
- a diversified choice of investment options, including professionally designed lifecycle funds
- agency contributions, if employee is a FERS employee
- limited access to their money through loans while the employee is still employed by the Federal Government
- a portable retirement account that can move with the employee when they retire or leave Federal service
- a variety of withdrawal options.

Employees should read “Summary of the Thrift Savings Plan” available at <http://www.tsp.gov/forms/tspbk08.pdf>.

200 TSP Participation (Continued)**B Employee Contributions**

Eligible employees may begin making contributions as soon as they submit a TSP-1 to their SPO or enter their request through EPP. Employees may obtain TSP-1's from the TSP web site at <http://www.tsp.gov> or from their SPO.

C Agency Automatic (1%) Contributions

All FERS employees receive an agency contribution equal to 1 percent of the employee's basic pay, each pay period, to the employee's TSP account. These contributions are called "Agency Automatic (1%) Contributions". Employees do **not** need to be making employee TSP contributions to receive the Agency Automatic (1%) Contributions; however, new FERS employees, and rehired FERS employees who were not previously eligible for agency contributions, must serve a waiting period (see subparagraph D) before becoming eligible for agency contributions. Agency Automatic (1%) Contributions will **not**:

- be taken out of the employee's pay
- decrease the employee's income for income tax or Social Security purposes.

D Vesting

Agency Automatic (1%) Contributions are subject to vesting. Employees become vested (entitled to keep) the Agency Automatic (1%) Contributions and any earnings accrued after employees have completed a time-in-service requirement, which is:

- 3 years for most FERS employees
- 2 years for FERS employees in Congressional and certain noncareer positions.

All Federal and county civilian service counts toward vesting, **not** just service while employees are TSP participants. The date an employee's vesting period begins is determined by their TSP-SCD. If an employee leaves Government service before satisfying the vesting requirement, the Agency Automatic (1%) Contributions and any earnings accrued will be forfeited to TSP.

Note: If an employee dies before separating from service, the employee automatically becomes immediately vested in:

- their own contributions
- any earnings accrued
- any Matching Contributions (see subparagraph E), if received.

200 TSP Participation (Continued)**E Matching Contributions**

FERS employees receive Matching Contributions from their agency on their regular employee contributions, as soon as they become eligible for Agency Automatic (1%) Contributions. FERS participants receive Matching Contributions on the first 5 percent of pay they contribute each pay period.

Note: The first 3 percent of pay that employees contribute will be matched dollar-for-dollar; the next 2 percent will be matched at 50 cents on the dollar. Contributions above 5 percent will **not** be matched.

If an employee stops making regular employee contributions, their Matching Contributions will stop. Matching Contributions:

- are **not** taken out of the employees pay
- do **not** increase the employee's income for income tax or Social Security purposes.

Matching Contributions combined with Agency Automatic (1%) Contribution can add as much as 5 percent of basic pay to employee TSP accounts.

Notes: CSRS participants do **not** receive Matching Contributions.

There are **no** Matching Contributions for catch-up contributions (see subparagraph 201 C).

201 TSP Contributions

A Individual Funds

There are 5 individual funds that employees may elect to put all or a portion of their TSP contributions, as follow.

- **Government Securities Investment (G) Fund** — The G Fund is invested in short-term U.S. Treasury securities, giving employees the opportunity to earn rates of interest similar to those of long-term Government securities with no risk of loss of principal. Payment of principal and interest is guaranteed by the U.S. Government. Interest on the G Fund has historically outpaced inflation and 90 calendar day Treasury rates.
- **Fixed Income Index Investment (F) Fund** — The F Fund is invested in a bond index fund that tracks the Lehman Brothers U.S. Aggregate index. This is a broad index representing the U.S. Government, mortgage-backed, corporate, and foreign government sectors of the U.S. bond market. This fund offers the opportunity to earn rates of return that exceed money market fund rates over the long term (particularly during periods of declining interest rates).
- **Common Stock Index Investment (C) Fund** — The C Fund is invested in a stock index fund that tracks the Standard & Poor's (S&P) 500 stock index. This is a broad market index made up of the stocks of 500 large to medium-sized U.S. companies. It offers the potential to earn high investment returns over the long term.
- **Small Capitalization Stock Index (S) Fund** — The S Fund is invested in a stock index fund that tracks the Dow-Jones-Wilshire 4500 Completion index. This is a broad market of small and medium-sized U.S. companies that are not included in the S&P 500 index. It offers employees the opportunity to earn potentially higher investment returns over the long term than employees would in the C Fund, but with greater volatility.
- **International Stock Index Investment (I) Fund** — The I Fund is invested in a stock index fund that tracks the Morgan Stanley Capital International EAFE (Europe, Australasia, international market index, made up of primarily large companies in 21 developed countries. It provides the opportunity to invest in the international market with the potential to earn high investment returns over the long term.

201 TSP Contributions (Continued)**B Lifecycle (L) Funds**

L Funds:

- are intended to meet the investment needs of TSP participants with time horizons that fall into 5 different date ranges
- were designed for TSP by Mercer Investment Consulting, Inc.

The asset allocations are based on Mercer Investment Consulting, Inc.'s assumptions about future investment returns, inflation, economic growth, and interest rates. Mercer Investment Consulting, Inc. will review these assumptions at least annually and determine whether changes to the allocations are warranted.

L 2040, L 2030, L 2020, and L 2010 are for participants with time horizons that fall within the defined date ranges. The asset allocations of these funds are adjusted quarterly, moving to a more conservative mix, gradually approaching the L Income Fund. Between quarterly adjustments, the asset allocation of each fund is maintained through daily rebalancing to that fund's target allocation. When a fund reaches its horizon, it will roll into the L Income Fund and a new fund will be added with a more distant horizon.

Example: In 2010, when the L 2010 Fund rolls into the L Income Fund, a new L 2050 Fund will be created. The L Income Fund is designed to produce current income for participants who are already receiving money from their accounts through monthly payments, and for participants who plan to withdraw or begin withdrawing from their account before 2008. The asset allocation of the L Income Fund does **not** change over time; it is maintained through daily rebalancing.

201 TSP Contributions (Continued)**C Catch-Up Contributions**

Catch-up contributions are payroll deductions that participants who are age 50 or older may be eligible to make **in addition to** regular employee contributions. These deductions are also taken from before-tax basic pay. To be eligible to make catch-up contributions, employees must already be contributing the maximum amount of employee contributions. Once the employee is eligible, they can begin making catch-up contributions at any time. Catch-up contributions will stop automatically when the employee meets the IRS limit, when the amount of the catch-up contributions elected has been reached, or at the end of the calendar year, whichever comes first. The employee must:

- make a new election for each calendar year
- use TSP-1-C to make the election.

See TSP Fact Sheet on TSP Catch-Up web site at <http://www.tsp.gov/forms/oc03-03.pdf>.

D TSP Web Site

Employees can review their contribution accounts, transfer funds, and download TSP forms and publications from TSP's web site at www.tsp.gov. The web site also has a calculator so that employees can project their future TSP earnings. Employees will need a password to access their TSP accounts online.

E TSP Withdrawals

See the following TSP Publications on withdrawal options:

- TSP In-Service Withdrawals at <http://www.tsp.gov/forms/tspbk12.pdf>
- Withdrawing Your TSP After Leaving Federal Service at <http://www.tsp.gov/forms/tspbk02.pdf>.

202-249 (Reserved)

Part 10 FEDVIP**251 FEDVIP Information****A Background**

The Federal Employee Dental and Vision Benefits Enhancement Act, Pub. L. 108 496, that was signed on December 23, 2004, directed OPM to make supplemental dental and vision benefits available to Federal and county employees, annuitants, and their eligible family members.

B SPO Role and Responsibilities

FEDVIP is voluntary. SPO's responsibilities are to:

- help make employees aware of FEDVIP
- facilitate the efforts of FEDVIP plans and BENEFEDS to provide information to employees
- direct employees to the appropriate entities to get further information
- help employees with FEDVIP eligibility questions and help them provide their FEDVIP plan with information on the eligibility of their dependent children in certain circumstances.

251 FEDVIP Information (Continued)

C FEDVIP Versus FEHB

FEDVIP and FEHB are entirely separate programs. Some FEHB plans will:

- continue to offer coverage of some dental and vision services
- offer non-FEHB dental and vision services.

FEDVIP provides **supplemental** dental and vision insurance coverage. Some carriers participate in both FEHB and FEDVIP.

Individuals eligible to enroll in both programs can choose to enroll in:

- FEHB only
- FEDVIP only
- both
- neither.

Note: Individuals eligible can choose different enrollment types for each program.

Example: Individuals eligible can enroll in self and family coverage under FEHB, but self only coverage under FEDVIP.

The following table provides some of the key differences between FEDVIP and FEHB.

Issue	FEHB	FEDVIP
Types of Enrollment	Self Self and Family	Self Self Plus One Self and Family
Premium Conversion (Pre-tax premium payments.)	Optional for employees. Not available for annuitants.	Required for employees. Not available for annuitants.
QLE	Includes all events allowed by Internal Revenue Code Section 125	Limited.
Premium Contributions	Government contribution toward premiums.	No Government contribution; enrollees pay 100 percent of premiums.
Enrollment	Enroll through agency human resources office or retirement system, often through access to a self service system such as Employee Express, EBIS, MyPay, Annuitant Express, etc.	Enroll through BENEFEDS.com.

251 FEDVIP Information (Continued)

C FEDVIP Versus FEHB (Continued)

Issue	FEHB	FEDVIP
Carrying coverage into retirement and enrolling as an annuitant.	Must meet “5-year rule” to carry into retirement and generally cannot enroll as an annuitant.	No 5-year rule. Can carry into retirement, if retiring on an immediate annuity including retiring on disability. Can enroll as an annuitant during any open season or because of a QLE.
Disputed claims process.	Uniform claims review processes among plans. If claim still denied after reconsideration by plan, enrollee may request OPM review.	Claim review processes differ among plans. If plan still denies claim after completing all its review procedures, enrollee may request review by independent 3rd party mutually agreed to by the plan and OPM. No OPM review of disputed claims.
31 calendar day extension of coverage.	Yes	No
Temporary continuation of coverage.	Yes	No
Spouse equity coverage.	Yes	No
Right to convert to an individual policy.	Yes	No
Annuitant cancellation of coverage or suspension of enrollment.	Annuitants can cancel coverage at any time but cannot re-enroll. Annuitants can suspend coverage under certain circumstances.	Annuitants can only cancel coverage during open season. Annuitants can re-enroll during future open seasons. There is no suspension of coverage.

251 FEDVIP Information (Continued)**D Pre-Existing Conditions and Waiting Periods**

There is **no** exclusion for pre-existing conditions for FEDVIP plans. Waiting periods are allowed only for orthodontic services. If a plan has a waiting period, the person receiving the services must be enrolled in the same plan for the entire duration of the waiting period, as specified by the plan. Waiting periods satisfied under FEHB plans or other supplemental dental plans cannot be applied toward FEDVIP plans.

E Different Enrollment Types Allowed for Dental Plans and Vision Plans

Within FEDVIP, dental insurance plans and vision insurance plans operate completely independently of each another. That means an eligible employee can enroll for dental insurance only, vision insurance only, neither, or both.

Employees who enroll in both a dental plan and vision plan and choose Self Plus One coverage for each plan can opt to cover a different dependent in each plan.

F Coordination of Benefits

Some FEHB plans already cover some dental and vision services. If a FEDVIP enrollee's FEHB plan provides any benefits for dental and vision services, the FEHB plan will be the first payor of any benefits. FEDVIP plans are responsible for coordinating benefits with the primary payor. FEDVIP plans will coordinate:

- benefit payments with the payment of benefits under other group health benefits coverage enrollees may have and the payment of dental or vision costs under no-fault insurance that pays benefits without regard to fault
- benefits with other group dental or vision insurance, if that information is provided by enrollees.

FEDVIP plans may request that enrollees verify/identify their health insurance plans annually or at the time of service.

Note: Enrollees who change FEHB plans during open season after enrolling at **BENEFEDS.com** should communicate that change in BENEFEDS. Providing FEHB information may reduce enrollees' out-of-pocket costs.

G Claims Dispute and Resolution

Each plan has its own process and timeframe for reviewing disputed claims, which are explained in its FEDVIP brochure. Employees should study this section of the brochure carefully before enrolling. If an employee has completed the plan's claims dispute process and still disagrees with the plan's decision, he or she may request that an independent third party, mutually agreed to by the plan and OPM, review the decision. The decision of the independent third party is final and binding. OPM does not review disputed FEDVIP claims.

252 Eligibility**A Eligible Employees**

Federal and county are eligible to enroll in FEDVIP if they are eligible to enroll in the FEHB Program. **Employees need not be enrolled in FEHB; they just must meet the eligibility to enroll.**

B Ineligible Employees

The list of excluded positions is the same as for FEHB Program. Parents and other relatives not listed in the FEHB Handbook as eligible are not eligible family members, even if they live with and are dependent upon the enrollee.

Exceptions: Siblings and parents may be covered under a child survivor annuitant's enrollment, if they are eligible family members of the deceased employee or annuitant.

Grandchildren are **not** eligible family members unless they qualify as foster children.

C Annuitants

Annuitants are eligible to enroll in FEDVIP, if they retired on an immediate annuity under a federal retirement system.

Note: This includes employees enrolled in FEDVIP who retire on a Minimum Retirement Age +10 annuity and elect to postpone receipt of their annuity. These employees lose FEDVIP coverage upon separation from service. However, the annuitant can enroll in FEDVIP within 60 calendar days of when they start receiving their annuity. They do not have to enroll in the same plan, option, or same enrollment type they had when they separated.

Individuals who retire for disability under CSRS, FERS, or another retirement system for employees of the Government are also eligible.

Note: There is no 5-year rule for continuing coverage into retirement as there is with the FEHB Program.

Employees retired on a deferred annuity (such as, they are **not** eligible for an immediate annuity when they separate from Federal service) are **not** eligible to enroll in FEDVIP and **cannot** continue a FEDVIP enrollment into retirement.

252 Eligibility (Continued)**D Compensationers**

Compensationers are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

E Survivors

Survivors of deceased Federal or county annuitants may be eligible to enroll or continue the enrollment of the deceased.

Notes: A member of a family who receives an immediate annuity as the survivor of an employee or a retired employee is eligible to enroll in FEDVIP; the survivor does **not** have to have been covered under the deceased person's FEDVIP enrollment.

If an employee or annuitant enrolled in FEDVIP dies while enrolled in Self Plus One or Self and Family, the enrollment will continue for their eligible family members who become survivor annuitants.

A family member, receiving monthly compensation from OWCP as the surviving beneficiary of an employee who dies as a result of illness or injury sustained while in performance of his/her duty, can enroll in FEDVIP or continue the deceased's FEDVIP enrollment.

252 Eligibility (Continued)

H Family Members

FEDVIP follows FEHB rules for family member eligibility. Specific guidance is available in the FEHB Handbook at www.opm.gov/insure/handbook/fehb28.asp#Family. Employees enroll in FEDVIP online at BENEFEDS.com. During the enrollment process, eligible employees **self-certify** their eligibility for FEDVIP.

Employees who elect Self Plus One or Self and Family coverage in FEDVIP, self-certify the eligibility of their dependents. Employees who do **not** know whether they or their family members are eligible for coverage should check with their SPO for guidance.

Note: FEDVIP plans may request that an enrollee provide documentation that confirms a family member's eligibility (such as a marriage certificate or adoption papers), either when an employee initially enrolls or when an enrollee adds a family member to an existing enrollment. If the employee already has approved determination about a child's eligibility under the FEHB Program or the FEGLI Program as a foster child or a child age 22 or over who is incapable of self support because of a mental or physical disability that began before age 22, the enrollee can provide the FEDVIP plan with a copy of that determination. If this determination has not already been made, the enrollee **must** request that determination from their SPO and then submit a copy to the plan that will make the final determination of eligibility, as required in the law. SPO's shall comply promptly with requests from enrollees for this documentation.

FEDVIP plans may accept a physician's statement that a child has a medical condition listed in OPM's FEHB Handbook at www.opm.gov/insure/handbook/fehb30.asp and he/she had the condition before reaching age 22, as acceptable documentation that the child is incapable of self support. The physician's statement **must** specify the diagnosis or condition of the child.

253 Enrollment

A Types of Enrollment

There are 3 types of enrollment available under FEDVIP. The following table provides information on the enrollment types.

Type of Enrollment	Description
Self Only	Covers only the enrolled employee. An eligible employee may enroll in Self Only even though he/she has a family, but the family members are not covered.
Self Plus One	Covers the enrolled employee or annuitant plus 1 eligible family member. Eligible individuals may enroll in Self Plus One even though they have more than 1 eligible family member, but the additional family members are not covered. The enrollee must specify during the enrollment process which 1 eligible family member he/she wants to cover under a Self Plus One. The enrollee may change the covered family member to another eligible family member during an open season or because of a QLE. Note: Self Plus One is not available under FEHB Program. FEHB law prohibits such a category.
Self and Family	Covers the enrolled employee and all eligible family members. Enrollees should list all eligible family members when they enroll through BENEFEDS.com to ensure timely claim payments. All the enrollee’s eligible family members are automatically covered, even if the enrollee fails to list all of them when enrolling on BENEFEDS, but claim payments may be delayed for family members who were omitted.

B Adding Eligible Family Members

An eligible individual may enroll in Self and Family coverage before he/she has any eligible family members. The family member (such as a newborn child or a new spouse) is automatically covered by the Self and Family enrollment from the date he/she becomes a family member.

Note: Employees should still add new family members to existing Self and Family enrollments through BENEFEDS to ensure timely payment of claims.

253 Enrollment (Continued)**C Family Member Loses Eligibility**

For Self Plus One and Self and Family enrollments, when an eligible family member on an existing enrollment loses eligibility and there is at least 1 other eligible family member remaining on the enrollment, the enrollee should remove the ineligible family member through BENEFEDS.

Note: Failure to remove ineligible family members does **not** make them eligible.

D Both Husband and Wife Eligible to Enroll

If both spouses are eligible for FEDVIP, each may enroll in their own plan.

E Dual Enrollments

An employee may be enrolled or covered under a FEDVIP dental plan and a separate FEDVIP vision plan at the same time; this is **not** a dual enrollment.

Dual enrollment is when an employee is covered under more than 1 FEDVIP dental enrollment or more than 1 FEDVIP vision enrollment. Generally, dual enrollment is prohibited except when elimination of the dual enrollment would cause a covered person to lose coverage. **No enrollee or family member may receive benefits under more than 1 FEDVIP dental enrollment or more than 1 FEDVIP vision enrollment.**

253 Enrollment (Continued)**F When Dual Enrollment is Allowed**

Dual enrollment **must** be authorized by BENEFEDS and will only be allowed when the enrollee or an eligible family member would otherwise lose coverage. Allowable dual enrollment includes, but is not limited to, the following:

- when the enrollee and spouse legally separate and both of them retain custody of their children from previous marriages
- when the enrollee and spouse have children from previous marriages who do **not** live with them
- when the enrollee and spouse legally separate and the enrollee or his/her children would lose full dental and/or vision coverage (that is the enrollee moves outside the service area when enrolled in a plan with a geographically restricted service area and the spouse refuses to change health plans; or the spouse refuses to pass along reimbursements for dental and/or vision claims filed)
- when the enrollee is under age 22, covered by his/her parent's enrollment as a dependent, and becomes a parent.

If BENEFEDS authorizes a dual enrollment, the enrollee may be covered and receive benefits only under his/her own enrollment.

Note: If the enrollee or a family member receives benefits under more than one plan, it is considered fraud and the enrollee is subject to disciplinary action.

G Eliminating a Dual Enrollment

If BENEFEDS and/or a FEDVIP plan discover an unauthorized dual enrollment, 1 of the enrollments **must** be canceled prospectively from the date the dual enrollment was discovered. **The premiums paid for the cancelled enrollment will not be refunded to the enrollee.** The enrollee is **not** required to refund any benefits paid under the cancelled enrollment. If the enrollee and spouse are unable to agree on which enrollment to continue, the enrollment of the spouse with a court order to provide coverage for the children will be continued. Otherwise, the 2nd (later) enrollment **must** be canceled.

254 How to Make or Cancel An Enrollment

A Enrollment Options

The following provide the 3 ways for eligible employees/annuitants to enroll or change an enrollment in FEDVIP:

- online at **BENEFEDS.com**

Note: **BENEFEDS.com** contains an online tutorial, extensive online help, and a Frequently Asked Questions section to assist enrollees through the enrollment process.

- by telephone, toll-free at 877-888-FEDS (877-888-3337) or TTY 877-889-5680

Note: BENEFEDS phone representatives can be reached during the following hours:

- during open season, 9 a.m. to 9 p.m. e.t., Monday through Friday
 - during the last weekend of open season, 9 a.m. to 9 p.m. e.t., Saturday and Sunday
 - non-open season, 9 a.m. to 7 p.m. e.t., Monday through Friday.
- by mail to BENEFEDS.

Note: Using paper forms will be extremely limited and will be managed by OPM. Employees who do **not** have online access and are **not** available during telephone hours should contact their SPO immediately. SPO's should contact OPM by e-mailing **BENEFEDSportal@opm.gov**.

Employees **cannot** enroll in a FEDVIP plan using SF-2809 or through EPP.

Before enrolling online at **BENEFEDS.com**, eligible employees are encouraged to explore available plan options by visiting the BENEFEDS Research Section that contains links to information and tools on OPM's FEDVIP web site, including FEDVIP portion of FEHB Guide, a Plan Comparison Tool, and links to each FEDVIP plan's web site.

254 How to Make or Cancel An Enrollment (Continued)

B How to Enroll

There are 2 steps involved in enrolling in FEDVIP online.

Step	Action
1	Employee must create a BENEFEDS.com account by providing demographic and employment information.
2	Eligible employees/annuitants should compare plans and enroll. Notes: Employees/annuitants who want to enroll in both a dental and vision plan must complete the second part for each plan. BENEFEDS estimates that it will take 20 minutes or less to enroll.

Telephone enrollment is very similar to online enrolment. Enrollees will be issued a username that they will use in subsequent calls or online transactions with BENEFEDS.

C Eligible Employee Enrollment

Eligible employees can enroll at any of the following:

- during the annual open season

Note: FEDVIP open seasons will run concurrently with the open seasons for FEHB and FSAFEDS

- within 60 calendar days after first becoming eligible as any of the following:
 - a new employee
 - a previously ineligible employee who transferred to a covered position
 - a survivor annuitant, if not already covered under FEDVIP
- within 60 calendar days after returning to service following a break in service of at least 31 calendar days
- within 60 calendar days after a QLE that allows enrollment.

254 How to Make or Cancel An Enrollment (Continued)**D Belated Enrollments**

SPO's **cannot** extend the open season.

The time limit for enrolling or changing an enrollment may be extended for up to 6 months after the individual first becomes eligible, has a QLE, or after the end of open season, if the individual provides evidence to BENEFEDS that he/she was unable to enroll or change enrollment timely for reasons beyond his/her control.

SPO's do **not** make decisions on belated enrollments. BENEFEDS has this responsibility for FEDVIP. If BENEFEDS allows a belated enrollment or change in enrollment, the individual must enroll or change enrollment within 30 calendar days after BENEFEDS notifies him/her. BENEFEDS will allow belated enrollments and changes only in exceptional circumstances. BENEFEDS decisions **cannot** be appealed.

E Enrollment Effective Date

BENEFEDS will notify enrollees of the effective date of their coverage.

F Canceling Enrollments

Enrollees can cancel their enrollment **only** during the annual open season unless there is a QLE. An eligible family member's coverage ends on the cancellation effective date.

G Re-Enrollment

Re-enrollment is automatic each year, unless an enrollee chooses to make a change during open season or a plan terminates its participation in FEDVIP.

255 QLE Opportunities to Change Enrollment

A Definition

QLE's are events that may allow eligible employees to enroll or change their enrollment, outside of an open season. **Since employees pay FEDVIP premiums on a pre-tax basis, OPM must follow IRS rules to determine what events are QLE's.** The number and type of permitted QLE's are more limited than in FEHB Program.

Note: Rules for QLE's in FEDVIP apply to annuitants as well as employees.

Enrollment actions taken **must** be consistent with QLE.

Example: Enrollees can change from Self Only to Self Plus One when QLE is "acquiring an eligible family member". Enrollees **cannot** decrease from Self Plus One to Self Only since that action is **not** consistent with adding a family member.

B Allowable Changes

Some QLE's allow enrollment and some QLE's allow changes in enrollment, but **no** QLE allows every type of enrollment action. Employees making an enrollment change based on experiencing a QLE may later cancel that action, if he/she does so within the time limit allowed for QLE's.

255 QLE Opportunities to Change Enrollment (Continued)

B Allowable Changes (Continued)

The following chart summarizes QLE's that permit enrollment changes and changes that can be made outside of open season.

QLE that may permit a change in enrollment	From Not Enrolled to Enrolled	Increase from Self Only to Self Plus One or to Self and Family or from Self Plus One to Self and Family	Decrease from Self and Family to Self Plus One or to Self Only or From Self Plus One to Self Only	Cancel	Change From 1 Plan to Another
Acquiring an eligible family member.	No	Yes	No	No	No
Losing a covered family member.	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person).	Yes	Yes	No	No	No
Moving out of regional plan's service area.	No	No	No	No	Yes
Return to pay status from active military duty.	Yes	No	No	No	No
Annuity or compensation restored.	Yes	No	No	No	No

255 QLE Opportunities to Change Enrollment (Continued)

C Timeframe for Requesting QLE's

The timeframe for requesting QLE changes is from 31 calendar days before to 60 calendar days after the event. An enrolled employee can request a change in his/her enrollment up to 31 calendar days before an event, such as marriage. If an employee changes his/her enrollment in anticipation of a permitted QLE, and that event does **not** occur, QLE can be cancelled.

Exceptions: There is **no** time limit for a change based on moving from a regional plan's service area.

Employees **cannot** request a new enrollment based on a QLE before QLE occurs; he/she must make the change no later than 60 calendar days after the event.

Reports, Forms, Abbreviations, and Delegations of Authority

Reports

None.

Forms

The following table lists the forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-334	Statement of Earnings and Leave		65
CA-1	Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation		160, 163
CA-2	Notice of Occupational Disease and Claim Compensation		160, 163
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease		160
CA-7A	Time Analysis Form		160
CA-16	Authorization for Examination and/or Treatment		160
CA-17	Duty Status Report		160
CA-20	Attending Physicians Report		160
CA-35	Checklist for CA Forms		160
CA-810	Injury Compensation for Federal Employees Publication		160
ES-931	Request for Wage and Separation Information		113
ES-931A	Request for Separation Information for Additional Information		113
FED00123	The Federal Long Term Care Program		101
FSA-282	Notice of Personnel Action (for County Employees)		14
SF-50	Notification of Personnel Action		14, 91
SF-52	Request for Personnel Action		66
SF-1164	Claim for Reimbursement for Expenditures on Official Business		154
SF-2809	Health Benefits Registration Form		63, 254
W-2	Wage and Tax Statement		65

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Abbreviations Not Listed in 1-CM

The following table lists all abbreviations not listed in 1-CM.

Approved Abbreviation	Term	Reference
AO	administrator officer	3, 5, 14, 112, 152
BAL	benefit administration letter	5, 15, 62, 63
BENEFEDS	Benefits for the Federal Government	251-254
BENEFITSINFO	Benefits Administration Information Online Mailing List	5
CMS	The Centers for Medicare and Medicaid Services	67
COP	continuation of pay	160, 162
CSRS	Civil Service Retirement System	Text
DOL	Department of Labor	3, 111, 112, 160, 162, 163
EPB	Employee Programs Branch	1, 3, 13-15
ESI	Economic Systems, Inc.	14
FECA	Federal Employees' Compensation Act	160
FEDMER	Federal Medical Evidence of Record	12
FEDVIP	Federal Employees Dental/Vision Insurance Program	1, 2, 251
FEGLI	Federal Employees Group Life Insurance	1, 2, 4, 16, 91, 251
FEHB	Federal Employees Health Benefits	Text
FEHB-PC	Federal Employees Health Benefits-Premium Conversion	62, 65
FERCCA	Federal Erroneous Retirement Coverage Corrections Act	14
FERS	Federal Employees Retirement System	1, 11, 14, 16, 200, 252
FLTCIP	Federal Employees Long Term Care Insurance Program	1, 2, 101, 102
FRB	Federal Retirement and Benefits	14
FRB-WEB	Federal Retirement and Benefits Web-Based Program	14
FSAFEDS	Flexible Spending Accounts for the Federal Government	65, 251, 254
FSAP	Flexible Spending Account Program	1, 2, 65
FSPS	Foreign Service Pension System	1, 11, 13
FSRDS	Foreign Service Retirement and Disability System	1, 13

Reports, Forms, Abbreviations, and Delegations of Authority (Continued)

Abbreviations Not Listed in 1-CM (Continued)

Approved Abbreviation	Term	Reference
HSA	Health Savings Account	64
INR	injury notification report	160
LBB	leave buy back	160, 163
LWOP	leave without pay	13, 61, 65, 66, 160, 162
MER	Medical Evidence of Record	12
MRA	minimum retirement age	11
OF	optional form	4
OPF	official personnel folder	14, 15, 63
OWCP	Office of Worker's Compensation Program	4, 160, 161, 163, 252
QLE	qualifying life event	62, 65, 251, 253-255
RI	retirement and insurance	4
SCD	service computation dates	14, 200
SF	standard form	4, 13, 63, 66, 91, 154, 254
SPO	servicing personnel office	Text
SPPS	Special Payroll Processing System	15
SSA	Social Security Administration	4, 13, 67
T&TM	T&T Management, Inc.	160, 161, 163
TSP	Thrift Savings Plan	1, 4, 12-14, 200, 201

Redelegations of Authority

None

Definitions of Terms Used in This Handbook

BAL

BAL's are used for program administration and provide guidance to agencies on various aspects of benefits administration.

Management Official

A management official is an individual employed by an agency in a position with duties and responsibilities of which require or authorize the individual to formulate, determine, or influence the policies of the agency.

Professional Liability Insurance

Professional liability insurance is defined as insurance that provides coverage for the following.

- Legal liability for damages because injuries to other persons, damage to their property, or other damage or loss to other persons, including the expenses of litigation and settlement, resulting from or arising out of any tortuous act, error, or omission of the covered individual (whether common law, statutory, or constitutional) while in the performance of the individual's official duties as a qualified employee.
- The cost of legal representation for the covered individual in connection with any administrative or judicial proceeding, including any investigation or disciplinary proceeding, relating to any act, error, or omission of the covered individual while in the performance of the individual's official duties as a qualified employee, and other legal costs and fees relating to any administrative or judicial proceeding.

Supervisor

A supervisor is an individual employed by an agency having authority in the interest of the agency to hire, direct, assign, promote, reward, transfer, furlough, layoff, recall, suspend, discipline, or remove employees, to adjust their grievances, or to effectively recommend such action, if the exercise of the authority is not merely routine or clerical in nature but requires the consistent exercise of independent judgment.

Workday

A workday is a business day of the employing agency during which evidence can be submitted to an authorized agency official.

