USERRA ELECTION OPTIONS

	ease indicate your el plicable, write N/A i	lection and acknowledgment by placing your INITIALS in the in brackets.	e spaces provided below. If not
NA	AME:	WORK LOCATION:	
	(1	Print: Last, First, MI) WORK LOCATION:	
PC	SITION TITLE:		
SU	IPERVISOR (CIV):		
		(Print)	(Phone)
1.	USERRA Technicia	n Information/Notification and Election Rights:	
	[]	I am a permanent, indefinite, or temporary employee. I h concerning my election rights and benefits under USERR,	
	[]	I understand I am responsible for making sure the HRO ha Options Form, 2) Military Orders, and 3) SF-52 necessary All three of the forms listed above are to be sent to the H	to process my AUS or separation action.
2.	Compensatory Tir	ne: (I wish to use the following earned comp time prior to	separation or AUS)
	[]	Should a Federal Technician receive orders for military se accrued regular comp time prior to the effective date of t provide your current LES and only the displayed amount of Hours From	he SF 50 for AUS purposes. You must
	[]	I acknowledge by signing this, any comp time that I use w	hile AUS will cause a debt.
3.	Current Work Sche	edule:	
	[]	4/10 Work only four days a week for 10 hours a day with	either Monday OR Friday off
	[]	9/8 Work eight 9 hour days & one 8 hour day in a two we	ek period with Monday OR Friday off
	[]	5/8 Work Monday thru Friday 8 hours a day	
4.	I want to be: (initia	al one and provide effective date)	
	[]	Placed on Absent – Uniformed Service, effective:	
	[]	Separated, effective: NOTE: If I separate from my employment my FEHB and FE separation date (with the right to convert to an individual	

5. Annual Leave: (I request)

[____] A lump-sum payment of all my accrued annual leave.

[____] That you retain my annual leave in my leave account until I return to civilian service.

6. Federal Employee Health Benefits (FEHB):

[]	I do not have FEHB.
[]	My military service is for 30 days or less – my coverage will continue. I need to make no further election regarding health benefits, unless my military service is later extended past 30 days.

[____] I want to terminate my FEHB coverage effective the last day of the pay period that I have elected to enter on active duty or placed on absent – uniformed service. NOTE: My FEHB will continue temporarily for 31 days at no cost from the last day of the pay period.

<u>OR</u>

I want to continue my FEHB coverage: (initial one)

- [____] I am being called to active duty <u>in support of a contingency operation</u>. My agency will pay my share of the FEHB premium for up to 24 months. The 24-month period starts the date I am placed on absent uniformed service.
- [____] My active duty <u>is not in support of a contingency operation</u>. I am entitled to up to 24 months of continued FEHB coverage beginning the date my absence from my civilian position begins (i.e., the effective date of my entrance on active duty).

<u>AND</u>

I choose to pay for my FEHB by: (initial one)

- [____] Making current payments on a continuing basis during my absence (with after-tax money). After the first 12 months, I will pay 102% of the cost; the final 12 months must be paid on a current basis. Payments are made to DFAS, NOT THE PROVIDER.
- [____] Incurring a debt to be paid upon my return to civilian duty (on a pre-tax basis if I participate in Premium Conversion) for the first 12 months. After the first 12 months, my share will be 102% of the cost and it must be paid on a current basis.

- 7. Federal Employees Group Life Insurance (FEGLI):
 - [_____] I do not have FEGLI.
 - [____] I will not be on AUS for more than 12 months.
 - [____] I will be on AUS for more than 12 months and elect to:
 - [____] I elect to terminate my FEGLI coverage after 12 months.
 - [____] I elect to continue my FEGLI coverage for an additional 12 months. I agree to pay the employee and government share. (See Public Law 110-181)
- 8. Federal Employees Dental and Vision Insurance Plan (FEDVIP):

I do not have FEDVIP. [____]

[____] I understand that if placed on AUS, I may cancel my enrollment through www.benefeds.com or 1-877-888-3337 31 days before to 60 days after my order begins. To continue FEDVIP benefits while on active duty, you will receive a direct bill to make premiums. You are responsible for making sure BENEFEDS has your correct address to bill you and have made arrangements to have the bill paid on a current basis. For further information, contact BENEFEDS.

9. Flexible Spending Account (FSA):

- [____] I do not have a FSA.
- [_____] I am aware that I must notify FSAFEDS of my entrance on absent uniformed service status as well as upon my return to duty by calling 1-877-372-3337.
- [_____] I understand that I may contact FSAFEDS to accelerate my pre-tax deductions prior to entering non-pay status. No contributions will be deposited into my account during my absence.
- [____] I understand that if I decide to separate civilian service, my FSA will terminate as of the date of my separation. There are no extensions. Any health care expenses incurred prior to the date of separation will still be reimbursable but those incurred after the date of separation are not reimbursable.

10. Long Term Care (LTC) Insurance:

- [____] I do not have LTC.
- [____] I understand in order to continue my LTC insurance, I must keep my premium payments current to avoid cancellation of my coverage; I may not incur a debt. I understand that it is my responsibility to contact a LTC Representative at 1-800-582-3337 to discuss and/or change my payment option. I also understand that if I change my payment option from payroll deduction, I must contact a LTC Representative on return to civilian duty if I want payment by payroll deduction reinstated.

- 11. National Guard Association of the United States (NGAUS):
 - [_____] I do not have NGAUS.
 - [_____] I have NGAUS. (Please see NGAUS election form)
- 12. Thrift Savings Plan (TSP):
 - [____] If <u>not</u> contributing to Military TSP, upon my return I understand that if I make retroactive contributions I may receive agency matching to my Civilian TSP account. To do this, I must provide HRO within 60 days of my return a request for retroactive contributions form.
 - [_____] If contributing to Military TSP, upon my return I have the option to make retroactive contributions and/or only receive agency matching on civilian TSP account. To do this, I must provide HRO within 60 days of my return a request for retroactive contributions form. I must provide all Military and Civilian LES's.
 - [_____] I have a TSP Loan(s). Attached is my form TSP-41.
- 13. Retirement:
 - [_____] I understand that if I am placed on AUS, death and disability benefits continue under my retirement system.
 - [_____] A military service deposit (buyback) must be made for this period to be creditable for retirement purposes.
- 14. Previous absences from technician position for active duty:
 - [____] I have never requested an absence from my technician position in the Arizona National Guard to perform Title 10 or Title 32 active duty.
 - [____] I have previously been absent from my technician position to perform active duty.

15. Rideshare/Vanpool Program:

- [_____] Yes I am participating in the Vanpool program and will need to contact (602) 629-4800 for further Information.
- [____] No I am not participating.
- 16. Allotments/Garnishments:
 - [____] I understand that during my non-pay status I will be responsible for keeping current any allotments/garnishments that were deducted from my pay. It is also my responsibility to notify payees of my status.

Statement of Understanding:

I understand the elections I have made above by signing, dating, and returning a copy of the USERRA Election Options Form to:

OTAG-AZ, HRO 5636 E. McDowell Rd, Bldg. M5710 Phoenix, AZ 85008-3495.

	(Signature)	(Date)
HOME ADDRESS: (Pl	ease include CITY, STATE, and	d ZIP CODE)
PHONE NUMBER:	(Residence)	
E-MAIL:	(Work)	
	(Personal)	
If you have any ques	tions, please see contacts be	low.
USERRA BRIEFER:		DATE:
HRO CONTACTS:		
HRO CONTACTS: Stacey Mitchell, Lead Phone: 602-629-4806 Email: stacey.a.mitch	5	Cristian Acosta, Human Resources Specialist Phone: 602-267-2057 Email: cristian.g.acosta2.mil@mail.mil
Stacey Mitchell, Lead Phone: 602-629-4806	s ell6.mil@mail.mil Specialist	Phone: 602-267-2057