

# New Employee Benefits:

January 2018

If you are eligible for employee benefits, please review this information carefully and be aware of the enrollment deadlines.

Benefit	Link to Information	Forms, Instructions and Requirements
<p><b>Are you eligible for Federal Employee Benefits?</b></p>	<p>Eligibility for employee benefits depends upon your type of appointment and your tour of duty. See the information below for the various benefits and eligibility requirements.</p> <p><b>Eligibility Charts</b>  <a href="http://www.aphis.usda.gov/mrpbs/hr/benefits/downloads/benefits_eligibility_charts.pdf">www.aphis.usda.gov/mrpbs/hr/benefits/downloads/benefits_eligibility_charts.pdf</a></p>	
<p><b>Human Resources Transmittal – Benefits Documents</b></p>	<p>Use the HRO Form 444d to send benefits forms to Minneapolis Human Resources Operations (HRO). Please follow instructions carefully.</p> <p><b>HRO Form 444d:</b> <a href="http://www.aphis.usda.gov/library/forms/pdf/hro444d.pdf">http://www.aphis.usda.gov/library/forms/pdf/hro444d.pdf</a></p>	
<p><b>Federal Employees Group Life Insurance (FEGLI)</b>                      provides group term life insurance coverage for you and for eligible family members.</p>	<p>You are automatically covered by FEGLI Basic Life insurance, unless you choose to waive that coverage. You can also elect Optional insurance for you, and/or your eligible family members within 60 days of your employment eligibility date.</p> <p>Which of your family members are eligible?</p> <ul style="list-style-type: none"> <li>• Spouse, including a valid common law marriage</li> <li>• Unmarried dependent child under age 22, including adopted child, recognized natural child, stepchild/foster child (if living with employee in regulator parent-child relationship); and</li> <li>• Child age 22 or over incapable of self-support, if disabling condition happened before age 22.</li> </ul> <p>Website: <a href="http://www.opm.gov/healthcare-insurance/life-insurance">www.opm.gov/healthcare-insurance/life-insurance</a></p> <p>Booklet: <a href="http://www.opm.gov/healthcare-insurance/life-insurance/reference-materials/publications-forms/fedsbooklet.pdf">www.opm.gov/healthcare-insurance/life-insurance/reference-materials/publications-forms/fedsbooklet.pdf</a></p> <p>Calculator: <a href="http://www.opm.gov/calculator/worksheet.asp">www.opm.gov/calculator/worksheet.asp</a></p> <p>Questions? Call the Benefits Specialist serving your program:  <a href="http://www.aphis.usda.gov/mrpbs/contact_us/downloads/benefits.pdf">www.aphis.usda.gov/mrpbs/contact_us/downloads/benefits.pdf</a></p>	<p>Complete the SF-2817, if you are electing Optional insurance, if you are waiving life insurance coverage, or if you are only electing the automatic Basic Life coverage.</p> <p><b>SF-2817:</b> <a href="http://www.opm.gov/forms/pdf_fill/sf2817.pdf">www.opm.gov/forms/pdf_fill/sf2817.pdf</a></p> <p>Print copy 1 only, sign, and fax or mail to HRO.</p> <p>Your completed SF-2817 must be received in HRO within 60 days of your eligibility date.</p> <p>Basic coverage is effective the day you enter on duty in pay status. Optional coverage is effective the first day you enter on duty in pay status on or after the day HRO receives your SF-2817.</p> <p>There are no regular open seasons for life insurance enrollment.</p>

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<p><b>Federal Employees Health Benefits (FEHB) Program</b> provides a variety of nationwide and local health insurance plans.</p>	<p>FEHB provides comprehensive health insurance. You can choose from fee-for-service plans, health maintenance organizations, consumer-driven plans and high deductible health plans.</p> <p>Which of your family members are eligible?</p> <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Children under age 26, including adopted child, recognized natural child, stepchild, foster child (if living with employee in regular parent-child relationship); and</li> <li>• Child age 26 or over incapable of self-support, if disabling condition happened before age 26.</li> </ul> <p>Website: <a href="http://www.opm.gov/insure/health/index.asp">www.opm.gov/insure/health/index.asp</a></p> <p>Find a Health Plan: <a href="http://www.opm.gov/insure/health/planinfo/index.asp">www.opm.gov/insure/health/planinfo/index.asp</a></p> <p>Questions about plan benefits? Please contact the health plans directly.</p> <p>Questions about enrollment? Call the HRO Benefits Assistant serving your program: <a href="http://www.aphis.usda.gov/mrpbs/contact_us/downloads/benefits.pdf">www.aphis.usda.gov/mrpbs/contact_us/downloads/benefits.pdf</a></p>	<p>Complete the SF-2809, even if you are electing not to enroll.</p> <p><b>SF-2809:</b> <a href="http://www.opm.gov/forms/pdf_fill/sf2809.pdf">www.opm.gov/forms/pdf_fill/sf2809.pdf</a></p> <p>Complete the last 2 pages, sign, and fax or mail to HRO.</p> <p>Your completed SF-2809 must be received in HRO within 60 days of your eligibility date.</p> <p>Once you enroll, you may not change your enrollment until the next annual open season or until you experience a qualifying life event.</p> <p>Your health insurance coverage becomes effective the first day of the first pay period after your completed SF-2809 is received in HRO, and that follows a pay period during any part of which you are in pay status. You should receive your health plan membership card approximately 6 weeks after the effective date.</p>
<p><b>Federal Employees Dental and Vision Insurance Program (FEDVIP)</b> provides a variety of nationwide and some regional plans.</p>	<p>FEDVIP allows self only, self plus one, or self and family enrollment options. Which of your family members are eligible?</p> <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Unmarried dependent child under age 22, including adopted child, recognized natural child, stepchild/foster child (if living with employee in regular parent-child relationship); and</li> <li>• Child age 22 or over incapable of self-support, if disabling condition happened before age 22.</li> </ul> <p>Dental &amp; Vision Websites: <a href="http://www.opm.gov/healthcare-insurance/dental-vision">www.opm.gov/healthcare-insurance/dental-vision</a></p> <p>Questions? Call BENEFEDS: (877) 888-3337 TTY: (877) 889-5680</p>	<p>Follow the instructions on the BENEFEDS web site. No form.</p> <p>Enroll at: <a href="http://benefeds.com">benefeds.com</a></p> <p>Enroll through BENEFEDS web site within 60 days of you the date you become eligible for benefits.</p> <p>Enrollment is effective the first day of the first pay period after your enrollment request is received by BENEFEDS.</p> <p>Once you enroll, you may not change your enrollment until the next annual open season or until you experience a qualifying life event.</p>

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<p><b>Federal Flexible Spending Accounts (FSA)</b> provides you the opportunity to set aside pre-tax money to pay for qualifying expenses for health care and dependent care.</p>	<p>FSAFEDS allows you to save money on health care and/or child care/elder care expenses. You set aside money from your salary before taxes are withheld, incur eligible expenses, and receive reimbursement. Enrolling in FSAFEDS lowers the amount of income tax you pay because the salary you set aside for FSAFEDS is not taxed. That's how you save money with FSAFEDS – you pay less tax!</p> <p>Which family members are eligible? Your spouse and adult children under the age of 27.</p> <p>Please note: Adult children are covered through December 31<sup>st</sup> of the year in which they turn 26: <a href="http://www.opm.gov/healthcare-insurance/fastfacts/fsafeds.pdf">www.opm.gov/healthcare-insurance/fastfacts/fsafeds.pdf</a></p> <p>Website: <a href="https://www.fsafeds.com/">https://www.fsafeds.com/</a></p> <p>Questions? Call FSAFEDS: (877) 372-3337 TTY (800) 952-0450</p>	<p>Follow the instructions on the FSAFEDS web site. No form.</p> <p>Enroll at: <a href="http://www.fsafeds.com/">www.fsafeds.com/</a></p> <p>Enroll through FSAFEDS web site within 60 days of the date you become eligible for benefits.</p> <p>You are not eligible to enroll on or after October 1<sup>st</sup> of each year, but can enroll during the annual open season period following October 1<sup>st</sup>.</p>
<p><b>Federal Long Term Care Insurance Program (FLTCIP)</b> provides financial resources for care in a nursing home, assisted living facility, adult day care, or at home.</p>	<p>FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living or supervision you receive because of a severe cognitive impairment. Your premium is based on your age on the date you apply as well as the benefit options you select. The FLTCIP is medically underwritten. Certain medical conditions, or combinations of conditions, will prevent some people from qualifying for coverage.</p> <p>Which family members are eligible to apply for FLTCIP? Your spouse, domestic partner, adult children, parents, parents-in-law, and step parents.</p> <p>Website: <a href="http://www.ltcfeds.com">www.ltcfeds.com</a></p> <p>Questions? Call Long Term Care Partners: (800) 582-3337</p>	<p>Request application package: <a href="http://www.ltcfeds.com">www.ltcfeds.com</a> or call (800) 582-3337</p> <p>You and your spouse have 60 days, from the date of you become eligible for benefits, to apply with abbreviated underwriting. You can apply at any time with full underwriting.</p>

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<p><b>Federal Employees Retirement System (FERS)</b> is a pension plan, and includes <b>FERS, FERS-RAE &amp; FERS-FRAE employees.</b></p>	<p><b>FERS Pamphlet:</b> <a href="http://www.opm.gov/forms/pdfimage/RI90-1.pdf">www.opm.gov/forms/pdfimage/RI90-1.pdf</a></p> <p>Your FERS annuity (pension) will be based on your highest 3 years of salary and your years of creditable service.</p> <p><b><u>Military Service:</u></b> If you have performed active duty military service after 1956 and want to find out how to add this military time to your FERS service credit: <a href="https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Military_Duty">https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Military_Duty</a></p>	<p>Coverage is automatic based on type of appointment and work schedule; however, if you were previously covered by the CSRS, the FERS information may not apply to you.</p>
<p><b>Civil Service Retirement System (CSRS)</b> is a pension plan.</p>	<p><b>CSRS Pamphlets:</b> <a href="http://www.opm.gov/retire/pubs/pamphlets/csrs.asp">www.opm.gov/retire/pubs/pamphlets/csrs.asp</a></p> <p>Your CSRS annuity (pension) will be based on your highest 3 years of salary and your years of creditable service.</p> <p><b><u>Military Service:</u></b> If you have performed active duty military service after 1956 and want to find out how to add this military time to your CSRS service credit: <a href="https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Military_Duty">https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Military_Duty</a></p>	<p>Coverage is based on type of appointment and work schedule, and whether you were previously covered by CSRS. If you were previously covered by the CSRS, your Benefits Specialist may provide you with an opportunity to elect FERS coverage.</p>
<p><b>Thrift Savings Plan (TSP)</b> is a savings and investment plan, similar to a 401(k).</p>	<p>Employees covered by the FERS or the CSRS/CSRS-Offset are eligible to contribute tax-deferred salary to the TSP.</p> <p>Newly hired or re-hired employees, with a break in service of more than 30 days, will automatically have 3% of their basic pay contributed to their account. <b>Please print the appropriate copy of your Automatic Enrollment Notification letter:</b></p> <p><b>FERS Employee Letter:</b> <a href="http://www.aphis.usda.gov/mrpbs/publications/new_employee_orientation/downloads/Congratulations_fers.pdf">www.aphis.usda.gov/mrpbs/publications/new_employee_orientation/downloads/Congratulations_fers.pdf</a></p> <p><b>CSRS/CSRS Offset Employee Letter:</b> <a href="http://www.aphis.usda.gov/mrpbs/publications/new_employee_orientation/downloads/Congratulations_csrs.pdf">www.aphis.usda.gov/mrpbs/publications/new_employee_orientation/downloads/Congratulations_csrs.pdf</a></p> <p>FERS employees are eligible for agency contributions immediately – there is no waiting period for receiving Agency Automatic (1%) contributions or Matching contributions on up to 5% of basic salary.</p> <p>Website: <a href="http://www.tsp.gov">www.tsp.gov</a></p> <p>Summary Booklet: <a href="http://www.tsp.gov/PDF/formspubs/tspb08.pdf">www.tsp.gov/PDF/formspubs/tspb08.pdf</a></p>	<p>Complete the TSP-1 to start, increase, decrease or stop your TSP contributions; print, sign, and fax or mail to HRO. No deadline.</p> <p><b>TSP-1:</b> <a href="http://www.tsp.gov/PDF/formspubs/tsp-1.pdf">www.tsp.gov/PDF/formspubs/tsp-1.pdf</a></p>

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<b>Designation of Beneficiary Forms for:</b>	<p>These forms are used to specify who you want to receive these benefits in the event of your death. Complete these designation forms ONLY if you want to designate differently than the normal order of precedence, or if you are updating previously filed designations. You may submit designation forms at any time.</p> <p>For more information and access to the forms through our website - <a href="https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Designations_Beneficiary">https://www.aphis.usda.gov/aphis/ourfocus/business-services/HRD/Benefits/Designations_Beneficiary</a></p>	
<b>Unpaid Compensation</b>	<p>Designates who you want to receive your unpaid salary, annual leave, or any other payroll payment.</p>	<p><b>SF-1152:</b> <a href="http://www.opm.gov/forms/pdf_fill/SF1152.pdf">www.opm.gov/forms/pdf_fill/SF1152.pdf</a></p> <p>Complete without erasures or mistakes. Print, sign, and obtain two witness signatures. <b>MAIL to HRO. Do not fax.</b></p>
<b>Federal Employees Group Life Insurance (FEGLI)</b>	<p>Designates payment of your life insurance.</p>	<p><b>SF-2823:</b> <a href="http://www.opm.gov/forms/pdf_fill/sf2823.pdf">www.opm.gov/forms/pdf_fill/sf2823.pdf</a></p> <p>Complete without erasures or mistakes. Print, sign, and obtain two witness signatures. <b>MAIL to HRO. Do not fax.</b></p>
<b>Federal Employees Retirement System (FERS)</b>	<p>For employees covered by FERS only. Designates payment of your FERS contributions if there is no survivor eligible for an annuity.</p>	<p><b>SF-3102:</b> <a href="http://www.opm.gov/forms/pdf_fill/sf3102.pdf">www.opm.gov/forms/pdf_fill/sf3102.pdf</a></p> <p>Complete without erasures or mistakes. Print, sign, and obtain two witness signatures. <b>MAIL to HRO. Do not fax.</b></p>
<b>Civil Service Retirement System (CSRS)</b>	<p>For employees covered by CSRS only. Designates payment of your CSRS contributions if there is no survivor eligible for an annuity.</p>	<p><b>SF-2808:</b> <a href="http://www.opm.gov/forms/pdf_fill/SF2808.pdf">www.opm.gov/forms/pdf_fill/SF2808.pdf</a></p> <p>Complete without erasures or mistakes. Print, sign, and obtain two witness signatures.</p> <p><b>Do NOT mail or fax to HRO. Mail to OPM</b> address shown on the form.</p>
<b>Thrift Savings Plan (TSP)</b>	<p>Designates payment of your TSP account.</p>	<p><b>TSP-3:</b> <a href="http://www.tsp.gov/PDF/formspubs/tsp-3.pdf">www.tsp.gov/PDF/formspubs/tsp-3.pdf</a></p> <p>Complete without erasures or mistakes. Print, sign, and obtain two witness signatures.</p> <p><b>Do NOT mail or fax to HRO. FAX or mail to the TSP</b> address shown on the form.</p>