



## **New Employee Orientation**

**Human Resources Office  
Technician Benefits Team**

# NEO/eOPF Checklist



- This form is for HRO use – just have the employee complete the top portion
- Appointment Date will be the Sunday before the scheduled NEO

## NEO/eOPF CHECKLIST

Permanent   
  Conversion   
  Temp Tech   
  Indefinite  
 Army   
  Air   
 Transfer

NAME: \_\_\_\_\_  
 SSN:        -        -  
 D.O.B:     /        /  
 APPT DATE: \_\_\_\_\_

Prior service and/or Federal time dates for BCD

### New Appointment Preparation

Checklist Items	Yes	No	Not Required	Date	Comments
Ensure all NEO documents are signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into Ohio New Hire website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enter into e-Verify (I-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check SF 144 for prior time w/other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Checked Pay500 for prior time w/ this agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF and reconcile with Pay500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Check eOPF/IPERMS for DD214s/Orders (T 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Request Previous Files from NPRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update GRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complete BCD Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Update leave balance with SF 1150 (if prior service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload NEO documents to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upload documents received from NPRC or other agencies to eOPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# Statement of Understanding



- Read and understand your rights
- Fill in the Left 3 lines:
  - Sign
  - Print Name
  - Today's Date

## MEMORANDUM OF UNDERSTANDING

### Terms of Temporary Employment

“Temporary employees serve under appointments limited to 1 year or less and are subject to termination at any time without use of adverse action or reduction-in-force procedures. A temporary appointment does not confer eligibility to be promoted or reassigned to other positions, or the ability to be noncompetitively converted to a career-conditional appointment.”

\_\_\_\_\_  
(Temporary Employee Signature)

\_\_\_\_\_  
(Temporary Employee Name)

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(HRO Representative Signature)

\_\_\_\_\_  
(HRO Representative Name)

\_\_\_\_\_  
(Today's Date)

**The HRO/REMOTES  
will complete this  
portion**

# SF-61 Appointment Affidavit



- **Write Legibly**
- Have employee raise their right hand and read the Oath of Office out loud (oath is on next slide for easier reading). After this is done, the employee is sworn in to their new technician position
- Read and understand your responsibilities
- Sign on the “Signature of Appointee” line

## APPOINTMENT AFFIDAVITS

**Position Title**

(Position to which Appointed)

**MM/DD/YYYY**

(Date Appointed)

**TAG, OH**

(Department or Agency)

**NGB**

(Bureau or Division)

**City, OH**

(Place of Employment)

**First MI Last**

I, \_\_\_\_\_, do solemnly swear (or affirm) that--

### A. OATH OF OFFICE

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

### B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

### C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

**Signature**

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this **DD** day of **Month**, **YYY**

at **Columbus**

(City)

**Ohio**

(State)

(SEAL)

(Signature of Officer)

Commission expires \_\_\_\_\_

(If by a Notary Public, the date of his/her Commission should be shown)

(Title)

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

*Appointment date is always the Sunday prior to the scheduled NEO*

*HRO/Remotes will complete the Signature of Officer and Title*



## Oath of Office

I, John A Doe, do solemnly swear (or affirm) that - - I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

# Form I-9 Employment Eligibility Verification



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP Employer Completes Next Page STOP

- Fill out **Section 1**
- Please write legibly
- Check the appropriate box
- Sign and Date

Go to 2<sup>nd</sup> page of this form

# Form I-9 Employment Eligibility Verification

- Fill out **Section 2**
- If employee brought passport as ID, fill out ONLY section A (doc title, issuing authority, Doc # and Exp. Date)
- If no passport, two forms of ID are needed and must be entered into List B (picture ID) and List C (non-picture ID)
- List B Documents can be:
  - Driver's License
  - Military ID
  - Government-issued picture ID
- List C can be:
  - Social Security Card
  - Birth Certificate
- You must verify forms of ID

**HRO/REMO  
TES will  
complete  
these blocks**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy)	<b>List B</b> <u>Driver's License</u> <u>BMV - State</u> <u>DL# SM470000</u> <u>ExpDate 12/31/2021</u>	<b>List C</b> <u>SOC Security Card</u> <u>SSA</u> <u>123-45-6789</u>
Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy)	Additional Information	
Document Title Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy)	OR Code - Sections 2 & 3 Do Not Write in This Space	

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State ZIP Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Hire (if applicable)

Last Name (Family Name)		First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) Date (mm/dd/yyyy)
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C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# OF-306 Declaration for Federal Employment



- Fill out **General Information** and **Selective Service Registration** sections
- Fill out **Military Service** section – employee will check “no” if they have only been a member of the NG and have not deployed. If employee checks “yes,” enter active duty/deployment info and dates as well
- Answer all **Background Information** questions and **Additional Questions**
- Read **section 17** and Sign and date in **both 17a and 17b**
- **Section 18** must be completed IF employee has ever been a federal employee in the past (whether with this agency or others, temp or perm all count) – *Estimate the termination dates if not known*

**Declaration for Federal Employment** Form Approved OMB No. 3208-0102

**GENERAL INFORMATION**

1. FULL NAME (First, middle, last) \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. PLACE OF BIRTH (Include city and state or country) \_\_\_\_\_

4. DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

5. OTHER NAMES EVER USED (For example, maiden name, nicknames, etc.) \_\_\_\_\_

6. PHONE NUMBERS (Include area codes)

Day \_\_\_\_\_

Night \_\_\_\_\_

**Selective Service Registration**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3325) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?  YES  NO If "NO" skip 7b and 7c. If "YES" go to 7b.

7b. Have you registered with the Selective Service System?  YES  NO If "NO" go to 7c.

7c. If "NO," describe your reason(s) in item #15.

**Military Service**

8. Have you ever served in the United States military?  YES Provide information below  NO  
If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (month/year)	To (month/year)	Type of Discharge

**Background Information**

For all questions, provide all additional requested information under item 18 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole?  YES  NO  
(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 18 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 18 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.  YES  NO

11. Are you now under charges for any violation of law? If "YES," use item 18 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you discharged from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 18 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 18 to provide the type, length, and amount of the delinquency or default, and state that you are taking to correct the error or repay the debt.  YES  NO

U.S. Office of Personnel Management OMB Form 306  
Revised January 2003  
Previous editions obsolete and void.

S.U.S.C. 1302, 3301, 3304, 3305 & 3370 NSM 7540-01-369-7176

Front

**Declaration for Federal Employment** Form Approved OMB No. 3208-0102

**Additional Questions**

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 18 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.  YES  NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?  YES  NO

**Continuation Space / Agency Optional Questions**

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

**Certifications / Additional Questions**

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17a, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?  YES  NO  Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 18 to identify the type(s) of insurance for which waivers were not canceled.  YES  NO  Do Not Know

U.S. Office of Personnel Management OMB Form 306  
Revised January 2003  
Previous editions obsolete and void.

S.U.S.C. 1302, 3301, 3304, 3305 & 3370 NSM 7540-01-369-7176

Back

# Service Computation Date (SCD) for Annual Leave



- Submit your Title 10 DD 214s (basic/AIT, deployments, active duty military service) with NEO packet to get you into a higher annual leave accrual bracket faster. Your prior Title 10 service may count towards your technician annual leave accrual.
- A DD214 is required in order to validate the service (cannot accept Member-1 copies, all other copies are acceptable).
- Additional DD-214s may be submitted within 30 days of hire if you don't have them with you when completing the packet (email to HRO if not sent with packet). DD-214s received after 30 days will still be added to your SCD, however, leave will not be retroactive.
- Title 32 (AGR, ADOS, schools) NOT ELIGIBLE
- A leave SCD change will be reflected in your MyBiz Account once updated
- *Note:* This date is not correlated to your retirement date

<b>Years of Federal Service</b>	<b>Hours of Annual Leave Per Pay Period</b>
1 – 3	4 hours
3 – 15	6 hours
15 +	8 hours

# DD-214's - What is Acceptable?



- A separate DD-214 is needed for each period of Active Duty – we cannot use the total prior active service box in order to count time towards leave accrual
- Remarks should state the type of service. If it doesn't, orders must be provided (unless time is for basic training/IADT)
- DD 214 must reflect Honorable Character of Service (block 24) and dates of time lost (block 29)
- Member-4, Service-2, Service-7, etc are acceptable copies. Member-1s do not have character of service and can't be used

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNGUS		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)	
7a. PLACE OF ENTRY INTO ACTIVE DUTY COLUMBUS, OHIO			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)		
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 16 ENGR BDE (THEATER ARMY) FC			b. STATION WHERE SEPARATED CAMP ATTERBURY, IN 46124		
9. COMMAND TO WHICH TRANSFERRED ARNG OF OHIO			10. SGLI COVERAGE AMOUNT: \$ 400,000.00		NONE
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 42A10 HUMAN RESOURCES SPEC - 3 YRS 8 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD	2010	07	10
		c. NET ACTIVE SERVICE THIS PERIOD	0000	10	10
		d. TOTAL PRIOR ACTIVE SERVICE	0000	04	13
		e. TOTAL PRIOR INACTIVE SERVICE	0002	09	29
		f. FOREIGN SERVICE	0000	08	08
		g. SEA SERVICE	0000	00	00
		h. INITIAL ENTRY TRAINING	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (3RD AWARD)//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)		YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT/IRAQ 20091016-20100623//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OH OFFICE OF VETERANS AFFAIRS X YES NO					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES NO					
21a. MEMBER SIGNATURE		b. DATE (YYYYMMDD) 20100625	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: EDMONDS, VALERIE, ANN. 1083510079 VALERIE A EDMONDS		b. DATE (YYYYMMDD) 20100625
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK		27. REENTRY CODE NA	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) ALB	
DD FORM 214, AUG 2009		PREVIOUS EDITION IS OBSOLETE.		SERVICE - 2	

Cannot use prior active service section for creditable time

# SF-144 Statement of Prior Federal Service



- **Complete boxes 1 – 4**
- Even if you mark “yes” in section 4, **you still must complete sections 5-9 as applicable** – this is to ensure we capture all of your prior service
- **Section 5** – enter any prior federal civilian service. Previous service as a technician or Title 5 (temp, perm, indef, any) with this agency or another agency (DLA, DFAS, Post Office, etc) all must be listed. If unsure of the exact dates of service, just estimate
- **Section 6** – this is uncommon but if it applies, enter time. If unsure of exact dates, estimate
- **Section 7** – List all Title 10 periods (basic/IADT, deployments, active military service) separately. **DO NOT ENTER “See DD 214s,”** you must list each period. DD 214s and/or orders must also be provided
- **Section 8** – veterans preference
- **Section 9** – read, then sign and date

Standard Form 144 (Rev. 10/96) Page 2  
Office of Personnel Management  
The Guide to Processing Personnel Actions

## STATEMENT OF PRIOR FEDERAL SERVICE To be Completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)							
4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service? <input type="checkbox"/> Yes — If “Yes”, check this block and skip to Item 8. <input type="checkbox"/> No — If “No”, check this block and complete Items 5 - 9.									
5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.									
NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)		
	Year	Month	Day	Year	Month	Day			

### Section 5: Federal Civilian Service, Prior Technician

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year? <input type="checkbox"/> Yes — If “Yes”, list the following information. <input type="checkbox"/> No — If “No”, go to Item 7.									
TYPE OF AGENCY, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

### Section 6: Intermittence/absence of above listed Service

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.									
BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)		
	Year	Month	Day	Year	Month	Day			

### Section 7: Title 10 Military Service (must list each period separately)

8. Do you claim any type of veterans' preference which has not been verified? <input type="checkbox"/> No <input type="checkbox"/> Yes — Check one of the statements, if it applies to you. I claim preference as the: <input type="checkbox"/> Spouse of a disabled veteran <input type="checkbox"/> Mother of a deceased or disabled veteran <input type="checkbox"/> Unmarried widow/widower of a veteran									
9. <b>CERTIFICATION:</b> The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.									
Signature							Date		

NSN 7540-00-634-4101

Previous Edition Usable

144-114

U.S. Government Printing Office: 1996 - 404-791/02401



## **\*\* IF YOU HAVE TRICARE RESERVE SELECT\*\***

### **\*\*This applies to Temporary, Indefinite and Permanent Employees\*\***

- You are no longer eligible for Tricare Reserve Select (TRS) now that you are eligible for Federal Employee Health Benefits (FEHB). In order to avoid future debts for TRS, you must contact Tricare and cancel after the 2<sup>nd</sup> week of becoming a technician!
  - You must cancel Tricare Reserve Select even if you do not enroll in an FEHB program
  - If you are married to a military spouse that has Tricare Reserve Select and you fall under theirs, you are no longer eligible to be covered under their plan
- Temporary Technicians are not eligible for FEDVIP Dental or vision coverage until they have been on-board for 1 year
  - May be an additional consideration when selecting an FEHB plan to ensure adequate coverage
- You are still eligible to use the Tricare Dental Program
  - Enrollment is through MilConnect at: <https://milconnect.dmdc.osd.mil>



- Read and understand this acknowledgement
- Complete bottom portion:
  - Print Name
  - Sign
  - Date

## FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) ELIGIBILITY AND TRICARE ACKNOWLEDGEMENT

You must read this form to acknowledge that you fully understand your FEHB eligibility. You will then sign this form at the bottom. This signed form must be submitted with your resume to your supervisor for inclusion in the request for your temporary appointment.

I understand that if I am initially appointed to work for at least 30 hours weekly for at least 90 days I only have 60 days from my appointment's effective date to enroll in FEHB. If I do not enroll during this period I will have waived coverage and will not be eligible to enroll in FEHB until the next open season unless I experience a Qualifying Life Event (QLE) allowing for an enrollment change.

If I am not immediately eligible under the above paragraph due to an initial appointment for less than 90 days, then I understand I will become eligible for FEHB if I am extended to work for at least 30 hours weekly for at least 90 days. I will then have 60 days from the effective date of the extension but no later than the 91<sup>st</sup> day from my effective date of hire to enroll in an FEHB plan. If I do not enroll during that period, I will have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for an enrollment change.

I understand my premium will be deducted from my pay before taxes are deducted. This is known as Premium Conversion (PC). Participation in PC limits the opportunity to change or cancel FEHB coverage. Changes are only allowed during open season or due to a QLE allowing the change. I have up to 60 days, but not later than the 91<sup>st</sup> day from my initial eligibility date, to waive participation in PC by submitting the attached PC waiver form.

I understand that it is my responsibility to research FEHB plans to decide which plan is appropriate for my medical and financial circumstances. Once my FEHB election is effective, I may only change or cancel coverage during an annual open enrollment period or due to a QLE, unless I waived PC.

I understand that my FEHB election will be effective on the first day of the pay period after my electronic election; and that the election follows a pay period when I am in pay and duty status. I understand that while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement once I am active in the carrier's system.

I understand I am ineligible to continue coverage under Tricare Reserve Select upon becoming eligible for FEHB and that only I must coordinate with Tricare to cancel my benefits whether I decide to enroll in FEHB or not.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Revision: 20170901)

# Designation of Beneficiary



- This form is optional, but must be completed if you want to designate a beneficiary outside of the automatic order of precedence. If it is not completed, any unpaid compensation would follow the automatic order of precedence:

- Spouse
- Children
- Parents
- Estate
- Next of Kin

- Your designation will override everything except a court order
- Form must have your signature as well as the signatures of **two witnesses** (witnesses must not be beneficiaries)
- HRO will complete the Receiving Agency Certification section

**Designation of Beneficiary**  
*Unpaid Compensation of Deceased Civilian Employee*

Important:  
Read all instructions before  
filling in this form

**A. Identification**

Name (Last, first, middle)		Date of birth (mm dd yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

**B. Information Concerning The Beneficiaries (See Examples of Designations):**

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature	Total = %	

**C. Witnesses (A witness is not eligible to receive payment as a beneficiary):**

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

**Receiving agency certification**

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return

U.S. Office of Personnel Management      Part 1 - Original      November 1994 edition usable until September 2002. All previous editions revised June 2002.



- eOPF is a file containing Federal technician civilian personnel records throughout their career
- You must visit <https://eopf.opm.gov/nationalguard/>
- Follow the step by step instructions to set up your account
- Can only be accessed from a .mil network
- eOPF is now Common Access Card enabled (CAC)



- All Federal Employees will have a MyBiz account.
- Mandatory to update your e-mail address.
- Update emergency contact information or change of address.
- Provide Employment Verification (for leases or loans)
- Supervisors will have a section for Manager Functions

The screenshot shows the MyBiz+ dashboard. At the top, there is a navigation bar with the MyBiz+ logo and links for 'Other DCPDS Applications', 'Favorites', 'Customer Support', 'Help', and 'Logout'. Below this is a main content area. On the left, there is a carousel slide with an image of a hand pointing at a calendar and text: 'Employees can now request assistance in updating their supervisor from within MyBiz+! After logging in, select **Update MySupervisor** from the **Key Services** view to complete this process!'. To the right of the slide is a 'Notifications' section with a table header: 'Read / Unread', 'Title', and 'Start Date'. The table content shows 'No Notifications At This Time'. Below the notifications is a message: '\* You have no unread notifications.' Below the main content area is a 'Welcome, [redacted]' section with the text 'The information is current as of 07-Nov-2019' and 'Last Login: 07-Nov-2019 10:43:38 AM'. Below this is a 'Home' section with a navigation bar containing icons for home, currency, search, and user profile. Below the navigation bar is a 'Detail Pages' section with a row of icons: 'Personal', 'Pay, Leave and Benefits', 'Professional Development', 'Position', 'Performance', 'Reports', and 'My Team'. The 'My Team' icon is circled in red. To the left of the 'Detail Pages' section is an 'Other DCPDS Tools' section with a list of links: 'DCPDS Navigator Homepage', 'Add HR Region Associations', 'DCPAS Data Dictionary', and 'MyBiz+ for HR Professionals REG15'. In the top right corner of the dashboard, there are links for 'Add | Reset | Done' which are circled in red. A red box with an arrow points to these links, containing the text: 'The dashboard can be somewhat customized using these options'. Another red box with an arrow points to the 'My Team' icon, containing the text: 'Supervisors can find their team members in this section'.

Other DCPDS Applications | Favorites | Customer Support | Help | Logout

Notifications

Read / Unread	Title	Start Date
No Notifications At This Time		

\* You have no unread notifications.

Welcome, [redacted] The information is current as of 07-Nov-2019 Last Login: 07-Nov-2019 10:43:38 AM

Home

Other DCPDS Tools

- DCPDS Navigator Homepage
- Add HR Region Associations
- DCPAS Data Dictionary
- MyBiz+ for HR Professionals REG15

Detail Pages

- Personal
- Pay, Leave and Benefits
- Professional Development
- Position
- Performance
- Reports
- My Team

Add | Reset | Done

The dashboard can be somewhat customized using these options

Supervisors can find their team members in this section

# Air vs. Army Pay Dates



- Pay periods are every two weeks
- Pay is **1-2 weeks after** the pay period ends.
- Your first pay check will be in about 3 weeks for Air and 4 weeks for Army
- Army Technicians are paid every other Thursday
- Air Force Technicians are paid every other Friday

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
This Pay Period Starts	NEO This is today				Air Force Tech Pay Day	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Army Tech Pay Day		1 <sup>st</sup> Pay Period Ends
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 <sup>nd</sup> Pay Period Starts					Air Force Tech 1 <sup>st</sup> Pay Day	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Army Tech 1 <sup>st</sup> Pay Day		2 <sup>nd</sup> Pay Period Ends



myPay 

CHOOSE AN ACCOUNT ▾ PERSONAL SETTINGS CONTACT US 

**ARMY RESERVE COMPONENT**

Home

**STATEMENTS**

Leave and Earnings Statement (LES)  
IRS Form 1095  
SDP Tax Statement 1099-INT  
Student Loan Repayment Program (SLRP) W-2  
Tax Statement (W-2)  
Travel/Miscellaneous Tax Statement (W-2)  
Court Orders  
Travel Voucher Advice of Payment (AOP)  
Turn On/Off Hard Copy Statements

**PAY CHANGES**

Correspondence Address  
Direct Deposit  
Federal/State Withholding  
Savings Deposit Program (SDP)  
Thrift Savings Plan (TSP)  
Thrift Savings Plan (TSP) Catch-up

## ARMY RESERVE COMPONENT

Your myPay Account was last accessed on **November 1, 2019**

**WARNING**

18 U.S.C. § 1030 prohibits unauthorized or fraudulent access to government computer systems. If the credentials you enter are not your own, you are in violation of this law and should exit this system immediately. Completing this action may subject you to a fine of up to \$5,000 or double the value of anything obtained via this unauthorized access, plus up to five years imprisonment.

ARMY DOD CIVILIAN  
 ARMY RESERVE COMPONENT

[--Back to top--](#)

- You will now have two sections under MyPay:
- One for the Federal DoD Civilian side
- One for the Uniform side



## Within Grade Increases (WGIs)

General Schedule (GS):

GS

Step	Waiting Period
1 to 2	1 year (52 Weeks)
2 to 3	
3 to 4	
4 to 5	2 years (104 Weeks)
5 to 6	
6 to 7	
7 to 8	3 years (156 Weeks)
8 to 9	
9 to 10	

Federal Wage System (FWS):

WG/WL/WS

Step	Waiting Period
1 to 2	6 Months (26 Weeks)
2 to 3	18 Months (78 Weeks)
3 to 4	2 Years (104 Weeks)
4 to 5	

\*GS Temporary Technicians are not eligible for step increases

 **Ohio.gov** | State Agencies | Online Services

 **The Ohio Adjutant General's Department**  
Human Resource Information and Employment Opportunities

**ONG** **JOB POSTINGS** **AGR** **TECHNICIANS** **STATE EMPLOYEES** **EEO/EO** **HR**

Maj Daryl Scott  
Supervisor HR Specialist  
daryl.g.scott.mil@mail.mil  
614-336-7121 DSN:346-7121

**Technician Application Process**

**Federal Technicians**  
Regulations & Policies  
NEO | TPMC  
NGB Technician Handbook - 2017  
Employee Benefits: Workers Comp  
Performance Mgmt & Awards  
Leave & Absence  
Pay & Incentives  
Staffing & Classification  
Retirement & Separation  
Resignment, RIF & Furlough  
Supervisor TeleWork Training  
Employee Telework Training

**Federal Technicians**  
National Guard Technicians are employees of The Adjutant General for Ohio as authorized by the National Guard Technician Act of 1968 (32 USC 709, Public Law 90-486). The primary mission of a National Guard technician is to provide day-to-day continuity in the operation and training of Army and Air National Guard units before, during and after mobilization.

Military technicians are employees of the Department of Army or Department of the Air Force. Military Technicians are required to maintain military membership in the National Guard, observe customs and courtesies, and maintain a military grade and unit of assignment compatible with their technician position.

The National Guard also employs Non Dual Status (NDS) technicians. NDS technicians are a small but important segment of the workforce that is not required to maintain a military affiliation as a condition of employment.

This website is intended to provide useful information for current technicians, supervisors, former technicians, and applicants.

**myPay**   
MyPay.dfas.mil  
MyBiz (CAC required)

**Resources**  
National Guard Bureau  
Publications & Forms Library  
U.S. OPM  
Office of Personnel Management

**BUCKEYE GUARD**

READ THE LATEST DIGITAL MAGAZINE  
VIEW THE LATEST VIDEO MAGAZINE

**COL Gregory Betts**  
*Director of Human Resources, J1*

**Col Joseph Logan**  
*Deputy Director of Human Resources, J1*

**Mrs. Dana Mowery**  
*Deputy Director of Human Resources, J1*

**Mission:**  
*Acquire, Manage and Retain the Full-Time Force*

**Vision:**  
*Right People - Right Place - Right Time*

**The Ohio National Guard**  
2825 W Dublin Granville Rd.  
Columbus, Ohio 43235-2789  
[ong.ohio.gov](http://ong.ohio.gov)



The Human Resources Office  
Public Website:  
<https://hr.ong.ohio.gov/>



## **FEDERAL EMPLOYEE BENEFITS**

Presented by:

The Human Resources Office

Technician Benefits Branch



## Overview

### All Employees:

- Leave Programs
- Federal Employee Health Benefits (FEHB)
- Flexible Spending Accounts (FSAs)
- Disability Insurance (NGAUS)
- Federal Long Term Care Insurance Program (FLTCIP)

### Permanent & Conversions Only:

- Federal Employee Dental and Vision Insurance Program (FEDVIP)
- Federal Employee Group Life Insurance (FEGLI)
- Federal Employee Retirement System (FERS)
- Military Deposits
- Thrift Savings Plan (TSP)
- Performance Appraisal Program

# Leave Benefits - Annual



- Annual leave balance
  - Up to 240 hours (30 days) can “carry over” from year to year
  - Leave in excess of 240 hours will be lost unless it’s used by the end of the leave year – “Use or Lose”
- Annual Leave Uses
  - Vacations
  - Personal business or emergencies
  - Requires management approval
- Temporary Technicians will accrue annual leave but are unable to use it until the 91<sup>st</sup> day





- Full time employees accrue 4 hours for each biweekly pay period
- Up to 13 days or 104 hours per year
- Carried over from year to year without limit
- No limits on total amount that can be accumulated
- Can be used as additional service credit in retirement calculations
  - Does not count towards eligibility
- Sick Leave Uses Include:
  - Illness, injury, medical/dental appointments of employee
  - Care of a family member
  - Requires management approval



## Military Leave Accrual

- Paid leave during active duty, inactive duty or training
- Earn 120 hours (15 days) per FY (1 Oct each year)
- Can carry over up to 120 hours into next FY, NTE 240 hours
- Temporary employees are **not** eligible

**\*\*New hires/conversions may not see military leave on your LES until you use it\*\***



## Federal Employee Health Benefits (FEHB)

- **Guaranteed Coverage**
  - No medical exam required
  - No restrictions on pre-existing conditions
- **Government contributes to cost**
  - Government pays approx. 75% for full-time employees/retirees
  - Government portion is pro-rated/reduced for part-time employees
- **Premiums are deducted pre-tax**
- **Continued coverage into retirement**



## FEHB Plan Types

- Fee-for-service Plans
  - Reimbursement to employee or provider for cost of covered services
  - You can choose your own doctor/facility
  - Using in-network providers usually have lower out-of-pocket expenses
- Health Maintenance Organizations (HMO)
  - Arrangements for care on a pre-paid basis through designated providers
  - Service area is based on a set geographic area
  - All care is coordinated through a primary care physician
- High Deductible Health Plan (HDHP)
  - Build tax-free savings for future medical expenses
  - Higher annual deductibles than traditional health plans
  - The plan determines eligibility for a Health Savings Account (HSA)



## FEHB Enrollment Types

- Self Only
- Self + 1
- Self and Family
  - Spouse
  - Children under 26
  - Children 26 or older who are incapable of self-support due to disability that began before age 26



## FEHB Enrollment Opportunities

- New Employees
  - Enroll within 60-days of appointment
  - Coverage is effective the pay period following enrollment
- Open Season (mid Nov-mid Dec each year)
  - Enroll or change your plan
  - Coverage is effective the first full pay period of the new year
- Qualifying Life Event (QLE)
  - Marriage, divorce, birth, death, loss/gain of other coverage, etc.
  - **Not including the loss of Tricare Reserve Select**



## FEHB Information

- Review and compare healthcare plans at [www.opm.gov/insure](http://www.opm.gov/insure)
- Enroll in or change FEHB plan at: <https://www.ebis.army.mil/>
  - This link will automatically direct you to the GRB Platform
  - Watch the video in order to learn how to navigate and use GRB
- If there are issues with the GRB platform contact the Army Benefits Center at 1-877-276-9287 or at: <https://www.abc.army.mil/>

# Ohio National Guard



GRB Platform

MENU

TOTAL COMPENSATION STATEMENT

## Army Benefits Center - Civilian



dodea  
DEPARTMENT OF DEFENSE  
OPERATIONAL ACQUISITION



Health Insurance



Life Insurance



Thrift Savings Plan



Retirement



Dental & Vision Insurance



Long Term Care Insurance



Flexible Spending Accounts



Social Security

Select the Health Insurance Tile to view your FEHB information and make changes.



GRB Platform : 1.2.117.12 - DEPARTMENT OF THE ARMY: Default - Google Chrome

ebis.army.mil/Employee/EmployeePlatform.aspx?target=Platform

## GRB Platform

MENU TOTAL COMPENSATION STATEMENT

### Federal Employees' Health Benefits (FEHB) Program

The Federal Employees Health Benefits (FEHB) program is an employer-sponsored group health insurance program for Federal employees and their families. Employees can choose from Fee-for-Service (FFS) plans, Health Maintenance Organizations (HMO), Consumer-Driven Health Plans (CDHP), and High Deductible Health Plans (HDHP). Employees can enroll, make changes, or cancel coverage during the annual Federal Benefits Open Season or if the employee experiences a qualifying life event. Permanent employees and certain temporary employees are eligible for coverage unless their appointment is excluded from coverage by law or regulation. The Office of Personnel Management (OPM) has the overall responsibility for the administration of the FEHB Program. Premiums are based on the plan and option an employee chooses and are shared by the employee and the employing Agency. The employing Agency's share is set by law and cannot exceed 75% of the total premium. Part-time employees receive a prorated contribution and temporary employees are responsible for the full amount of the premium. Premiums are paid on a pre-tax basis (known as premium conversion) unless the employee waives this option.

**Current FEHB Enrollment**

Health Plan Type: FEHB  
Plan Name: N/A  
Plan Option: N/A  
Enrollment Code: N/A

**Premium per Pay Period**

Employee Cost: N/A  
Agency Cost: N/A  
Premium Conversion: Participating (Pre-Tax)

[View FEHB Plans/Premiums](#)

**Plan Details**

Plan Brochure: N/A  
Plan Website: N/A  
Telephone: N/A

**Transactions**

Entered	Effective	Type	Status
---------	-----------	------	--------

**Submit a FEHB Transaction +**

**Resources**

Type	Description
	Federal Employees Health Benefits (FEHB) Program
	Medicare
	New Employee Benefits Orientation
	New Employee Benefits Orientation for Congressional Employees
	Federal Employees Health Benefits (FEHB) Program

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Select this option to begin your FEHB election or make changes.



## Flexible Spending Accounts (FSA)

- Used to pay for certain health and dependent care expenses with pre-tax dollars
- Decreases taxable income (possible lower tax bracket)
- Deposits are made through payroll deduction



## FSA Types

- Healthcare FSA (Contribute \$100 - \$2,700/yr)
  - Eligible medical costs not covered or reimbursed by FEHB/FEDVIP
    - Deductibles
    - Co-payments/Coinsurance
    - Dental/Vision Services
    - Over-the-counter medicines w/doctor's prescription
  - Carry over up to \$500 to next plan year if unused
- Limited Expense Healthcare FSA (Contribute \$100 - \$2,700/yr)
  - Only for employees enrolled in FEHB high deductible plans
  - Use in conjunction with FEHB plan HSA
  - Carry over up to \$500 to next plan year if unused



## FSA Types

- Dependent Care FSA (Up to \$5,000 per year)
  - Pay for child or adult dependent care expenses
    - Children up to age 13
    - Child care at day camp, nursery school, or private sitter
    - Before or after-school care
    - Care for adults who qualify as dependents under IRS rules
  - Grace period to spend funds for the current FY (March 15th of following year) – No carry-over



## FSA Enrollment

- New employees enroll 60-days after hire but no later than 1 Oct
  - If hired on/after 1 Oct, elect FSA during annual Open Season
- Qualifying Life Event
  - Change in employment status
  - Change in marital status
  - Change in dependent status
- Open Season
  - Enroll or re-enroll (must re-enroll each year – it is not automatic)
  - Mid November – Mid December of each year



## FSA Enrollment

- Enroll online at [www.fsafeds.com](http://www.fsafeds.com) or by calling 1-877-372-3337
- To receive reimbursement for healthcare expenses:
  - Set up auto-reimbursement for healthcare when enrolling in FSA
  - Pick and choose claims to be reimbursed via [www.fsafeds.com](http://www.fsafeds.com) account
  - Full amount of healthcare FSA can be used up front
- To receive reimbursement for dependent care expenses:
  - Submit claims via [www.fsafeds.com](http://www.fsafeds.com) account
  - Can only request the amount you current have in your account



## NGAUS Disability Insurance

- Provides pay if you are unable to work due to a disability
  - Illness
  - Pregnancy
  - Accidental Injuries
- Title 32 Military Technicians - May provide lump sum payment if you lose your technician job due to military separation for:
  - Medical reasons
  - Failing military physical exam (PHA)



## NGAUS Enrollment

- New employees can enroll within 31 days of appointment without a medical exam
  - Complete short-form for enrollment and submit to HRO
- After 31 days you must complete the long-form for enrollment
  - Medical exam is required
  - Not guaranteed enrollment
- For more information visit [www.ngaus.org/insurance](http://www.ngaus.org/insurance)



## Federal Long Term Care Insurance Program (FLTCIP)

- Protects retirement assets against potentially high cost of long term care
- Covers services such as:
  - Nursing home care
  - Home health care
  - Assisted living facilities
  - Adult day care
  - Auto/sporting accidents
  - Disabling events/illness (stroke, brain/spinal injuries, multiple sclerosis, etc)
- FEHB and Medicare provide limited coverage for long term care expenses



## Federal Long Term Care Insurance Program (FLTCIP)

- Premiums are based on approved coverage options and age
- Expected level premium for life (if election for Automatic Compound Inflation is made)
- Enrollees pay entire premium – no government contribution
- Guaranteed renewable
  - Policy cannot be canceled as long as premiums are being paid
- Premiums paid through:
  - Payroll deduction, debiting checking/savings, direct payment
  - Premiums waived eligible for benefits and meet waiting period



## FLTCIP Eligibility

- Federal employees and members of military
- Federal and military retirees
- Current and surviving spouses of employees and retirees (civilian & military)
- Same-sex domestic partners of employees and retirees (civilian & military)
- Adult children (18 and older) of living employees and retirees (civilian & military)
- Parents of living employees, including in-laws and stepparents (civilian & military)



## LTCIP Enrollment

- Enroll at [www.ltcfeds.com](http://www.ltcfeds.com) or by calling 1-800-582-3337
- New employees and their spouses can enroll within 60 days of appointment
  - Abbreviated underwriting if within 60-days
  - Full underwriting required if outside of 60-days
- Premium calculator available on website



# FEDERAL EMPLOYEE'S COMPENSATION ACT (FECA)

- The federal Employee's Compensation Act (FECA) provides disability benefits to civilian Federal employees who become injured while working.
- If you are injured while working you will need to immediately notify or report the injury to your supervisor so that the Injury Compensation Specialist (ICPA) can help guide you through the process.
- The injury will be filed under Federal Workers Compensation NOT State.
- There is a handout in your packet for further information.



**Temporary Technicians are not eligible for any further benefits – the rest of this slide set applies to Permanent and Indefinite Employees only**



## Federal Employees Dental & Vision Program (FEDVIP)

- Supplemental dental and vision plans
- Premiums are based on carrier, enrollment type and zip code
- Paid with pre-tax dollars
- No government contribution
- FEHB Coverage is primary to FEDVIP benefits



## Federal Employees Dental & Vision Program (FEDVIP)

### Dental

- Diagnostic
- Preventative
- Emergency Care
- Restorative
- Oral/Maxillofacial surgery
- Periodontics
- Prosthodontics
- Orthodontics

### Vision

- Diagnostic
- Preventative Services
- Eyewear
  - Glasses
  - Contacts



## FEDVIP Plan Types

- Self Only
- Self Plus One
  - Eligible family member must be specified at enrollment
- Self and Family
- Nationwide and regional plans available



## FEDVIP Enrollment

- New Employees have 60-days from appointment to enroll
- Open Season
  - Mid November – Mid December each year
  - May enroll, change plans or enrollment type, cancel enrollment
- Qualifying Life Event
  - Must make change within 60-days of the event
- Once enrolled, you cannot cancel until the next Open Season
- Enroll and view plans at [www.benefeds.com](http://www.benefeds.com) or call 1-877-888-3337



## Federal Employees Group Life Insurance Program (FEGLI)

- Basic Life Insurance plus options
- Guaranteed Coverage if not waived within 60-days of eligibility
  - No medical exam required
- Government contributes to premium
- Term insurance – no cash value
- Can be carried into retirement



## FEGLI Basic Life Insurance

- Annual pay rounded to next higher thousand, + \$2,000
  - Example: basic pay = \$45,200 so basic insurance = \$48,000
- Extra benefit for employees under age 45
  - No additional cost
  - Doubles amount of basic coverage until age 35
  - From age 35 – 45, extra benefit decreases 10% per year
- Costs 15 cents for each \$1,000 of coverage



## FEGLI Optional Insurance

- Must be enrolled in basic to choose options
- No government contributions
- Premiums are based on age
- 3 options:
  - Option A, Standard
  - Option B, Additional
  - Option C, Family



## FEGLI Optional Insurance

- Option A, Standard
  - Adds additional \$10,000 to insurance amount
- Option B, Additonal
  - Multiples of 1-5 times basic pay
- Option C, Family
  - Multiples of 1-5 times
  - Spouse: 1-5 times \$5,000
  - Child: 1-5 times \$2,500

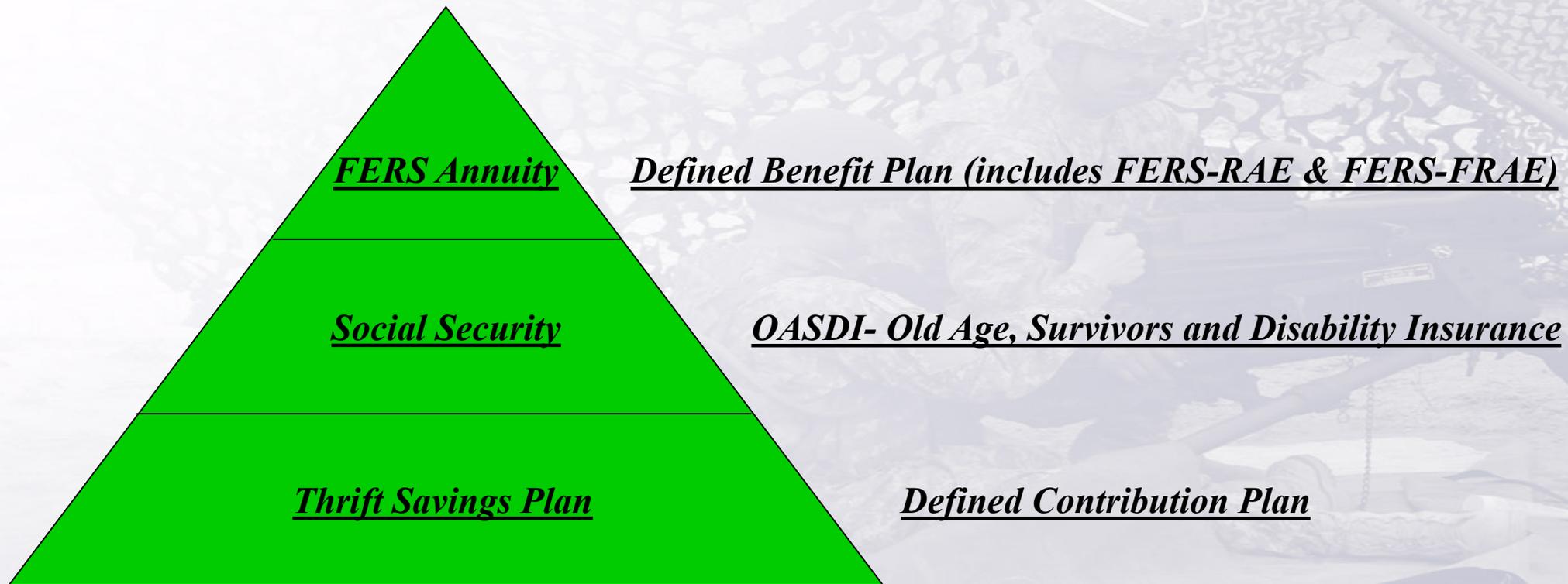


## FEGLI Enrollment

- New employees are automatically enrolled into basic
  - If basic is waived within first two weeks, no premium is due
- Waiver of basic may be cancelled if:
  - Election of basic is made during an open enrollment period (rare)
  - One year has passed since FEGLI was waived and you provide medical evidence of insurability (must be approved by OPM)
  - You experience a change in family circumstances (marriage, divorce, birth/adoption of child, etc)
- Enroll at [www.ebis.army.mil](http://www.ebis.army.mil) (this will take you to the GRB Platform)



## Federal Employees Retirement System (FERS) A 3-tiered retirement system consisting of:





## Federal Employees Retirement System (FERS)

- Participation is mandatory
- If hired after Jan 1, 2014 employee contributes 4.4% of basic pay (FERS-FRAE)
- Agency provides contribution to FERS premium
- Provides monthly annuity upon retirement eligibility or disability
  - Must meet specific minimum age and length of service requirements (i.e. MRA +30)
  - Must have at least 5 years of creditable civilian service for retirement
  - Disability retirement requires at least 18 months of civilian service
- May provide death benefits to survivors



## Military Deposits

- Make a deposit for military service performed after Dec 31, 1956 in order for it to be counted as creditable service for retirement
  - Costs 3% of basic pay plus interest
  - 2 years from hire date as a permanent employee under FERS, interest starts to accrue annually
  - Interest is applied beginning at the third year from hire date
  - Interest is applied at a variable market rate
  - A deposit is required for military service to be creditable towards retirement and annuity computation
- Instructions on completing military deposits are in your NEO folders



## Thrift Savings Plan (TSP)

- A defined contribution savings plan similar to a 401K
  - Potentially a major source of retirement income
    - Participation is voluntary but highly encouraged
  - Tax advantages
    - Traditional contributions (pre-tax) or Roth contributions (after-tax)
  - Completely portable
    - Can transfer to other civilian retirement plans
  - Start, Stop or Change contributions at any time
  - Contribute up to the IRS elective deferral limit annually (\$19,500 in 2020)
  - Catch-up contributions for age 50 and above – annual limit (\$6,500 in 2020)
- \* Limits are the cumulative total contributions in both a Federal and Uniform TSP



## TSP Contribution Amounts

- Agency automatic 1%
  - Always goes into traditional (tax-deferred)
- Employee Contributions
  - Choose a percentage of pay or a fixed dollar amount per pay period
  - Can be traditional, Roth, or a combination
- Agency matching contributions
  - First 3% is dollar for dollar, last 2% is 50 cents per dollar
  - Matching is always put into traditional (tax-deferred)
- Change contributions within GRB



## TSP Funds

- G Fund – Government Securities Indexed Fund
  - Invests in short-term non-marketable Treasury securities
- F Fund – Fixed Income Index Investment Fund
  - Invests in Government, corporate and mortgage backed bonds
- C Fund – Common Stock Index Fund
  - Tracks the performance of the S&P 500 stock index
- S Fund – Small Capitalization Stock Index Fund
  - Tracks the performance of the DOW Jones U.S. Completion Stock Index
- I Fund – International Stock Index Investment Fund
  - Invests in International stock market of Europe, Asia and the Far East



## TSP Lifecycle Funds

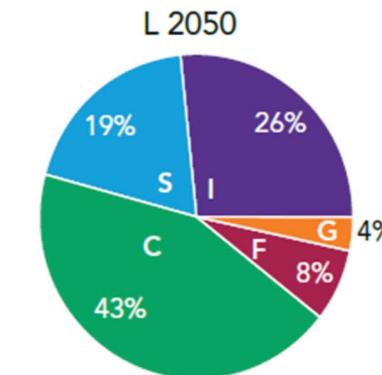
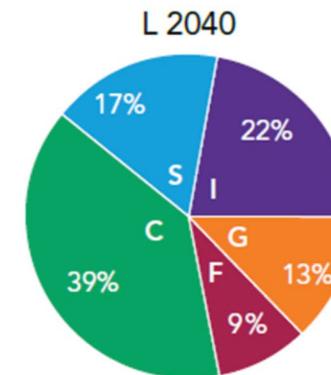
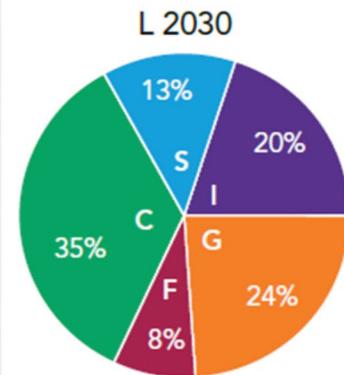
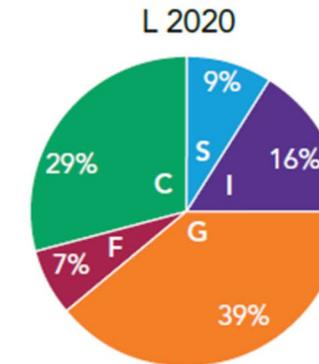
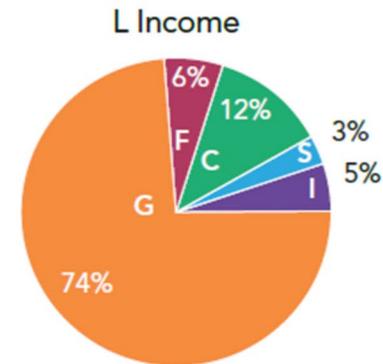
### Investment Objective

Fund	Growth	Preservation of Assets
L 2050	High	Very Low
L 2040	High	Low
L 2030	Moderate/High	Low
L 2020	Moderate	Moderate
L Income	Low	High

### Time Horizons

(when you expect to need the money)

Choose:	If your time horizon is:
L2050	2045 or later
L2040	2035 through 2044
L2030	2025 through 2034
L2020	2015 through 2024
L Income	Now withdrawing or withdrawing soon





## Contribution Allocation

- Specify the way you want to invest your TSP
- Applies to employee and agency contributions
- Future funds can be allocated as well as funds already in your account – you can specify
- Make allocation changes at [www.tsp.gov](http://www.tsp.gov) or by calling the Thriftline at 1-877-968-3778



## TSP Benefits Comparison

Employee TSP Contribution Rate	Sam	Sarah	Fred
	5%	2%	<i>none</i>
Starting Salary	\$20,000	\$20,000	\$20,000
Ending Salary	\$80,000	\$80,000	\$80,000
Total Service	30 years	30 years	30 years
FERS	\$10,449	\$10,449	\$10,449
Social Security	\$80,983	\$80,983	\$80,983
TSP	\$65,309	\$26,124	\$0
Total Employee Contributions	\$156,742	\$117,556	\$91,433
Rate of Return on TSP	8.5%	8.5%	8.5%
TSP Account Balance at Retirement	\$448,384	\$224,192	\$44,838
Total Annual Retirement Income	\$91,260	\$67,776	\$48,984



## Performance Appraisals

- Appraisals are created and completed through MyBiz+
- Supervisors should create your plan, goals and objectives
- Interim Reviews – review your work halfway through your rating period (self assessment and supervisor assessment)
- Annual Appraisal – receive annual rating (self assessment and supervisor final assessment)
- First appraisal must cover at least 12 full months
  - Normal rating period is 1 Apr – 31 Mar each year



## QUESTIONS?

Air Force – released back to your wings to continue in-processing

Army– Return at 12:50 for further in-processing