VOLUME 8, CHAPTER 11: "ALLOTMENTS AND VOLUNTARY DEDUCTIONS"

SUMMARY OF MAJOR CHANGES

All changes are denoted by blue font.

Substantive revisions are denoted by an asterisk (*) symbol preceding the section, paragraph, table, or figure that includes the revision.

Unless otherwise noted, chapters referenced are contained in this volume.

Hyperlinks are denoted by ***bold, italic, blue, and underlined font***.

The previous version dated May 2015 is archived.

PARAGRAPH	EXPLANATION OF CHANGE/REVISION	PURPOSE
All	Revised chapter to include administrative update and hyperlinks.	Revision
110103	Added paragraph for "Authoritative Guidance."	Addition
110301	Added information pertaining to "Self Plus One."	Addition
110302.F.5.b	Revised information regarding "Federal Employees Health Benefits" deductions while employee is receiving "Office of Workers Compensation Program (OWCP)" payments.	Revision
110302.I.2	Changed reference from Volume 5, Chapter 28 and Volume 8, Chapter 8 to Volume 16.	Revision
110304.A.3.b and 110610.B.1.b	Added Volume 16, section 030207 as a reference to the sections.	Addition
110503.B	Revised information in section concerning "Flexible Spending Account Allotments" prior to and after 2015.	Revision
110602.B.c	Changed wording from "individual" to "employee."	Revision
110605.F.1	Revised information regarding "Federal Employees Group Life Insurance" deductions while the employee is receiving OWCP payments.	Revision
111002.A	Changed the G Fund to the Lifecycle Fund.	Revision
111002.D	Deleted "myPay" since employees cannot use myPay to change their "Thrift Savings Plan (TSP)" elections.	Deletion
111006	Added section for "Correcting Late Contributions."	Addition
111007	Added information for "Correction of Employing Agency Errors."	Addition
111008.A.4	Added information on "Back pay" to employee making TSP contributions.	Addition
111101.D	Changed the address for "Post-56 Military Deposits."	Revision

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CHAPTER 11

ALLOTMENTS AND VOLUNTARY DEDUCTIONS

1101 GENERAL

110101. Overview

Allotments and voluntary payroll deductions are made from an employee's gross pay. Both allotments and voluntary deductions are executed at the employee's request and require written authorization from the employee prior to withholding the deduction. See Chapter 4 for information on mandatory deductions.

110102. Purpose

The purpose of this chapter is to provide guidance on mandatory, discretionary, and voluntary deductions as they may be applied to an employee's gross pay.

*110103. Authoritative Guidance

Specific statutes, regulations, and other guidance are referenced under each section of this chapter.

1102 ALLOTMENTS

110201. Overview

An allotment is a recurring deduction from an employee's pay that is authorized by the employee. An allotment is paid to a specific person or institution as directed by the employee. An agency must permit an employee to make certain mandatory allotments as discussed in paragraph 110202. Additionally, an agency may permit an employee to make additional discretionary allotments that have been deemed appropriate by the agency. For additional information, see Title 5, United States Code (U.S.C.), ***section 5525***, Title 5, Code of Federal Regulations (C.F.R.), ***Part 550, subpart C***, and paragraph 110203. For information concerning the order of precedence for processing both mandatory and voluntary deductions and allotments, see Chapter 4.

A. Allotment Processing. An allotment must be requested in writing by the employee. The request may be made electronically or by regular mail. The allotment request must identify the authority under which the allotment is permitted, the specified amount to be deducted, the period of time over which the deduction is to be made, and the name and address of the person or institution to whom the allotment is payable. The authorized deductions may be made through automated computer programs using a personal identification code.

B. General Limitations on Allotments. Any allotment is subject to the following limitations:

1. The employee must designate the amount of the allotment and the person or institution to whom the allotment is made payable,

2. The total amount of allotments may not exceed the pay due the employee for a particular pay period,

3. The employee must personally authorize a change or cancellation of an allotment,

4. The agency has no liability in connection with any authorized allotment disbursed by the agency in accordance with the employee's request, and

5. Any disputes regarding any authorized allotment are a matter between the employee and the allottee.

C. Allotments Not Authorized. The following allotments are not authorized:

1. Collection of debts to private creditors and nongovernmental agencies;

2. Contributions to charities, except as authorized in subparagraph 110202.C and 110203.B;

3. Payment of insurance premiums, except as authorized in subparagraph 110202.G; and

4. Payment of dues to civic, fraternal or other organizations, except as authorized in subparagraphs 110202.A, 110202.B, and 110203.B.

110202. Mandatory Allotments

Mandatory allotments are those allotments an agency must permit an employee to make as authorized under ***5 C.F.R. 550.311(a)***.

A. Allotments for Labor Organization (Union) Dues. An allotment for dues payable to a labor organization is authorized under ***5 U.S.C. § 7115***. Any eligible employee has the right to make a voluntary allotment for the payment of dues to labor organizations. Employees must submit a Standard Form ***(SF) 1187***, Request for Payroll Deductions for Labor Organization Dues, to request and authorize the allotment of pay. The allotment is effective the first pay period beginning after receipt of the properly executed SF 1187.

1. Deductions for Dues. Unless the negotiated collective bargaining agreement states otherwise, the amount of the dues deduction indicated on the SF 1187 will remain

the same until the appropriate official in the labor organization certifies the dues amount has changed. When an employee is in a nonpay status for an entire pay period, the Payroll Office (PRO) will not deduct a missed allotment for that pay period from future earnings. The PRO will not take a partial deduction if an employee is in a nonpay status for part of a pay period and the employee's earnings are not sufficient to cover the full deduction. An employee's biweekly deductions for labor organization dues should be calculated as follows:

a. If the amount stated on the SF 1187 refers to a total annual deduction for a 12-month period, then divide the total annual deduction by 26 to determine the biweekly deduction.

b. If the amount stated on the SF 1187 refers to a monthly deduction, then multiply the monthly deduction by 12 to determine the total annual deduction. Divide the total annual deduction by 26 to determine the biweekly deduction.

2. Cancellation of Dues Allotment by Employee. An employee may submit a request to cancel the allotment for payment of labor organization dues at any time.

a. Written Cancellation Required. An employee may file an ***SF 1188***, Cancellation of Payroll Deductions for Labor Organization Dues, to cancel an allotment. However, any written request signed by the employee for the cancellation of an allotment that contains sufficient information may be acceptable. Unless the collective bargaining agreement states otherwise, the employing activity is responsible for furnishing the SF 1188 to employees upon request.

b. Effective Date. Under 5 U.S.C. § 7115(a), an employee may cancel a union dues allotment at yearly intervals (or as negotiated in a collective bargaining agreement as long as the intervals are consistent with section 5 U.S.C. § 7115(a)). An employee may not be prevented from cancelling a dues allotment for a period of greater than one year.

3. Automatic Termination of Allotment. An allotment for payment of labor organization dues is automatically terminated pursuant to 5 U.S.C. § 7115(b) when any of the following events occurs:

a. The collective bargaining agreement between the agency and the labor organization ceases to be applicable to the employee. For example:

(1) When an employee is no longer a member of the bargaining unit due to separation from the employing activity, the termination of the allotment will be effective with the employee's final pay from the activity;

(2) When an employee is no longer eligible to be a member of the bargaining unit due to a promotion or reassignment to a supervisory position, the termination of dues will be effective at the beginning of the first pay period after the employee loses eligibility to be a member; or

(3) When the labor organization loses eligibility for exclusive recognition, the termination of the allotment will be effective at the beginning of the first pay period after notification is received concerning the loss of recognition.

b. The employee is suspended or expelled from membership in the labor organization. Termination of dues will be effective the first pay period after the Defense Finance and Accounting Service (DFAS) receives the written notification from the labor organization indicating that an employee was suspended or expelled from membership.

4. Erroneous Deduction of Dues after Automatic Termination of Allotment. The agency must automatically terminate an allotment for labor organization dues when the employee ceases to be a member of the bargaining unit. There is no additional requirement for the employee to submit a cancellation form or to take any other action to terminate the allotment. If the agency does not terminate the allotment for labor organization dues in a timely manner, the PRO must refund any erroneously deducted labor organization dues, without interest, to the employee. The agency has a claim against the labor organization for the overpayment amount.

B. Allotments for Association of Management Officials and/or Supervisors Dues. An allotment for dues payable to an association of management officials and/or supervisors is authorized under ***5 C.F.R. 550.331***. An employee is eligible to make a voluntary allotment for the payment of dues if the employee is a supervisor or management official and is a member of the association. The agency and the association of management officials and/or supervisors must maintain a written agreement allowing for the deduction of allotments for the payment of dues.

C. Allotments for Charitable Contributions. An agency must permit an employee to make an allotment for charitable contributions through the Combined Federal Campaign (CFC) under ***5 C.F.R. 550.341***. For additional information, see Department of Defense Instruction ***(DoDI) 5035.01*** and ***DoDI 5035.05***. The CFC is a charitable fundraising program established and administered by the Office of Personnel Management (OPM) and is the only authorized solicitation for charitable contributions from employees in the Federal workplace. OPM designates a Local Federal Coordinating Committee (LFCC) to conduct the CFC in a particular community. For additional information, see ***5 C.F.R. 950*** and Executive Orders ***12353*** and ***12404***.

1. Geographic Boundaries of the Local Campaign. An employee may participate in a particular CFC only if that employee's official duty station is located within the geographic boundaries of that CFC. This restriction may be discontinued with the implementation of appropriate electronic technology as approved by OPM. Upon a showing of extraordinary circumstances and as determined by the Director of OPM, employees may contribute in support of victims in cases of emergencies and disasters defined in 5 C.F.R. ***950.102(a)*** outside the geographic boundaries of their participating CFC. The employee may make such contributions by check, money order, cash, or by electronic means, including credit cards as approved by the Director, but not through payroll deduction. See ***5 C.F.R. 950.103(h)***.

2. CFC Pledge Form. The CFC Pledge Form is the only form an employee may use to authorize a CFC payroll allotment. Agencies distribute the form to employees, along with other campaign materials including the official charity list, when the charitable contributions are solicited. Employees submit a completed CFC Pledge Form (either directly or through the CFC agent) in order to establish a CFC payroll allotment. An agency must conduct a campaign during the period determined by the LFCC, which will not begin before September 1 and will not extend beyond December 15. The agency transmits the original copy of each paper pledge form (payroll allotment authorization or an acceptable electronic version) to the contributor's servicing PRO as promptly as possible, preferably by December 15. Late pledge forms should be accepted and processed by the PRO. See ***5 C.F.R. 950.901***.

3. CFC Allotments are Voluntary. A CFC allotment is voluntary and based on the employee's written authorization.

4. 1-Year CFC Allotment Term. A CFC allotment term begins with the first full pay period starting in January and ends with the last pay period that begins in December.

5. CFC Allotment Amount. Employees specify an allotment amount to be deducted each pay period during the year. Allotments will not be less than $1 per biweekly pay period. There is no restriction on the size of the increment above the minimum amount. The amount of the allotment may not be adjusted during the 1-year term.

6. Discontinuance of CFC Allotments. Allotments discontinue automatically after the expiration of the 1-year term, or upon the death, retirement, or separation of the employee from Federal service. An employee may voluntarily discontinue an allotment by requesting a cancellation in writing at any time. Discontinuance of an allotment is effective the first pay period beginning after receipt of the written cancellation. An employee may not reinstate a discontinued allotment.

7. Transfer of CFC Allotment Authorization. If an employee transfers during the 1-year term of the allotment, the allotment authorization should continue unless the transfer is to an area outside of the original CFC location. Transfer the allotment authorization to the new PRO if transfer is located in the same CFC location.

D. Allotments for Income Tax Withholding. An employee may make an allotment for income tax withholding when the employee has a legal obligation to pay, but the agency has no legal obligation to withhold taxes. The allotment for payment of taxes authorized by ***5 C.F.R. 550.351*** applies to State, District of Columbia, and local income or employment taxes.

E. Allotments for Personal Accounts at Financial Organizations. An employee may authorize two or more allotments for a personal account(s) at a financial organization. The allotment deductions must be a fixed amount for each biweekly pay period and will continue until canceled by the employee.

1. Initiation. To initiate an allotment to a personal account at a financial organization, an employee submits an ***SF 1199A***, Direct Deposit Sign-Up Form. Employees may also initiate an allotment to a financial organization through an automated computer program that allows employees to process allotments using a personal identification code. To initiate the allotment, the employee must provide a routing transit number, the employee's account number, account type, and the biweekly amount.

2. Changes. To change the amount of the allotment or the financial organization or account, the employee must submit a new SF 1199A. The employee may also make a change through an available automated computer program.

3. Cancellations. An employee may cancel an allotment to a financial organization at any time by submitting the appropriate form to the Customer Service Representative (CSR) for processing. The employee may also cancel the allotment through an available automated computer program.

4. Deductions

a. If the salary is sufficient to cover the deduction, the PRO will deduct the full allotment amount each pay period even if an employee is in a pay status for only part of a pay period. No deductions will be made if the salary amount is insufficient to cover the full allotment deduction.

b. Retroactive deductions will not be made for a period during which the employee's net pay was insufficient to cover the allotment. The PRO will not make adjustments during future pay periods for amounts it failed to deduct during a current pay period.

F. Child Support and/or Alimony Payments. Employees are permitted to make an allotment for child support and/or alimony when he or she voluntarily elects to do so as authorized by ***5 C.F.R. 550.361***. This provision for a voluntary allotment does not apply to garnishment orders issued to enforce child support or alimony obligations.

G. Flexible Benefits Plan Allotments. The PRO permits eligible employees to make an allotment as part of a flexible benefits plan established by OPM. The Federal Flexible Benefits Plan (FedFlex) is OPM's cafeteria plan that offers pretax benefits to employees in accordance with Internal Revenue Service (IRS) regulations. The FedFlex offers the following options:

1. ***Premium Conversion***. Premium conversion for medical, dental, and vision plans allows employees to pay premiums using pretax dollars. See subparagraph 110302.H.

2. ***Flexible Spending Accounts (FSAs)***. FedFlex offers employees the opportunity to participate in the Federal Flexible Spending Accounts Program (FSAFEDS). See section 1105.

3. ***Health Savings Accounts (HSAs)***. Eligible employees enrolled in a high deductible health plan (HDHP) may establish an HSA with an HSA trustee or custodian and may request allotments to fund the HSA. An HSA is funded with pretax monies and may be used to cover current and future qualified medical expenses. The allotment continues until the employee revokes or modifies the allotment election. An employee may modify an HSA allotment at any time in order to effect a prospective change. Any balance remaining in an HSA at the end of a plan year automatically carries forward in the account and no HSA account is subject to forfeiture. Employees are responsible for ensuring their enrollment and contributions are in accordance with IRS rules and within annual limits. Payroll providers are not responsible for verifying employee eligibility or checking to ensure employee contributions are within annual limits.

110203. Discretionary Allotments

In addition to the mandatory allotments that an agency is required to accept from employees, an agency may also permit employees to authorize discretionary allotments made at the employee's request for any legal purpose deemed appropriate by the head of the agency (or designee). The authority to accept discretionary allotments does not constitute independent authority by an agency to permit pretax allotments in addition to the flexible benefit plan allotments authorized by OPM under subparagraph 110202.G. See 5 C.F.R. 550.311(d).

A. Purchase of Savings Bonds. The United States (U.S.) Department of Treasury has discontinued the issuance of paper savings bonds through federal agency payroll savings plans. Savings bonds may be purchased in the following manner:

1. An employee must open a ***TreasuryDirect*** account. As instructed by the TreasuryDirect payroll savings plan, the employee must submit a request to the civilian PRO for a payroll deduction in the form of an allotment. The employee's request must include the TreasuryDirect account and the amount to be deducted biweekly.

2. Savings bonds purchased in TreasuryDirect post to the employee's account one business day after the scheduled purchase date.

B. Foreign Affairs Agency Organizations. An employee may elect to make an allotment to pay dues to a foreign affairs agency organization in accordance with ***5 C.F.R. 550.371***.

1. The employee is allowed to revoke the authorization at least every 6 months; and

2. The allotment terminates when the dues withholding agreement between a foreign affairs agency and the organization is terminated or ceases to be applicable to the employee.

C. Military Welfare Societies (MWSs). An employee may elect to contribute voluntarily to the MWSs as an authorized charitable campaign. The MWSs include, Army

Emergency Relief Society, Navy-Marine Relief Society, and the Air Force Aid Society. With the exception of CFC (see subparagraph 110202.C), MWSs are prohibited from soliciting Federal civilian employees.

1103 FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

*110301. General

The FEHB Program was originally authorized in 1960 and is governed under ***5 U.S.C. Chapter 89*** and ***5 C.F.R. 890***. FEHB is an employer-sponsored group health insurance program for eligible Federal civilian employees, retirees, former employees, family members, and former spouses. In January 2016, the Self Plus One enrollment type became available. See Benefits Administration Letter ***(BAL) 15-210***. Employees are eligible to enroll themselves and eligible family members in a health plan offered by FEHB. An employee's participation in the program is voluntary. OPM sets the amount that the government contributes toward an employee's health plan cost, and the employee is responsible for paying the remaining balance of the premium cost through salary withholding. OPM designates a three-digit enrollment code to identify health plans. The first two digits identify the plan and the third digit identifies the option (high or standard) and the type of enrollment (self only or self and family). For more information, visit ***FEHB Facts***.

A. Authorized FEHB Forms

1. The ***SF 2809***, Health Benefits Election Form, must be completed by the employee in order to:

a. Enroll or reenroll in the FEHB Program,

b. Elect not to enroll in the FEHB Program,

c. Change FEHB enrollment,

d. Cancel FEHB enrollment, or

e. Suspend FEHB enrollment.

2. The ***SF 2810***, Notice of Change in Health Benefits Enrollment, must be completed by the employee for the purpose of:

a. Termination,

b. Transfer in,

c. Reinstatement, or

d. Change in name of an enrollee.

B. Effective Dates. Except for open season, or unless otherwise provided, most enrollments and changes to enrollments are effective the first day of the pay period after the employing office receives the SF 2809 enrollment or SF 2810 change request. An employee must be in a pay status at least part of the pay period preceding the effective date of enrollment or change request. If an employee was not in a pay status during the pay period preceding the request, the enrollment or change becomes effective on the first day of the pay period after the employee returns to pay status. Open season begins the Monday of the second full workweek in November and ends the Monday of the second full workweek in December. OPM sets the effective date for enrollments and changes made during the annual open season.

*110302. FEHB Premium Contributions and Withholdings

Information concerning government employer contributions (Government contribution) and employee withholdings for FEHB premiums can be found in 5 C.F.R. 890, subpart E. See FEHB ***Handbook***. Premium contributions and withholdings begin the first pay period that the enrollment is effective. The PRO forwards the contributions and withholdings to OPM using the Retirement and Insurance Transfer System (RITS) on the same date payroll is paid.

A. Government Premium Contributions. The Government's contribution must be paid every biweekly pay period during which an employee's enrollment continues, whether the employee is in a pay or nonpay status. The Government contribution for eligible employees is paid out of agency appropriations or other funds available for payment of salaries.

B. Full-Time Employee Premium Withholding. Unless otherwise provided, full-time employees are responsible for paying their share of the premium for every pay period that enrollment continues. The PRO deducts the withholding amount each pay period from the employee's pay. The amount is determined by the rate applicable to the plan, option, and coverage selected by each employee. The plan brochure describes the benefits, biweekly deduction, and other major features of each participating plan. If the withholding is insufficient, the employee incurs a debt to the U.S. in the amount of the proper withholding required for each pay period. Employees must check their Leave and Earnings Statements (LES) to verify the premium withholding is correct and must report discrepancies to their employing office immediately.

C. Part-Time Employees Premium Withholding and Contributions. Part-time employees, as defined in ***5 U.S.C. § 3402***, may elect coverage under FEHB and must pay the employee share of the FEHB premium. The agency pays the employer contribution in whole or in part depending on the following, as determined by the Human Resources Office (HRO).

1. A part-time career employee hired after April 8, 1979, who works 16 to 32 hours a week (or 32 to 64 hours biweekly) is entitled to a partial Government contribution toward the FEHB premium that is in proportion to the number of hours scheduled to work in a pay period. The partial contribution is determined as follows:

a. The prorated share of the Government's contribution is determined by dividing the number of scheduled hours the part-time employee works as indicated on the ***SF 50***, Notification of Personnel Action, by the number of hours worked by a full-time employee serving in the same or comparable position (normally 80 hours per biweekly pay period).

b. The resulting percentage is applied to the Government contribution made for full-time employees enrolled in that plan.

c. The amount of the Government contribution is deducted from the total premium (Government contribution plus employee share), and the remaining amount is withheld from the employee's pay. See ***5 U.S.C. § 8906(b)(3)*** and refer to the FEHB Handbook.

2. Employees who served on a part-time basis before April 8, 1979, and who have continued to serve on a part-time basis without a break in service, are eligible for the full Government contribution.

D. Temporary Employee Premium Withholdings and Contributions. The Federal Employees Health Benefits Amendments Act of 1988 provides FEHB coverage for certain temporary employees. To be eligible for coverage, a temporary employee must have completed 1 year of current continuous employment, excluding any break in service of 5 days or less. See 5 U.S.C. § 8906a(a). The employee must pay both the employee and the government share of the FEHB premium.

E. Withholding and Contributions under Certain Conditions

1. Withholding From Lump-Sum Leave (LSL) Payment. The PRO will not deduct the regular biweekly withholding for FEHB premiums from an employee's LSL payment. However, the PRO may collect from the LSL payment any previously established debt that is the result of an employee's underpayment or failure to pay premiums.

2. Withholdings and Contributions Upon Transfer. An employee's health plan enrollment and coverage continue without change when the employee transfers from one PRO to another without a break in service of more than 3 days. Each PRO is responsible for FEHB premium withholdings and contributions during the time the employee was in a position serviced by the PRO. The PRO will prorate the withholdings and contributions using the Daily Proration Rule if the employee transfers to a different PRO at any time other than the first day of the pay period. See subparagraph 110302.G.

3. Withholding and Contributions Upon Retirement. If an employee retires and is eligible to continue enrollment in a health plan as an annuitant, the PRO's responsibility for FEHB premium withholdings and contributions is based on the date the annuity starts. If the annuity starts after the end of the employee's final pay period, the PRO makes withholdings and contributions for the entire final pay period. If the annuity starts before the end of the employee's final pay period, the PRO makes withholdings and contributions through the day before the starting date of the annuity using the Daily Proration Rule discussed in subparagraph 110302.G. OPM will make withholdings beginning with the effective date of the annuity.

4. Withholding and Contributions Upon Death. If an employee dies and there is no survivor annuity, or if the employee maintained self only enrollment, the PRO must make full FEHB premium withholdings and contributions for the pay period in which the employee dies. If a survivor annuitant is eligible to continue enrollment, the PRO will prorate the calculation using the Daily Proration Rule and the employee's date of death.

5. Withholding and Contributions Upon Retroactive Reinstatement. An employee who is restored to duty retroactively after an erroneous suspension or removal may elect to have his or her enrollment retroactively reinstated, or may enroll in the plan and option of their choice in the same manner as a new employee. If the employee elects to have the enrollment retroactively reinstated, the PRO must take deductions for the period of suspension or removal from the retroactive pay adjustment (i.e., back pay award) and the Government premium contributions should be made as though the suspension or removal had not occurred.

6. Withholding and Contributions Upon Termination or Reinstatement for Military Service. If enrollment is terminated or reinstated because of an employee's entry into or return from military service, the Daily Proration Rule is applied. The effective date of the action is the date the employee entered into or returned from military service.

F. Withholding and Contributions During Leave Without Pay (LWOP) or Insufficient Pay Status

1. 365-Day Limit. Enrollment may continue while an employee is in a nonpay status for up to 365 days. The 365 days of continuous enrollment is not considered to be broken by any period of less than 4 consecutive months in pay status. If an employee has 4 consecutive months in pay status after a period of nonpay status, the employee is entitled to begin a new 365-day period of continuous enrollment. See 5 C.F.R. 890.303(e).

2. PRO Forwards Premium Payments Each Pay Period. An employee is responsible for continuing to pay the employee's share of the FEHB premium during periods of LWOP or insufficient pay, unless the employee terminates the enrollment. The PRO will not withhold the employee's share of premiums for a pay period when an employee is on LWOP or has insufficient pay to cover the full FEHB premium. However, the PRO must continue to forward the full FEHB premium (both the Government contribution and the employee's share) to OPM each pay period. The PRO must advance salary to cover the employee's share of the FEHB premium and the employee will incur a debt for the advance payments.

3. Notification to Employee. The payroll system must be capable of identifying all employees on LWOP or who have insufficient pay to cover premiums. Written notice must be provided to an employee by the PRO as soon as the PRO becomes aware that premium payments cannot be withheld from the employee's salary. Notice should be provided in accordance with instructions in the FEHB Handbook and 5 C.F.R. 890.502(b) and sent by first-class mail or delivered in person. If mailed, the notice is considered to be received 5 days after the date of the notice. The notice must advise the employee of the following:

a. Options for continuing or terminating enrollment;

b. Effect of termination;

c. If the employee decides to continue coverage, the employee must agree to pay the premium directly, incur a debt, or pre-pay premiums;

d. If the employee elects to incur a debt or fails to pay the entire amount due, the employee thereby agrees to repay the debt in full and allow the debt to be collected by salary offset. The notice should indicate that if the debt cannot be collected by salary offset, it will be recovered from a LSL payment, income tax refunds, retirement payments, or any other source available for the recovery of a debt due the government; and

e. If the employee does not complete the election indicating whether the employee chooses to continue or terminate enrollment and return the notice within 31 days after receipt (45 days if the employee lives overseas), enrollment will automatically terminate.

4. Employee Must Continue or Terminate Enrollment. If the employee enters LWOP or pay is insufficient, the employee must either terminate enrollment or agree to pay the premium (or incur a debt) in order to continue enrollment. See the FEHB Handbook for additional information.

a. Terminating Enrollment

(1) Coverage. If the employee elects to terminate enrollment, the termination is effective at the end of the last pay period in which the PRO withheld the premiums from pay. Upon termination, FEHB coverage continues for an additional 31 days at no cost to the employee. During the 31-day period, the employee and covered family members may convert to an individual contract with the insurance carrier (commonly referred to as the "conversion right").

(2) Reenrollment. If the employee returns to a pay status, or at the end of the first pay period that pay becomes sufficient to cover premiums, the employee must reenroll within 60 days if the employee wishes to elect FEHB coverage again. If the PRO has forwarded the Government contribution to OPM using RITS and an adjustment is required in a subsequent pay period due to the late receipt of the FEHB cancellation, appropriate changes must be made to the Department of Defense (DD) Form ***592***, Payroll for Personal Services, and the ***SF 2812-A***, Report of Withholdings and Contributions for Health Benefits by Enrollment Code. See the CSRS and FERS Handbook.

b. Continuing Enrollment. If the employee elects to continue coverage, the employee may pay premiums directly to the employing agency while on leave ("pay-as-you-go" option), incur a debt for the unpaid premiums while on leave ("catch-up" option), or pre-pay the premiums before the employee goes on LWOP. The PRO must notify the employee of choices available (using the notification discussed at subparagraph 110302.F.3) and provide the employee with a method to make direct premium payments. If the employee elects to incur a debt, the employee must repay the debt in full or the employee will be subject to debt collection action. If the employee pre-pays the premiums, the amount may be deducted from pay or may be paid out-of-pocket. Out-of-pocket payments are after-tax monies.

c. Employee Takes No Action. If the employee does not sign and return the written notice within 31 days of receiving the notice (45 days for overseas employees), the PRO must terminate the enrollment on the SF 2810, Notice of Change in Health Benefits Enrollment. The effective date of enrollment termination is retroactive to the end of the last pay period that premiums were withheld from pay.

5. Coordinating Withholding from Disability Retirement or Workers' Compensation

a. Pending Applications.

(1) General. An employee's period of LWOP may be associated with an employee's pending application for disability retirement or workers' compensation benefits. Generally, if the employee's application is approved, the disability retirement annuity or workers' compensation benefits will be payable from the day following the last day of pay.

(2) PRO Actions. If the employee does not continue to make premium payments during LWOP, the PRO must recover the employee's share of the FEHB premium from the annuity or workers' compensation benefits payment. If the employee paid his or her share of FEHB premiums during LWOP and withholding is also made from the annuity or workers' compensation benefits for the same period, the PRO will refund the amounts to the employee to avoid double premium payments. If the disability retirement annuity does not begin on the day following the last day of pay, the PRO will not refund premium payments until the office receives a notice from OPM indicating the disability retirement application has been approved.

* b. Withholding While Receiving Workers' Compensation. Health benefits enrollment continues while an employee is receiving compensation through the Office of Workers' Compensation Programs (OWCP). Historically, if compensation lasted fewer than 29 days, FEHB enrollment remained with the PRO. In August of 2010, OWCP discontinued the practice of delaying deductions for the 28-day period and began making the FEHB deductions effective the first day of LWOP to prevent interruptions in insurance deductions. See Federal Employees Compensation Act ***(FECA) Circular No. 09-04*** and ***FECA Circular No. 12-05***. Enrollment continues during the first 365 days in LWOP status while an employee is receiving compensation. After 365 days, an employee must meet certain participation requirements (see FEHB Handbook) and enrollment eligibility is determined by OWCP.

6. Special Circumstances Involving Employees on LWOP. An employee may elect to continue their benefits and pay the employee share of their premiums under the following ***special circumstances***:

a. Student Trainees on LWOP. Enrollment for student trainees with a career or career conditional appointment continues during LWOP as long as the student is participating in the Student Career Experience Program under 5 C.F.R. 213.3202(b). The student must continue to pay the employee share of FEHB premiums during LWOP status.

b. Part-Time Employees on LWOP. During LWOP, a part-time career employee who receives a prorated Government contribution toward FEHB premiums must continue to pay the same amount of health benefits premiums that were withheld from the employee's pay when the employee was in pay status.

c. Temporary Employees on LWOP. A temporary employee enrolled in FEHB must pay both the employee share and the Government share of premiums during periods of LWOP. An employee who accepts a temporary position with another employing office must have the enrollment transferred from their original employing office to the new employing office. If the employee is still in LWOP status when the temporary position at the new employing office ends, enrollment must be transferred back to the original employing office. The original employing office must determine the remaining time the employee is entitled to continue FEHB coverage under LWOP. If the employee's temporary position in the original employing office has expired, the FEHB enrollment must be terminated. Both offices must coordinate the action so that withholdings and contributions are made in a timely manner.

d. Employees on Family and Medical Leave. An employee is entitled to 12 weeks of unpaid leave under the Family and Medical Leave Act (FMLA). See ***5 U.S.C. § 6382***. The 12 weeks of FMLA leave usually runs concurrently with the 365-day period for FEHB coverage during LWOP status. During the 12 weeks of FMLA leave, the general requirements for premium withholding and contributions described in paragraph 110302 apply. During any FMLA leave period that extends beyond 365 days (for example, if the employee has used an extensive amount of LWOP before beginning FMLA leave), the employee must pay the employee's share of FEHB premiums directly to the PRO on a current basis.

e. Employees Appointed to Employee Organizations

(1) Eligibility. An employee who is authorized LWOP status in order to serve as a full-time officer/employee of an employee organization may continue health benefit coverage if elected within 60 days from the start of LWOP. Coverage continues for the entire length of the appointment, even if LWOP lasts longer than 365 days. The employee pays the full cost of the health plan premium (both the employee and Government share). The employee must make the premium payment to the PRO before, during, or within 3 months after the end of each pay period.

(2) Termination. Coverage terminates if the employee does not pay premiums within this timeframe (subject to the 31-day extension of coverage and conversion right). Coverage will not resume until the employee enters pay and duty status in Federal service. Coverage may be restored retroactively if the employing agency finds that the employee was unable to make premium payments for reasons beyond the employee's control and payment is made at the first opportunity.

f. Appointments to State or Local Governments, Institutions of Higher Education, Indian Tribal Government, or other Organizations. An employee granted LWOP for the purpose of an appointment to a State or local government, an institution of higher education, Indian tribal government, or certain other organizations specified in ***5 C.F.R. 334***, may elect to continue health benefits coverage for the duration of the assignment. Employees are entitled to continue coverage even if LWOP lasts longer than 365 days. The employee must pay the employee's share of the premiums to the PRO before, during, or within 3 months after the end of each pay period. The employing office must continue to pay the Government share of the premiums as long as the employee continues to make premium payments. If the employee does not make premium payments in a timely manner, coverage:

(1) Terminates if the employee does not pay premiums in a timely manner (subject to the 31-day extension of coverage and conversion right);

(2) Will not resume until the employee enters pay and duty status in Federal service; and

(3) May be restored retroactively if the employing agency finds that the employee was unable to make premium payments for reasons beyond the employee's control and payment is made at the first opportunity.

g. Transfer to International Organization. An employee who is transferred to an international organization under ***5 U.S.C. § 3582*** may elect to continue health benefits coverage and must pay the employee share of premiums to the employing office before, during, or within 3 months after the end of each pay period. The employing office must continue to pay the Government contribution as long as the employee pays their share of the premium. Coverage terminates if the employee does not pay premiums within this timeframe (subject to the 31-day extension of coverage and conversion right). Coverage will not resume until the employee enters pay and duty status in Federal service. Coverage may be restored retroactively if the employing agency finds that the employee was unable to make premium payments for reasons beyond the employee's control and payment is made at the first opportunity. See ***5 C.F.R. 352.309***.

h. Employee Salary Paid in Less Than 12 Months. If an employee's salary is paid over a period of less than 12 months (for example, a teacher who is paid over 10 months), the employing office should prorate the annual premium installments over the number of salary installments during the year so that the employee does not owe additional premiums during the nonpay period. If the employee is on LWOP status during the normal work period, the employee must pay premiums for that period.

G. Daily Proration Rule

1. General. The Daily Proration Rule is a formula used to calculate partial employee withholdings and Government contributions for FEHB premiums. Unless otherwise provided, the full withholding and contributions must be made for each pay period even if the employee is in pay status for only part of the period. The PRO uses the Daily Proration Rule to compute partial withholdings and contributions under the following circumstances:

a. The employee transfers to a position serviced by a different PRO other than at the beginning of a pay period;

b. The employee retires other than at the end of a pay period and is eligible to continue FEHB enrollment;

c. The employee dies, and there is a survivor annuitant eligible to continue FEHB enrollment; or

d. The employee terminates or reinstates enrollment because of entry into or return from military service.

2. Application of the Daily Proration Rule. The FEHB Handbook provides examples for computing a prorated amount of withholdings and contributions using the Daily Proration Rule. Each PRO (gaining and losing) is responsible for FEHB withholdings and contributions for the actual time the employee occupied a position serviced by the PRO. The PRO must compute daily FEHB premium withholdings and contribution rates as follows:

a. Daily Withholding Rate. To determine the daily withholding rate for partial employee withholding, multiply the employee's biweekly withholding rate by 26 and divide by 364; the result will equal the daily withholding rate. Multiply the daily withholding rate by the number of days on the payroll, the result will equal the amount of withholding for which the PRO is responsible. Use the denominator of 364 even during a leap year.

b. Daily Contribution Rate. To determine the daily contribution rate for partial Government contributions, multiply the biweekly Government contribution rate by 26 and divide by 364; the result will equal the daily contribution rate. Multiply the daily contribution rate by the number of days on the payroll, the result will equal the amount of contributions for which the PRO is responsible. Use the denominator of 364 even during a leap year.

H. FEHB Premium Conversion. Premium conversion is a method for reducing taxable income by the amount of an employee's contribution to his or her FEHB premium. Premium conversion reduces the employee's taxable income thereby lowering the employee's Federal income tax, Social Security and Medicare taxes, and state and local taxes. See ***5 C.F.R. 892.102***. The HRO automatically enrolls eligible employees in premium conversion. Before the effective date of coverage, an employee may waive participation in the premium conversion benefit by filing an FEHB ***Premium Conversion Waiver/Election Form***. Thereafter, an employee may file a waiver of participation in premium conversion only under the limited circumstances set out at ***5 C.F.R. 892.205***. See 5 C.F.R. 892, subpart B for additional information.

I. Collection of Unpaid FEHB Premiums Debt

* 1. Debt Collection. Debt collection actions shall be made pursuant to the debt collection authority in Volume 16. If the employee received a salary advance to cover

FEHB premiums (using the "catch-up option") and the employee signed a statement agreeing that the debt may be withheld from future pay, then the agency is not required to offer the employee a hearing before beginning salary offset, but notice of the intent to collect the debt must be provided. See ***5 C.F.R. 550.1102(b)***.

2. Payments and Offsets. The PRO will note payments received or payroll deductions withheld and record those payments in the OPM deposit fund for FEHB withholdings. If the employee separates, the amount owed must be offset against any entitlements due. If the employee retires and final pay is not sufficient to cover the debt, then the OPM Form ***1522***, Request for Offset for Health Benefits Premiums from Monies Payable Under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS), must be used to offset against a CSRS or FERS annuity. In addition, note on the ***SF 2806***, Individual Retirement Record, or ***SF 3100***, Individual Retirement Record (FERS), that the separating employee has been indebted. There is no minimum amount subject to offset. If the employee has made any duplicate payments that are later offset, the duplicate payments must be refunded.

3. Debt Collection after Transfer to a Different PRO. The date of last withholding and amount due must be shown on the ***SF 1150***, Record of Leave Data, when an employee has a debt for unpaid FEHB premiums and transfers to a different PRO. Amounts due from employees transferring to another PRO should be collected by the gaining PRO and paid to the former employing office and reported to OPM by the gaining PRO.

4. Employees Erroneously Allowed to Continue FEHB Coverage Beyond 365 Days of Leave Without Pay. The Affordable Care Act does not allow a health insurer to cancel coverage retroactively if premiums have been paid, including if an employer has erroneously allowed an ineligible employee to enroll. Where an employee who was on LWOP elected to incur a debt for the employee portion of the premium, and the employee's enrollment was erroneously allowed to continue for an extended period of time beyond the 365th day, the premium debt incurred by the employee for coverage may be significant. Therefore, OPM has directed agencies that in such a case, the agency must allow the employee to choose whether to:

a. Terminate the enrollment prospectively effective last day of the pay period in which the error was discovered and keep the coverage during the erroneous enrollment period. This means, if the employee incurred a debt, the employee owes the employee share of the premiums to the agency for that period, however the employee is entitled to full benefits during the period of the erroneous enrollment; or

b. Terminate the enrollment retroactively back to the date the FEHB enrollment should have terminated (meaning the employee owes no premiums for the erroneous enrollment period, but was not covered during that period and is responsible for any claims paid). This will allow the employee to avoid a large premium debt if little or no services were used due to the agency's error.

110303. FEHB for Employees Entering Active Military Service

A. General. Federal law allows up to 24 months of continued FEHB benefits for Federal employees, and their covered dependents, who separate or enter into nonpay status to serve in the uniformed services, referred to as Absent-Uniformed Service (AUS). See 38 U.S.C. § ***4317(a)(1)(A)*** and ***5 U.S.C. § 8905a***.

1. Active Duty 30 Days or Less. If the employee is on active duty for 30 days or less and is in pay status, the employee's FEHB enrollment continues without change to the employee withholding or Government contributions.

2. Active Duty Over 30 Days. An employee who enters active duty for more than 30 days may continue enrollment for up to 24 months unless the employee terminates enrollment.

3. Cost of FEHB Coverage. As discussed in subparagraph 110303.B, the cost of FEHB is dependent upon the nature and length of the employee's active duty. Eligible DoD employees called to active duty in support of a contingency operation receive an enhanced benefit that results in the agency paying both the employee and government shares of the premiums for up to 24 months. However, if status changes to non-contingency during the employee's active duty service, a debt will incur. See also 5 C.F.R. 890.303(i), 5 C.F.R. 890.304, and 5 C.F.R. 890.502(f).

B. Premium Payments – General Information.

1. First 365 Days. For the first 365 days AUS (12 months), the employee must pay the employee share of the FEHB premium (the employee may elect to postpone payment using the "catch up option").

2. After 365 Days. After 365 days on AUS, the employee must pay both the employee share and the government share of the FEHB premium, plus a 2 percent administrative charge. Payment is made directly to the PRO on a current basis (each pay period). See 5 C.F.R. 890.502 (f). Active Duty in Support of a Contingency Operation. As discussed in subparagraph 110303.C, DoD Components pay both the employee and government's share of the FEHB premium if the employee is called or ordered to active duty in support of a contingency operation.

3. Enrollment Termination and Reenrollment. An employee's enrollment ends 24 months after absence for military service began, or 90 days after service ends, whichever is earlier. At the end of the 24 months, FEHB coverage will continue for an additional 31 days during which the employee and covered family members may convert to an individual contract with the insurance carrier. If the employee has terminated enrollment during active duty, they may enroll again within 60 days after returning to civilian employment.

4. Additional Guidance. See OPM ***Guidance*** on Coverage for Federal Civilian Employees Called to Military Duty.

C. Premium Payments When Service is in Support of a Contingency Operation. Eligible Federal employees called to active duty in support of a contingency operation, as defined in ***10 U.S.C. § 101(a)(13)***, on or after September 14, 2001, are allowed an extension of coverage under the FEHB Program for up to 24 months. See 5 U.S.C. § 8905a and 5 C.F.R. 890.502(f). DoD agencies may pay both the employee's share and the government's share of the FEHB premiums (in addition to any administrative charges the employee may otherwise be required to pay) for up to 24 months for eligible employees. See 5 U.S.C. § 8906(e)(3). When an employee moves from a contingency to non-contingency operation, the agency is required to cease paying the employee share of premiums.

1. Eligibility Requirements. To be eligible for continued FEHB coverage and payment of the employee's share of the FEHB premium under these authorities, the employee must be:

a. Enrolled in FEHB and elect to continue that enrollment;

b. A member of a Reserve component of the Armed Forces, which includes the Army National Guard, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the Coast Guard Reserve;

c. Called or ordered to active duty (voluntarily or involuntarily) in support of a contingency operation as defined in 10 U.S.C. § 101(a)(13);

d. Placed on AUS or separated from civilian service to perform active duty; and

e. On active duty for a period of more than 30 consecutive days.

2. Effective Date. Continued coverage and agency full premium payment for eligible employees will be effective the date the employee is initially placed on AUS or separated from civilian service to perform active duty. Eligibility continues for up to 24 months while the employee is on active duty. The 24-month period will not be extended by the employee's intermittent use of paid leave during a period of military service.

D. Historical Information

1. Service in Support of a Contingency Operation on or After December 8, 1995, but Before September 14, 2001. Title 5 U.S.C. § 8906(e)(3) provided an extension of coverage under FEHB for no longer than 18 months for eligible employees. Under the law, agencies were authorized to pay the full FEHB premium (employee share and government share) for a period no longer than 18 months for eligible employees. The period of continued FEHB coverage began on the date of the employee's absence from their civilian position. The agency paid full FEHB premiums during periods of AUS or separation, but not during any pay period the employee used paid leave.

2. Service Not in Support of a Contingency Operation on or After December 12, 1994 and before December 10, 2004. The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects all employees serving on active duty in the uniformed services, including those serving under non-contingency orders. See 38 U.S.C. § 4317(a)(1)(A). Under USERRA, employees called to active duty under Title 32 or Title 10 between the aforementioned dates, were entitled to continued coverage of FEHB for 18 months. The period of continued FEHB coverage began on the date of the employee's absence from their civilian position.

a. First 12 Months. The employee was responsible for payment of the employee's share of the FEHB premium for the first 12 months.

b. 12 to 18 Months. The employee was responsible for the full FEHB premium (employee share and government share) plus a 2 percent administrative charge after 12 months and up to the 18-month limitation.

110304. Retroactive Changes and Adjustment of Errors

A. Retroactive Changes in Enrollment to Self Only. If the employee does not participate in premium conversion, the employee may change enrollment from self and family to self only at any time. An employee who participates in premium conversion is limited to changing their enrollment from self and family to self only during open season, or within 60 days after the employee has a qualifying life event. Generally, a qualifying life event is an increase or decrease in the number of eligible family members as described in the FEHB Handbook.

1. The HRO may make enrollment changes retroactively to the first day of the pay period that began after the employing office received the employee's enrollment change request.

2. The retroactive change, and corresponding adjustments to health benefits withholdings and contributions, may be made only upon the employee's written request. The request must identify the event and date when the employee became the only person covered by family enrollment.

3. If an employee retroactively changes from self and family to self only, the PRO must make corrective adjustments to refund premiums back to the beginning date of the change in coverage provided by the employing agency. The Barring Act (Statute of Limitations) under ***31 U.S.C. § 3702 (b)(1)*** does not apply to these specific changes.

B. Adjustment of Errors

* 1. Underdeduction. An underdeduction of FEHB withholding represents an overpayment of the employee's pay. Collection of the overpayment is exempt from due process if the amount was accumulated over four pay periods or less immediately preceding the current pay period. See ***5 C.F.R. 550.1104(c)***. Collection is subject to due process procedures when the amount accumulated is for a period of more than four pay periods. The PRO must collect

the overpayment from a separated employee's final pay. See Volume 16, section 030207 for additional information.

2. Overdeduction. If the PRO overdeducts the FEHB premium amount owed by the employee, the PRO must refund the overdeduction to the employee and adjust the Government contribution on a subsequent pay period.

110305. Temporary Continuation of Coverage (TCC)

A. General. An employee who loses FEHB coverage because he or she separates from Federal service may enroll under the TCC of FEHB. TCC allows an employee to continue health benefits coverage for up to 18 months from the date of separation. An employee's family member (child or former spouse) who loses coverage because he/she is no longer eligible may also enroll under TCC and may continue coverage for up to 36 months from the date of their change in status as a family member. HRO provides the employee with a notification of TCC election rights. For specific details regarding TCC, see 5 C.F.R. 890, subpart K.

B. Notification. Once the employee's HRO establishes TCC eligibility, the HRO will forward the election form to the National Finance Center (NFC), which administers the TCC program for the DoD. The NFC will notify eligible individuals and provide further information on benefits, and will process enrollment changes and cancellations. NFC will collect premiums and send them to OPM.

C. Premium Payments. Individuals eligible for TCC must pay the full premium for the health benefit plan, which includes the employee withholding amount and the Government contribution plus a 2 percent administrative charge. However, if the individual has TCC based on a separation due to a reduction in force under 5 U.S.C. § 8905A(d)(4), the employee only pays their share, and the agency continues to pay the Government contribution amount plus the 2 percent administrative charge.

1104 FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

110401. General

FEDVIP provides dental and vision insurance to Federal employees at competitive group rates. While FEDVIP enrollment occurs during the annual Federal benefits open season process, FEDVIP is separate from the FEHB Program. For additional information, see ***5 C.F.R. 894***.

110402. FEDVIP Eligibility and Participation

A. Eligibility. Generally, in order to be eligible to enroll in FEDVIP, employees must be eligible for enrollment in the FEHB Program however; enrollment is not required. Certain employees, such as some temporary employees or intermittent employees, are not eligible for FEDVIP even though they may be eligible for FEHB. Enrollees in the FEHB TCC are not eligible for FEDVIP. Coverage of FEDVIP continues each year, and employees do not need to re-enroll each year to continue current coverage. Employees may enroll in FEDVIP through BENEFEDS, which administers enrollment for the FEDVIP program. Employees can utilize a secure enrollment site at ***www.BENEFEDS.COM***, or by calling BENEFEDS customer service at 1-877-888-3337.

B. Enrollment. Employees may enroll in FEDVIP:

1. During the annual open season;

2. Within 60 days after first becoming eligible as a new employee, or a previously ineligible employee who transfers to a covered position;

3. Within 60 days after returning to work following a break in service of at least 30 days; or

4. From 31 days before the employee (or eligible family member) loses other dental/vision coverage to 60 days after a qualifying life event allowing the employee to enroll. See 5 C.F.R. 894.502 and BENEFEDS.com for information on qualifying life events.

C. Types of Enrollment. Under the FEDVIP, employees may select from the following types of enrollment:

1. Self only, which covers only the employee;

2. Self plus one, which covers the employee plus one eligible family member as specified by the employee; or

3. Self and family, which covers the employee and all eligible family members.

D. Cancellation, Termination and Extension of Enrollment

1. Cancellation of Enrollment. Generally, an employee may only cancel FEDVIP participation during open season. An employee may cancel FEDVIP participation outside of open season only under the following two circumstances and the cancellation is effective at the end of the pay period in which the employee submits the cancellation request:

a. When the employee or employee’s spouse is called to active military duty; or

b. When the employee transfers to an eligible position with another Federal Agency that provides dental and/or vision coverage and the employer pays 50 percent or more of the premium.

2. Ineligibility. When an employee who no longer meets the definition of an eligible employee, FEDVIP coverage stops at the end of the pay period in which the employee was last eligible.

3. Extension of Coverage and TCC. Upon termination, there is no extension of coverage or right to convert to an individual contract with the insurance carrier. There is no TCC for employees or family members when FEDVIP coverage stops or family members become ineligible.

110403. FEDVIP Premiums

A. General. Employees who elect to participate in FEDVIP pay the entire premium, as there is no Government contribution for FEDVIP. Part-time employees pay the same premium as full-time employees.

B. Premium Conversion. The PRO withholds FEDVIP premiums from the employee's biweekly salary on a pre-tax basis using premium conversion, the method for reducing taxable income by the amount of the employee's contribution to their FEDVIP premium. Unlike the FEHB program, an employee may not opt out of premium conversion for FEDVIP. Premiums are not paid on a pre-tax basis if the employee has insufficient pay to cover the premium or is in a nonpay status. An employee who pays a premium directly to the FEDVIP administrator is not eligible for premium conversion. When an employee's enrollment is retroactively changed and additional premium withholding is required, the employee is not eligible for premium conversion unless the change is the result of a birth or adoption of a child.

C. Insufficient Pay or Nonpay Status. If an employee misses a premium payment for FEDVIP, they must make up the payment in subsequent pay periods or FEDVIP coverage will stop on the last day of the pay period in which FEDVIP received an allotment. An employee who is in a nonpay status, or who has insufficient pay to cover premiums, may also arrange to pay premiums directly to the FEDVIP administrator. If the employee stops making direct premium payments, FEDVIP coverage stops at the end of the pay period in which the employee last made a payment. If FEDVIP coverage stops, the employee will not be able to reenroll until the next open season after the employee is in pay status or the employee's pay is sufficient to pay the premium.

1105 ALLOTMENTS FOR FEDERAL FLEXIBLE SPENDING ACCOUNT PROGRAM (FSAFEDS)

110501. General

FSAFEDS offers three different Flexible Spending Accounts (***FSAs***). Eligible employees under this program open a FSA and make an annual election to deposit a portion of their pay into the account for the upcoming benefit period. The PRO withholds allotments from the employee's biweekly salary on a pretax basis and deposits the funds into the FSA. Employees may request to accelerate allotments over fewer pay periods. The employee may use their FSA for reimbursement of out-of-pocket costs for health care (such as co-payments and expenses not covered by insurance). Employees may also set up an account for dependent care expenses for a qualifying dependent. FSAFEDS is not a part of the FEHB program.

A. Open Season. Eligible employees must enroll in FSAFEDS each year during the Federal Benefits Open Season. Open season enrollments are effective January 1 of the following year. Enrollment does not carry forward year-to-year, and an employee must reenroll each year. New and newly eligible employees must enroll in the program within 60 days (but no later than October 1) of their entry on duty.

B. Enrollment. Employees must enroll directly with FSAFEDS either through the website at ***fsafeds.com*** or by calling FSAFEDS at 1-877-372-3337.

110502. Types of Flexible Spending Accounts

A. Health Care Flexible Spending Account (HCFSA). An eligible employee may make an allotment to an HCFSA to pay for qualified health care costs not covered by FEHB. If an employee maintains an HCFSA and enrolls in an HDHP, the employee may not maintain a HSA.

B. Dependent Care Flexible Spending Account (DCFSA). An eligible employee may make an allotment to a DCFSA to pay for qualified dependent care (such as day care) expenses.

C. Limited Expense Health Care Flexible Spending Account (LEX HCFSA). The LEX HCFSA is only available to employees who enroll in an FEHB HDHP with an HSA. Eligible expenses are limited to dental and vision care services.

* 110503. Allotments for FSAs

A. Payment of allotments. Allotments withheld from the employee's pay are forwarded to BENEFEDS on the same date payroll is paid.

* B. Carryover.

* 1. Prior to 2015. Any unused FSA allotments were forfeited if the employee did not incur an eligible expense and file a timely claim for reimbursement.

* 2. After 2015. In October 2013, the Treasury and the IRS modified the forfeiture ("use-or-lose") rule for health care FSAs. Effective January 1, 2015, FSA programs allowed participants to carry over up to $500 of unused health care FSA funds to the next plan year (as long as they re-enroll in health care FSAs). Each year, by January 15, a carryover account will be established with their remaining funds from the prior calendar year, up to $500. Any amount over $500 will remain in the prior year account and will be forfeited if prior year claims are not submitted by the April 30 deadline. The carryover funds can be used for prior year expenses that are submitted by April 30 or current year expenses. The carryover balance will be set to a "secondary priority" for claim reimbursement; this means that the

carryover balance will be used only if the prior and/or current year balances have been depleted. See Benefits Administration Letter (BAL) ***14-801***. For additional information on carry over rules, see fsafeds.com.

C. LWOP and Nonpay Status.

1. Effect of Nonpay Status. The Government will not make up the employee's allotments to an FSA if the employee is on LWOP or in a nonpay status. However, the employee may prepay allotments for periods of LWOP. If allotments are not prepaid, the HCFSA or LEX HCFSA account will be frozen The employee will not be eligible for reimbursement of expenses incurred during LWOP or while in a nonpay status until the employee returns to pay status and allotments have restarted (even if the government continues to pay the employee's FEHB premiums for medical coverage). If an employee maintains a DCFSA during nonpay status, certain dependent care expenses that meet IRS guidelines for eligible expenses may continue to be reimbursed up to the account balance.

2. Return to a Pay Status. Upon the employee's return to pay status, the PRO will recalculate any future allotment amounts based on the number of pay dates remaining in the benefit period.

D. Separation from Employment and Termination of FSAFEDS Participation. Participation in FSAFEDS stops as of the employee's separation date, or the last day of the pay period in which FSAFEDS received an allotment. HCFSA or LEX HCFSA expenses incurred after participation ends are not eligible for reimbursement. Reimbursement is only available for expenses incurred prior to the date of termination. However, the employee may continue to use the remaining balance in a DCFSA for eligible dependent care expenses until the end of the Benefit Period or until the depletion of the account balance, whichever comes first. Termination may be due to a change in employment status causing the employee to lose eligibility, separation from Federal employment, or transfer to a Federal agency not covered by FSAFEDS.

1106 FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI) PROGRAM

110601. General

The FEGLI Program is a term life insurance program that provides life insurance coverage for Federal employees and their families. See ***5 U.S.C. § Chapter 87***. The FEGLI Act of 1954, P.L. 83-598, created the FEGLI Program. OPM administers the Program and sets the amounts for employee withholdings and Government contributions. For additional information, see ***5 C.F.R. Part 870*** or the FEGLI Program ***Handbook***. FEGLI benefits are payable regardless of the cause of death. The employee's SF 50 reflects the FEGLI enrollment code. See ***SF50 Insurance Code Translator***.

110602. Types of Life Insurance

There are two types of life insurance coverage under the FEGLI Program, Basic and Optional. The employee and the government share the cost of Basic insurance. The employee pays the entire cost for any of the three additional types of Optional insurance. Additionally, accidental death and dismemberment coverage is an automatic part of Basic and Option A insurance at no additional cost to employees.

A. Basic Insurance. On the date the eligible employee is initially placed in pay and duty status, the HRO automatically enrolls the employee in Basic insurance, unless the employee specifically waives Basic insurance coverage. A new employee may opt out of Basic insurance by filing a waiver of Basic insurance with the employing office before the end of the first pay period. The new employee may also use a previously filed waiver from earlier employment which remains in effect. See 5 C.F.R. 870.501.

1. Basic Insurance Amount (BIA). The amount of an employee's Basic insurance coverage is equal to their BIA multiplied by a factor based on the employee's age. An employee's BIA is either the annual rate of basic pay, rounded to the next higher thousand (plus $2,000) or $10,000, whichever is higher. An employee's BIA automatically changes whenever an employee's pay changes. Effective October 30, 1998, there is no maximum BIA. Note: if the employee's salary is limited or "capped" by law, the amount of Basic insurance is based on the capped amount, not on the amount of pay without the cap. See 5 C.F.R. 870.202.

2. Annual Rate of Basic Pay for Determining BIA. BIA is based on the employee's annual pay as fixed by law or regulation. See 5 C.F.R. 870.204. An employee's annual pay for life insurance purposes includes the following pay:

a. Interim geographic adjustments and locality-based comparability payments;

b. Premium pay for standby duty under ***5 U.S.C. § 5545(c)(1)***;

c. For a law enforcement officer as defined under 5 U.S.C. § ***8331(20)***, ***5 C.F.R. 831.902*** and ***5 C.F.R. 842.802***, premium pay for administratively uncontrollable overtime is authorized under 5 U.S.C. § 5545(c)(2);

d. Night differential pay for wage employees;

e. Environmental differential pay for employees exposed to danger or physical hardship;

f. Special pay adjustments for law enforcement officers;

g. Availability pay for criminal investigators under 5 U.S.C. § 5545a;

h. Market pay for physicians and dentists of the Department of Veterans Affairs under ***38 U.S.C. § 7431***; and

i. Straight-time pay for regular overtime hours for firefighters.

3. Annual Rate of Pay for Employee Paid Multiple Rates. An employee may be paid for work using different pay rates. The annual rate of pay for such employees for life insurance purposes is based on their work schedule as follows:

a. Regular Schedule. Annual pay for employees regularly scheduled to work at different pay rates, such as day and night rates or two positions at different rates for each position, is the weighted average of the rates at which the employees are paid, projected to an annual basis. A regular schedule may exist even though the schedule varies within a year or even within a pay period.

b. No Regular Schedule. The annual pay of employees, who work at different pay rates but not on a regular schedule, is the annual rate the employee was receiving at the end of the pay period. In the event of death or dismemberment, it is the annual rate at the time of the death or accident.

4. Annual Rate of Pay for Part-Time Employees. A part-time employee's annual pay for life insurance purposes is the employee's basic pay applied to the tour of duty on record, based on the most recent SF 50, in a 52-week work year.

5. Annual Rate of Pay for Employees Serving in More Than One Position at the Same Time. If the employee legally services in more than one position at the same time and the employee is entitled to FEGLI for at least one of the positions, the annual rate of basic pay for life insurance purposes is the sum of the annual rate of basic pay fixed by law or regulation for each position. Certain exceptions apply. See 5 C.F.R. 870.204(g) and 110605.G.

B. Optional Insurance. An employee who has not waived Basic insurance may elect additional Optional life insurance. Optional insurance is not automatic, and employees must specifically elect coverage within 60 days after becoming eligible for coverage, unless a previous election or waiver from earlier employment remains in effect. The cost of Optional coverage depends on the employee's age and is based on 5-year age bands beginning at age 35. Changes in rates based on age are effective on the first day of the first pay period following the pay period during which the employee's birthday occurs. See 5 C.F.R. 870.504.

1. Eligibility to Elect Optional Insurance. An employee may elect one or more types of Optional life insurance coverage provided that:

a. The employee is enrolled in Basic life insurance coverage;

b. The employee does not have a waiver of that type of Optional insurance still in effect (or a waiver of that number of Option B or Option C multiples still in effect); and

c. The employee's pay, after all other deductions, covers the full cost.

2. Types of Optional Life Insurance. There are three types of optional insurance. See 5 C.F.R. 870.201.

a. Option A (Standard Optional Insurance). Option A coverage is available only for the employee and is fixed in the amount of $10,000.

b. Option B (Additional Optional Insurance). Option B coverage is available only for the employee and is an amount equal to 1, 2, 3, 4 or 5 times the employee's annual basic pay after rounding to the next higher thousand if not an even thousand. The amount of coverage under this option automatically changes whenever the employee's annual pay increases or decreases by an amount sufficient to raise or lower pay to a different $1,000 bracket.

* c. Option C (Family Optional Insurance). Option C provides coverage for the death of an employee's spouse or eligible dependent children. Eligible family members are automatically covered. The employee elects either 1, 2, 3, 4 or 5 multiples of coverage. Each multiple is equal to $5,000 for the spouse and $2,500 for each eligible dependent child. Payment is made to the insured employee.

110603. Effective Dates for Withholding Premiums and Coverage

Withholding of premiums for new employees begins with the same pay period during which coverage begins as follows:

A. Basic Insurance. Coverage is effective on the first day the employee enters on duty in pay status. See 5 C.F.R. 870.501(a)(1).

B. Optional Insurance (all options). Coverage is effective the first day the employee enters on duty in pay status on or after the date the HRO receives the election. See 5 C.F.R. 870.504(d).

110604. Effective Date of Waiver or Cancellation of FEGLI.

At any time, an employee may waive Basic insurance, cancel any or all Optional insurance, or reduce the number of multiples under additional Optional insurance. Cancellation of Basic insurance automatically cancels all forms of Optional insurance. Coverage and deductions stop or are reduced effective the last day of the pay period in which the employee files an SF 2817, Life Insurance Election: Federal Employees' Group Life Insurance Program. See 5 C.F.R. 870.502 to 870.505.

*110605. FEGLI Premium Withholdings and Contributions

A. General. The cost of Basic insurance is shared between the insured employee and the Government. The employee pays two-thirds of the cost, and the government pays one-third. See 5 C.F.R. 870.401. The employee pays the full cost of all Optional insurance. OPM periodically reviews the cost of insurance and notifies agencies of premium rate changes.

B. Amount of FEGLI Premium Withholding. During each pay period in which an insured employee is in pay status for any part of the period, the PRO must withhold the employee's share of the FEGLI premium from their biweekly pay. Premium withholding is subject to the following requirements.

1. The amount of premium withholding is based on the amount of insurance last in force during the pay period.

2. If the employee dies or separates during a pay period, the PRO bases the withholding on the amount of insurance in force on the date of death or separation.

3. If the employee's BIA changes during the pay period, the PRO bases the withholding amount on the BIA last in force during the pay period.

4. If an employee works only a partial pay period, there is no pro-rated premium withholding.

5. If the employee works less than 52 weeks per year, the PRO must convert the biweekly rate to an annual rate. The PRO then prorates the annual rate over the number of pay periods in the year to determine the withholding amount.

6. The PRO must report withholdings and contributions for FEGLI to OPM each pay period as described in Chapter 9. See 5 C.F.R. 870, subpart D.

C. Withholding FEGLI Premiums During Periods of Insufficient Pay

1. Short-term Periods of Insufficient Pay. Withholdings will be made from an employee's salary when the employee is in pay status for any part of a pay period. If the salary is insufficient to permit all payroll deductions, the PRO must use the order of precedence for deductions in Chapter 4. After all other required deductions are made, if pay for a particular period is not enough to cover the full withholdings for life insurance premiums, the amount withheld must first be applied to Basic insurance. Any balance of pay remaining must then be applied to Optional insurance (first to Option B, then Option A, then Option C). See 5 C.F.R. 870.404(f).

2. Extended Periods of Insufficient Pay. A review and determination of insufficient pay must be made by the HRO when it is expected that an employee's pay, after all other applicable deductions, is insufficient to cover the cost of the premiums for a period of 6 months or more. The HRO must notify the employee if an employee's pay will be insufficient to cover FEGLI premiums over the course of 6 months or more. See ***FEGLI Handbook***. The employee may wish to reduce or cancel other deductions from pay or may reduce FEGLI coverage in order to increase pay to cover the withholdings. An employee may elect to make direct payments to the employing office for periods when the pay is insufficient to cover the cost of the premiums. If the employee does not make direct payments, adjust, or cancel coverage, the HRO will terminate coverage as follows:

a. The HRO will terminate all coverage if pay is not sufficient for any premium withholding.

b. If the employee has pay available to cover part of the premiums, the HRO will administratively terminate as much coverage as necessary to allow for premium withholdings in the following order:

(1) Multiples of Option C,

(2) Option A,

(3) Multiples of Option B, then

(4) Basic insurance.

c. Coverage terminates at the end of the last pay period during which premiums were withheld.

3. Reinstating FEGLI Premium Withholding When Pay is Sufficient. If the HRO terminated coverage administratively, the HRO will automatically reinstate FEGLI coverage when the employee's pay becomes sufficient to cover the withholdings. If an employee paid premiums directly, the employing office must start withholding premiums from the employee's pay as soon as the pay becomes sufficient.

D. Withholding FEGLI Premiums and FEGLI Coverage During Nonpay Status

1. Twelve Months of Free Coverage. When an employee enters a nonpay status, the employee is entitled to 12 months of free FEGLI coverage from the last date of pay. No premium payments are required if the employee is in a nonpay status for an entire pay period (unless the employee is receiving benefits from OWCP). See subparagraph 110605.F. Make-up withholdings from future salary payments are not required.

a. The employee's coverage stops on the date the employee completes 12 months in a nonpay status, subject to the 31-day extension of coverage and right of conversion under subparagraph 110605.C. The 12 months in a nonpay status may be broken by periods of less than 4 consecutive months in a pay status.

b. The employee is entitled to begin a new period of 12-month coverage if the employee has at least 4 consecutive months in pay status after a period of nonpay status.

c. If the employee has exhausted the 12 months of FEGLI coverage while in a nonpay status and returns to duty for less than 4 consecutive months, the Basic insurance stops 32 days after the last day of the last pay period. See 5 C.F.R. 870.601(d).

2. Partial Pay Period. If an employee is in a nonpay status for part of a pay period, the full premium (for both Basic and Optional coverage) is withheld, and the Government contribution is paid.

3. Withholding Premiums from Back Pay Awards. Except under the circumstances described at subparagraph 110610.A, no FEGLI premium withholdings are made by the PRO from back pay awarded to an employee who was determined to be erroneously suspended or terminated from employment.

4. Withholding Premiums when Employee on LWOP Accepts Temporary Employment in Another Position. If an employee, who is entitled to 12 months of free coverage while in a nonpay status, accepts a temporary appointment to another position, in which he or she normally would be excluded from insurance coverage, insurance (Basic and Optional) continues.

a. The amount of Basic insurance is based on whichever position's salary is higher. The PRO takes withholdings from pay earned in the temporary position.

b. When the employee has completed the 12 months of nonpay status from the first position that entitled the employee to free coverage, FEGLI coverage will terminate, even if the employee remains in the temporary position. If the temporary position ends before the 12-month period and the employee is still on LWOP from the first position, the free coverage under the first position continues until the employee is separated or until the end of the 12-month nonpay status. After the 12-month period, an employee is eligible for the 31-day extension period and the right to convert to private insurance. See 5 C.F.R. 870.508(b).

5. Special Nonpay Situations. Special nonpay situations involve employees appointed to employee organizations, state or local government, Indian tribal organizations, institutions of higher education, or when an employee transfers to an international organization. Employees in these special nonpay situations may elect to continue their FEGLI coverage for the duration of their appointment. If elected, coverage continues even if the employee remains in a nonpay status for more than 12 months.

a. Payment of Premiums. If the employee elects to continue coverage, the employee must pay the premiums from the beginning of the nonpay status, and the employee is not eligible for 12 months of free coverage. Whether the government continues contributing depends on the appointment. See FEGLI Handbook and 5 C.F.R. 870.508.

b. Continued Coverage Not Elected. If the employee does not elect to continue coverage, the employee is still eligible for 12 months of free coverage and coverage will terminate at the end of the 12-month period, the same as for any other employee in a nonpay status.

E. Withholding FEGLI Premiums From LSL Payments upon Separation. No insurance premium is withheld from the LSL payment when the employee separates from Federal service. However, if the employee has an established debt that is being collected due to the underpayment of premiums, the agency may collect the debt from the LSL payment.

F. Withholding FEGLI Premiums While Employee is Receiving Office of Workers' Compensation Program (OWCP) Payments

* 1. Twelve Months of Coverage as Employee. If an employee is in a nonpay status while receiving workers' compensation benefits, the employee receives 12 months of coverage. HRO must notify OWCP of the type and amount of life insurance the employee has in effect. OWCP will make withholdings from workers' compensation benefits when compensation begins, even during the first 12 months of nonpay status, at the same rate that was withheld from the employee's salary. OWCP deductions for FEGLI will begin effective the first day of LWOP. See FECA Circular No. 12-05. The employing agency continues to pay the Government contribution until the employee separates from service or completes 12 months in nonpay status, whichever happens first. Thereafter, OPM pays the Government contribution. See FEGLI Handbook.

2. Continuing Coverage as an OWCP Compensationer. If FEGLI coverage stops after 12 months in a nonpay status or due to separation, under 5 C.F.R. 870.701, an OWCP compensationer may be eligible to continue Basic coverage (but not accidental death or dismemberment) and may continue or reinstate Optional insurance if:

a. The compensationer was insured during the 5 years of service immediately before the date of entitlement to compensation, or for the full period of service during which the employee was eligible to be insured if less than 5 years; and

b. The compensationer has not converted to an individual policy.

3. Requesting Continuation of Coverage. The compensationer must complete a ***SF 2818***, Continuation of Life Insurance Coverage, as an Annuitant or Compensationer. The HRO must provide the compensationer with a copy of the ***SF 2819***, Notice of Conversion Privilege, Federal Employee's Group Life Insurance Program. The HRO must complete an SF 2821, Agency Certification of Insurance Status. The HRO must send the SF 2818 and SF 2821, a copy of the SF 2819, and all pertinent life insurance information from the employee's file to OPM for verification of eligibility to continue coverage. If eligible, OPM's Retirement Operations Center will serve as the "employing office" and will maintain the compensationer's life insurance file. See 5 C.F.R. 870, subpart F.

4. Notice of Ineligibility. If the employee does not meet the requirements for continuation of life insurance (subparagraph 110604.F.3), HRO must notify OWCP by completing a "Notice of Life Insurance Ineligibility" and issue a copy to the employee. OWCP will stop withholding at the end of the 12 months of free coverage. If the employee separates before the end of the 12 months, the agency must notify OWCP so that withholdings will end. See FEGLI Handbook.

G. Withholding FEGLI Premiums for Employees in Concurrent Employment Positions. An employee who legally serves in more than one position at the same time, in either the same agency or different agencies, is eligible for coverage if at least one position is a covered position. The amount of Basic and Option B insurance is based on the sum of annual pay for both positions (salaries are added together before rounding up to the next even thousand and before adding the additional $2,000 for Basic insurance). The agency paying the higher salary withholds the employee's premium share and pays the Government contribution. If the employee goes into a nonpay status in an excluded position, at the end of 12 months in nonpay status, the amount of coverage is no longer based on the combined salary but is based solely on the salary from the covered position. If one of the positions is excluded from coverage, see the FEGLI Handbook.

110606. FEGLI Daily Proration Rule

A. General. The FEGLI Daily Proration Rule is a formula used to calculate partial employee withholdings and Government contributions for FEGLI premiums. Unless otherwise provided, the PRO deducts full withholdings and contributions for each pay period even if the employee is in pay status for only part of the pay period. The PRO uses the FEGLI Daily Proration Rule to compute partial withholdings and contributions under the following circumstances:

1. The employee transfers to a position serviced by a different PRO other than at the beginning of a pay period or, the transfer involves two agencies that are on different pay schedules; or

2. The employee retires other than at the end of a pay period.

B. Application of the FEGLI Daily Proration Rule. The FEGLI Handbook provides examples for computing a prorated amount of withholdings and contributions using the Proration Rule. Each PRO is responsible for withholdings and contributions for the actual time the employee occupied the position that the PRO serviced. Each PRO (gaining and losing) must compute daily FEGLI premium withholding and contribution rates as follows:

1. Determine the Daily Rate. To determine the Daily Rate for partial employee withholdings and Government contributions (for Basic insurance), multiply the biweekly employee withholding and Government contribution rates by 26, then divide by 364, the results will equal the daily rate. Use the denominator of 364 even during a leap year. The formula is as follows:

Biweekly Employee Withholdings x 26 ÷ 364 = Daily Rate

Biweekly Government Contributions x 26 ÷ 364 = Daily Rate

2. Apply the Daily Rate to Formulas for Insurance Types. The PRO computes the Daily Rate using the formula discussed in subparagraph 110607.B.1. Once computed, the PRO must use the following formulas to determine the amount of withholdings and contributions (for Basic insurance) for which losing and gaining PROs are responsible:

a. For Option A, the formula is:

Daily Rate x Days on Payroll.

b. For Basic Insurance and Option B the formula is:

Daily Rate x Coverage Amount ÷ $1,000 x Days on Payroll.

c. For Option C, the formula is:

Daily Rate x Number of Multiples x Days on Payroll.

C. Active Employees. Use the FEGLI Daily Proration Rule to determine the PRO's (gaining and losing) responsibility for withholdings and contribution.

D. Retiring Employees. Withholdings and contributions depend on the employee's age at the time of retirement.

1. If the employee is under 65 years of age on the starting date of the annuity, the PRO will make Basic insurance withholdings and contributions and Optional insurance withholdings based on the following:

a. If the annuity starts after the end of the pay period, the PRO will make full withholdings and contributions for the entire pay period. Withholdings and contributions are not required for the period between the end of the pay period in which the employee separates and the date the annuity begins. See 5 C.F.R. 870.404(b).

b. If the annuity starts before the end of the pay period, the PRO will make withholdings and contributions through the day before the annuity commencement date using the FEGLI Daily Proration Rule.

2. If the employee is 65 or older on the starting date of the annuity, the PRO will make Basic insurance withholdings and contributions and Optional insurance withholding based on the post-65 election chosen by the employee.

a. If the employee elects Basic insurance with the 75 percent reduction, the PRO will make withholdings and contributions through the end of the pay period in which the employee separates for retirement without any proration.

b. If the employee elects Basic insurance with the 50 percent reduction, or no reduction, the PRO will make withholdings and contributions based on the starting date of the annuity, the same as for retiring employees under age 65.

c. If the employee has Option A, the PRO will make the withholdings through the end of the pay period in which the employee separates for retirement without any proration.

d. If the employee has Option B or Option C and elects full reduction, the PRO will make withholdings through the end of the pay period in which the employee separates for retirement without any proration. If the employee elects no reduction for Option B or Option C, the PRO will make the withholdings based on the starting date of the annuity, the same as for retiring employees under age 65.

110607. FEGLI Termination, Cancellation, Extension or Conversion

A. Termination. Termination of FEGLI coverage is an involuntary action. An employee whose life insurance terminates receives a 31-day extension of coverage and a right to convert coverage. Termination does not affect an employee's eligibility to continue coverage into retirement. Life insurance terminates when the following occurs:

1. The employee separates from service (see FEGLI Handbook for exceptions);

2. Pay is insufficient to make any premium withholdings, and the employee does not elect to make direct payments;

3. The employee completes 12 months in nonpay status, and the employee is not eligible to continue coverage;

4. The employee moves to a position that is excluded from FEGLI coverage; or

5. Upon the death of the employee.

B. Cancellation of FEGLI Coverage. Cancellation of life insurance coverage is voluntary. Employees who cancel coverage are not eligible to receive the 31-day extension of coverage or a right to convert the coverage. Cancellation of life insurance may affect an employee's eligibility to continue life insurance coverage after retiring. See also section 110604.

1. Cancellation of Basic Insurance. An employee may cancel Basic insurance at any time by filing a waiver of Basic insurance coverage with their HRO. Coverage is canceled at the end of the pay period in which the waiver is properly filed. Cancellation of Basic insurance automatically cancels all forms of Optional insurance.

2. Cancellation of Optional Insurance. An employee may cancel Optional life insurance, or reduce the number of multiples under Option B, at any time by filing a waiver of Optional insurance coverage with their HRO. An employee will not receive a refund of premiums paid prior to the effective date of cancellation. Coverage terminates at the end of the pay period in which the employee files the waiver. Exception: if Option C is canceled because there are no eligible family members, the effective date is retroactive to the end of the pay period in which there were no longer any eligible family members. See 5 C.F.R. 870.505(b). Cancellation of Optional insurance does not cancel Basic insurance. The Barring Act (Statute of Limitations) at 31 U.S.C. § 3702 (b)(1) does not apply to retroactive refunds for Option C.

3. Reinstating Insurance. For detailed information concerning cancelling a waiver of coverage, see the FEGLI Handbook and ***5 C.F.R. 870.503 - 870.505***.

C. 31-Day Extension of Coverage and Conversion. When Basic and Optional insurance terminates, except by an employee's waiver or cancellation, coverage automatically continues without cost for an additional 31 days. No withholding or Government contributions are required during the 31-day extension. An employee may convert to an individual policy and may convert any or all of his or her Basic and Optional coverage. Conversion is effective at the end of the 31-day extension of coverage. The employing agency must notify the employee of the loss of coverage and the right to convert to an individual policy either before or immediately after the event causing loss of coverage. See ***5 C.F.R. 870.603***.

110608. Office of Federal Employees' Group Life Insurance (OFEGLI) Requests for Pre-Payment Verification

PROs must cooperate with the OFEGLI when it requests pre-payment verification. The OFEGLI is required to obtain verification before making payment to beneficiaries of enrollees with $200,000 or more of FEGLI coverage. OFEGLI will request the insured's current salary, annual salary (if different) and details on enrollment in Optional insurance, if applicable.

110609. Continuation of Coverage for Federal Employees Called to Active Duty

Effective January 28, 2008, for Federal employees called to active duty or active duty for training, FEGLI coverage continues for up to 24 months. See 5 C.F.R 870.601(d)(3). Coverage applies to a member of a Reserve component of the Armed Forces called or ordered to active duty for greater than 30 days and is on approved AUS to perform active duty or active duty for training.

A. Months 1 through 12. An employee called to active duty maintains continued FEGLI coverage for up to 12 months just as any other employee in a nonpay status. Employees do not pay for coverage during this 12-month period.

B. Months 13 through 24. An employee called to active duty must elect to have life insurance continue for an additional 12 months and must pay the employee and agency share of the premium from the beginning of the additional 12 months of coverage. An employee may cancel some or all of the coverage during this period. See ***5 U.S.C. § 8706 (d)(1)***.

C. Increasing Coverage. Civilian employees eligible for FEGLI, who are deployed in support of a contingency operation, as defined at 10 U.S.C. § 101(a)(13), or DoD employees eligible for FEGLI, who are designated as emergency essential under 10 U.S.C. § ***1580***, may elect Basic, Option A and Option B, up to 5 multiples, within 60 days after the date of notification of deployment. See 5 C.F.R. 870.503(e) and (f).

D. Termination. At the end of the first 12 months, or 90 days after the military service ends, whichever is earlier, coverage will terminate unless the employee elects to continue coverage for the additional 12 months, subject to the 31-day extension of coverage and right to convert to an individual policy. An employee may cancel an election at any time, in which case insurance will stop upon receipt of notice of cancellation.

E. Return to Federal Service. When the employee returns to active Federal service after military duty, the employee is afforded the same level of life insurance that was in place before the employee entered nonpay status or separated for military service, as long as the position is not excluded from coverage. HRO reinstates the same type of insurance even if the employee declined to continue coverage for the additional 12 months, reduced some or all of the coverage, or allowed coverage to terminate due to nonpayment.

110610. Retroactive Changes and Adjustment of Errors

A. Retroactive Changes to Pay

1. Erroneous Suspension/Removal and Back Pay Awards. If an employee is retroactively restored to duty with back pay after an erroneous suspension or removal, no life insurance premium withholding is made from the back pay award. However, if death or dismemberment occurred during the period of suspension or separation, the PRO must withhold premiums from the back pay. Additionally, if the employee had Option C coverage and a covered family member dies during the period of separation or removal, the PRO must withhold Option C premiums from the back pay award. See 5 C.F.R. 870.404(e) and the FEGLI Handbook.

2. Retroactive Pay Increase. If an employee receives a retroactive pay increase that was delayed beyond the effective date due to administrative error or oversight, and the pay increase resulted in higher life insurance premiums, deductions for the increased premium adjustment must be applied retroactively.

B. Adjustment of Errors for Overdeductions and Underdeductions of FEGLI Premiums

1. Current Employees

a. Overdeduction of FEGLI Premiums Owed. When the PRO erroneously overwithholds premiums from the salary of an employee, the PRO must refund the erroneous withholding to the employee the next pay period. This automatically corrects the excess Government contribution.

* b. Underdeduction of FEGLI Premiums Owed. When less than or none of the proper amount of FEGLI premiums are withheld from the salary of the employee, the underdeduction represents an overpayment to the employee that must be collected as a debt. The collection of the debt may be exempt from due process requirements under 5 C.F.R. 550.1104(c). See Volume 16, section 030207 for additional information. The agency must submit the uncollected amount due, including the Government contributions, to OPM within 60 calendar days after the date the agency discovers the underdeduction, regardless of whether collection from the employee has been made. Government contributions must be adjusted when payment is received from the employee.

c. OWCP Compensationers. The procedures for refunding overdeductions and collecting underdeductions are the same for employees who are receiving compensation from the OWCP.

2. Separated Employees. When it is necessary for the PRO to make an adjustment in withholdings for a separated employee, the adjustment is withheld from the final salary payment to the employee (or if deceased, to the employee's beneficiary or estate).

C. Incontestability

1. General. Incontestability is a provision of law that allows erroneous coverage to remain in effect under certain conditions. See 5 C.F.R. 870.104. Coverage allowed to stand due to incontestability becomes valid coverage. Erroneous coverage always involves more coverage than an employee is entitled to receive or more than the employee elected. Incontestability does not apply to premiums being withheld for less coverage than an employee elected since such underwitholding is considered an overpayment of salary, annuity, or compensation. For purposes of incontestability, erroneous coverage may occur under the following circumstances:

a. The employee was allowed to elect coverage when not entitled to do so;

b. The SF 50 was coded incorrectly, giving the employee more coverage than he or she elected;

c. The PRO collected premiums for a coverage that the employee did not elect on the election form; or

d. OPM erroneously continued an employee's coverage beginning when the employee became an annuitant or compensationer.

2. Requirements of Incontestability. An employee becomes insured under the provision of incontestability only if both of the following conditions are met:

a. The erroneous coverage was in effect for at least 2 years between the time the error was made and the time the error is discovered; and

b. The employee paid the applicable premiums for the erroneous coverage while it was in effect.

3. If Incontestability Applies and the Individual Does not Want Coverage. When incontestability applies, an employee may cancel the coverage, but only prospectively. The PRO will not refund the premiums for the erroneous coverage period unless the employee had erroneous Option C coverage and did not have any eligible family members. An employee may cancel erroneous Option C coverage retroactively and the PRO must refund any erroneous Option C premiums retroactive to when the employee ceased having eligible family members. The Barring Act does not apply.

4. When Incontestability Does not Apply. If the erroneous coverage is discovered before 2 years, incontestability does not apply and the coverage is not valid. The PRO must void the coverage and refund the premiums.

1107 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)

110701. General

The Long-Term Care Security Act authorized OPM to design a long-term care insurance program for Federal employees and their families. See ***5 U.S.C. § Chapter 90***. OPM created the ***FLTCIP*** and contracted with the John Hancock Life Insurance Company as the carrier that provides Long Term Care (LTC) insurance. Long Term Care Partners, LLC (LTCP), a subsidiary of John Hancock, is the exclusive administrator of FLTCIP. See ***5 C.F.R. Part 875*** for additional information. LTC insurance provides coverage for eligible employees, annuitants, and qualified family members. Coverage applies to those who can no longer perform activities of daily living without assistance due to a chronic illness, injury, disability or the aging process as determined by the LTCP. LTC insurance pays a portion of the cost of covered services, such as home health care, adult day care, or nursing home or assisted living facility costs.

A. Duties of LTCP. The LTCP administers all aspects of the program. Eligible employees must submit their application directly to the LTCP for approval of coverage. The LTCP is responsible for:

1. Accepting and approving employee applications;

2. Answering employee questions about the program;

3. Maintaining their web site to include current information; and

4. Transmitting applicable payroll data for automatic payroll deductions.

B. Duties of Federal Agencies. Federal agencies are responsible for the following:

1. Providing access to information about the FLTCIP to eligible employee;

2. Responding to questions from the LTCP including questions on the employment status of an applicant or enrollee;

3. Providing reports as OPM requires;

4. Complying with BALs and other OPM issuances; and

5. Deducting premiums as authorized by employees and remitting those payments on a biweekly basis to the LTCP.

110702. Eligibility and Cost

A. Eligibility. Participation is voluntary and elections must be made through LTCP. Most Federal civilian employees are eligible to apply for the LTC coverage. If an employee is eligible for the FEHB program, the employee is also eligible to apply for LTC insurance through FLTCIP, even if not enrolled in FEHB. Retirees are eligible to apply. Eligibility also extends to qualified relatives including spouses and adult children of eligible employees and retirees, as well as parents, parents-in-law, and stepparents of current employees. Qualified relatives may apply for coverage even if the employee does not apply.

B. Cost of Coverage. The employee pays the full cost of LTC insurance and there are no Government contributions toward LTC insurance premiums. LTC premiums are based on both the employee's age and the cost of options that the employee selects.

110703. Coverage and Payment Options

A. Effective Date of Coverage. If LTCP approves the employee's application for coverage, the LTCP will send approval notification to the employee and provide the employee with an effective date of coverage. If enrollment occurs during open season, the effective dates of coverage are announced. If enrollment occurs any time outside of open season, coverage is effective the first day of the month after the approval date of the application. Additional requirements apply for active workforce members who apply for coverage under abbreviated underwriting and for those employees whose eligibility changes prior to their announced effective date of coverage. See ***5 C.F.R. 875.404***.

B. Payment of Premiums

1. Payment Options. An employee who qualifies for participation in the LTCIP may choose from three payment options:

a. Payroll deduction;

b. Automatic bank withdrawal; or

c. Direct billing.

2. Payroll Deductions. If premiums are paid through payroll deductions, deductions begin on the first full pay period on or after the effective date of coverage. Payroll deductions for LTC premiums occur each biweekly pay period until the employee separates, transfers, or elects a different payment option.

3. Correcting Underpayments and Overpayments. If the carrier determines that the employee has underpaid premiums, the employee will pay retroactive premiums to the carrier for the amount due. If the Carrier determines that the employee has

overpaid premiums, the Carrier will reimburse the employee or reduce future premium payments by the amount of the overpayment. See 5 C.F.R. 875.303.

C. Transferring Employees. Employees transferring to a new agency must notify LTCP regarding where and when the transfer will occur. The employee's current payroll deductions will continue until the separation action processes. An employee will automatically receive a direct bill from the LTCP for any premiums not collected through payroll deduction due to the transfer. Payroll deductions are not adjusted to "catch-up" uncollected premiums.

1108 DISABILITY INSURANCE FOR EMPLOYEES OF THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USUHS)

Full-time civilian faculty members appointed to an Administratively Determined (AD) position of the USUHS School of Medicine receive mandatory coverage under a long-term disability insurance plan. In order to participate in the long-term disability insurance plan, the employee must be covered under the Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) or the Fidelity Investments program. The employer and employee share the cost of the disability insurance and each contributes 50 percent of the premium. USUHS AD employees covered under FERS or CSRS are not eligible for the long-term disability insurance plan.

1109 NATIONAL GUARD ASSOCIATION OF UNITED STATES (NGAUS) INSURANCE TRUST (IT) PROGRAM

Army and Air National Guard Technicians (Title 32 Technicians) may choose to participate in the NGAUS-IT, which provides disability and life insurance products through its underwriter, ReliaStar Life Insurance Company. Technicians should contact their HRO or NGAUS-IT for enrollment instructions and forms. Technicians who participate agree to have premiums deducted from their biweekly pay on the NGAUS-IT enrollment form. CSRs work closely with ReliaStar Life Insurance Company, which confirms the approval of enrollment and provides the CSR with start dates and amounts of payroll deductions. ReliaStar will notify CSRs of any revisions to premium deductions due to age or salary changes. CSRs enter the appropriate premium deduction information into the Defense Civilian Pay System. PRO deducts premiums for the entire pay period, regardless of the day of termination, and proration is not required.

1110 THRIFT SAVINGS PLAN (TSP)

111001. General

The Federal Employees' Retirement System Act of 1986 established the TSP, a retirement savings and investment plan for Federal employees. See 5 U.S.C. ***Chapter 83***, ***Chapter 84*** and ***5 C.F.R. Part 1600***. TSP offers eligible employees traditional tax deferral advantages as well as a Roth-TSP option. The Federal Retirement Thrift Investment Board administers the plan. FERS, CSRS, and CSRS-Offset employees are eligible to participate in the TSP. TSP benefits depend on an employee's retirement system. If the employee's coverage is under CSRS, TSP is a supplement to the CSRS annuity. If the employee's coverage is under FERS, TSP is part of the three-part retirement package that includes the FERS basic annuity and Social Security. See also ***TSP guidance*** for additional information.

111002. Establishing a TSP Account, Contribution Elections, and Automatic Enrollment

* A. FERS Employees Hired after July 31, 2010. FERS employees (including FERS or CSRS rehired employees) hired after July 31, 2010, are automatically enrolled in TSP. The PRO deducts 3 percent of the employee's basic pay each pay period and deposits the funds into the employee's TSP account. The employee must make a contribution election to stop or change the contribution. FERS employees also receive contributions from the Government. As a result, the employee receives a deposit equaling 7 percent of basic pay in their TSP account each pay period. TSP invests all contributions in the age appropriate Lifecycle (L) Fund until the employee changes the contribution allocation with the TSP. See ***TSP Bulletin 15-2***.

B. FERS Employees Hired Before August 1, 2010. The agency establishes a TSP account accruing Agency Automatic (1 percent) Contributions for FERS employees hired before August 1, 2010. Employees must make a contribution election in order to begin employee contributions and to receive Agency Matching Contributions.

C. CSRS Employees. CSRS employees may make a TSP contribution election at any time through their HRO in order to establish a TSP account. CSRS employees do not receive Agency Automatic (1 percent) Contributions or Agency Matching Contributions.

* D. Contribution Elections. A contribution election is used by an employee to start, stop, or change employee contributions. The employee may elect to contribute at any time as instructed by the employing agency, by submitting a paper election form or by using electronic media (such as the Employee Benefits Information System). An election may not exceed the maximum contribution limit under 5 C.F.R. 1600.22. The contribution election may be a percentage of basic pay or a dollar amount that is deducted each biweekly pay period. Percentages and dollar amounts must be expressed in whole numbers. Contribution elections are effective the first full pay period after the agency receives the election. The ***TSP-1*** Election Form and the ***TSP-1-C*** Catch-Up Contribution Election Form are available at ***TSP.gov***.

111003. TSP Contributions

A. General. TSP contributions come from three sources: employee contributions, Agency Automatic (1 percent) Contributions, and Agency Matching Contributions. Additional information on employee contribution elections, contribution allocations, and agency automatic and matching contributions can be found in 5 C.F.R.1600 and ***1601*** or at TSP.gov.

B. Employee Contributions. Employee Contributions are payroll deductions taken from an employee's basic pay before taxes are withheld. The PRO withholds contributions each pay period in the amount directed by the employee (or the 3 percent automatic enrollment amount if no election is made). An employee is immediately vested in his or her own contributions and any accrued earnings on such contributions. Maximum contribution limits are as follows:

1. Internal Revenue Service (IRS) Limits. Contribution amounts are subject to the Internal Revenue Code (IRC) limitations on the maximum dollar amount of contributions. The limits set by the IRS may change annually and published at TSP.gov. See 5 C.F.R. 1600.22.

2. Contribution Limits Through 2005. The maximum employee contribution for FERS, CSRS and CSRS-Offset participants was limited through 2005 to a percentage of basic pay. After 2005, the IRS began setting contribution limits. Additional information regarding FERS limits for 2005 and before can be found at ***5 U.S.C. § 8432(a)(2)***, ***5 U.S.C. § 8351(b)(2)(B)***, and 5 C.F.R. 1600.22.

3. Catch-up Contributions. A TSP participant age 50 or older may be eligible to make tax-deferred catch-up contributions from basic pay that are separate from the participant's regular contribution election. Catch-up contributions for FERS employees are not eligible for Agency Matching Contributions. Catch-up contributions are subject to limits set by the IRS and may be made at any time during the calendar year if the employee is:

a. At least age 50 by the end of the calendar year;

b. Making regular TSP contributions at a rate that will result in the participant making the maximum regular contributions permitted under the IRC; and

C. Agency Automatic (1 Percent) Contributions. Beginning with an employee's first pay period, an agency contributes an amount equal to 1 percent of the employee's basic pay to the employee's TSP account each pay period. For employees hired on or after December 1, 2008, ***The TSP Enhancement Act of 2009*** eliminated the waiting period for FERS employees to receive the Agency Automatic Contributions. The agency contribution is not deducted from the employee's pay, nor is it used to determine tax owed by the employee. CSRS employees do not receive an agency contribution. Generally, most FERS employees become vested and entitled to the Agency Automatic Contributions, and associated earnings, after completing 3 years of service. If an employee:

1. Dies before separating from service, he or she is automatically vested in all of the money in the employee's TSP account; or

2. Separates from Federal service; the employee must meet the TSP vesting requirement in order to keep Agency Automatic Contributions and associated earnings.

D. Agency Matching Contributions. Employees covered under FERS will receive Agency Matching Contributions on the first 5 percent of pay that the employee contributes each pay period to their TSP account. The agency matches the first 3 percent of pay the employee contributes dollar for dollar. The agency matches the next 2 percent of pay at 50 cents per dollar. The agency does not match the employee contributions above 5 percent. Employees covered under CSRS do not receive Agency Matching Contributions.

E. Contribution Allocations. Employees may make a contribution allocation directing how money deposited into the employee's TSP account is to be invested. This applies only to future deposits and does not affect funds already in the account (an Interfund Transfer reallocates existing investments). The allocation directs the investment of employee contributions, Agency Automatic (1 percent) Contributions, and Agency Matching Contributions. The allocation remains in effect until superseded by a subsequent contribution allocation submitted by the employee. Allocations must be in 1 percent increments and the sum of the percentages elected must equal 100 percent. An employee may change an allocation using the TSP website or using ThriftLine (the automated system or speaking to a TSP Participant Service Representative). Employees may allocate investments among any of the following TSP investment funds:

1. Government Securities Investment (G) Fund;

2. Fixed Income Index Investment (F) Fund;

3. Common Stock Index Investment (C) Fund;

4. Small Capitalization Stock Index Investment (S) Fund;

5. International Stock Index Investment (I) Fund; and

6. Lifecycle (L) Funds.

111004. TSP Loan Program

A. General. The TSP Loan Program allows employees to borrow money from their TSP account while actively employed by the Federal government. TSP participants must apply for a TSP loan and must meet the eligibility criteria set forth in ***5 C.F.R. 1655.2***. Employees may not have more than two outstanding loans at any time and must set-up loan payments through payroll deduction. Repayment must restore the original loan amount, plus interest. Deductions for repayment each pay period is in the amount set out in the Loan Agreement. An employee may make additional payments and may pay off the loan early by making payment directly to TSP.

B. Types of TSP Loans. There are two types of TSP loans authorized under the TSP loan program, the general purpose loan and the residential loan.

1. General Purpose Loans. General purpose loans may be used for any purpose. Obtaining the loan requires no documentation. The repayment term is 1 to 5 years.

2. Residential Loans. Residential loans may be used only for the purchase or construction of a primary residence. Residential loans require documentation regarding the cost of purchasing or constructing the residence and other documentation as requested by TSP. The repayment term is 1 to 15 years.

C. Borrowing Limits for TSP Loans

1. Minimum Loan amount. The initial principal amount of any loan cannot be less than $1,000.

2. Maximum Loan amount. The principal amount of a new loan must be less than or equal to the smallest of the following:

a. The employee's own contributions and earnings on those contributions in the employee's TSP account balance, not including any outstanding loan balance;

b. Fifty percent of the employee's vested account balance, including outstanding loan balance or $10,000, whichever is greater, minus any outstanding loan balance; or

c. $50,000 minus the employee's highest outstanding loan balance, if any, during the last 12 months.

111005. In-Service Hardship Withdraw

Employees who meet eligibility requirements may make a financial hardship withdrawal from their TSP account. After making the withdrawal, the employee cannot make employee contributions to their TSP account for 6 months. FERS participants will not receive any Agency Matching Contributions for the period during which the employee is not making employee contributions. However, Agency Automatic (1 percent) Contributions will continue. An employee cannot return or repay the money removed from the TSP account. See ***5 C.F.R. 1650.32***.

*111006. Correction of Late Contributions.

A. Late Contributions. A late contribution is a contribution that is timely deducted from an employee's basic pay, but is not timely reported to the TSP for investment. A late contribution may also result from an employee contribution that was timely reported to TSP, but was not timely posted to the participant's account by TSP because the payment record submitted contained errors. See 5 C.F.R. 1605.2.

B. Corrections. The PRO must submit late contributions to TSP as soon as the error is discovered. The PRO must show the "as of" date for the contributions. Breakage for both the employee and agency contributions is calculated by TSP. See 5 C.F.R. 1605.15.

*111007. Correction of Employing Agency Errors

A. General. Agency errors occur when an agency either erroneously submits less contributions to a TSP participant's account than it should have or more than it should have. An error is an act or omission by TSP or the employing agency that is not in accordance with applicable statues, regulations, or administrative procedures. It does not mean an act or omission caused by events that are beyond the control of TSP or the employing agency. It is the responsibility of the employing agency to determine whether it has made an error that entitles a TSP participant to a correction for missed or insufficient contributions. See 5 CFR 1605, ***subpart B***.

B. Missed or Insufficient Contributions. Types of errors resulting in missed or insufficient contributions include, but are not limited to, when the agency actions prevent an employee from making an election to contribute, when the agency fails to implement an election properly submitted, or when the agency fails to make agency automatic or matching contributions. See 5 C.F.R. 1605.11. If, as a result of an agency error, a participant does not receive all of the TSP contributions to which he or she is entitled, the following applies:

1. Employer Makeup Contributions. An agency is required to correct any agency automatic (1%) contributions and agency matching contributions it failed to make. The PRO should promptly submit all missed contribution to TSP. TSP will calculate breakage due the participant and post the contributions and breakage to the participant's account. See 5 C.F.R. 1605.11. See subparagraph 111006.B for information concerning breakage.

2. Employee Makeup Contributions. Missed or insufficient contributions that are the result of an agency error are corrected prospectively. The agency must notify the TSP participant if he or she is eligible to make up the missed contributions and receive matching agency contributions (if applicable). Employee contributions may only be made through future payroll deductions from basic pay. Contributions by check, money order, cash or other form of payment directly from the participant to TSP or to the employing agency for deposit into TSP are not permitted. There is no payment of breakage on makeup employee contributions for missed or insufficient contributions. The employee will receive the tax benefit in the year the contributions are made up.

3. Notification to Employee. The PRO should issue a written notification to the employee indicating that the agency acknowledges that an error has occurred which has caused a smaller amount of employee contributions to be made to the participant's account than should have been made. The agency must advise the employee that he or she may, but is not required, to elect to establish a schedule to make up the deficient contributions through future payroll deductions. An employee has 30 days from the date the notification was received to set up a schedule to make up any deficient contributions.

4. Repayment Schedule. An agency may not require a TSP participant to make up contributions in less than twice the number of pay periods over which error occurred. The maximum length of the repayment schedule may not exceed four times the number of pay periods over which the error occurred.

C. Removal of Excess or Erroneous Contributions. Generally, an agency must submit a negative adjustment record to TSP in order to identify and remove excess or erroneous contributions for each pay date. TSP will credit the agency with the actual value of the adjusted contribution. The agency must return the original amount of the employee contribution to the participant if applicable. Any positive earnings on employee contributions remain in the participant's account. Positive earnings on agency contributions are forfeited to TSP. Excess or erroneous contributions submitted to TSP before January 1, 2000, may not be returned and remain in the participant's account. See 5 C.F.R. 1605.12.

*111008. Corrections Following an Award of Back Pay or Retroactive Pay Adjustment

A. Erroneously Separated Employee. An erroneously separated employee may request that any employee contributions not made during the period of erroneous separation be deducted from his or her back pay award. See 5 C.F.R. 1605.13. If the employee elects to make up contributions for the back pay period, the HRO will either reinstate the employee's contribution election on file at the time of separation, or the employee may submit a new contribution election if he or she would have been eligible to make such an election but for the erroneous separation. The TSP makeup contributions are subject to the following requirements:

1. Breakage is paid on all makeup contributions, both employee and agency, at the G Fund rate of return, unless otherwise specified by the agency or reinstatement order.

2. The employee will receive the tax benefit in the year the contributions are made. The PRO must annotate retroactive employee contributions by year on the IRS Form W-2, Wage and Tax Statement.

3. TSP will not accept retroactive contributions for erroneous separations directly from the Department of Justice Judgment Fund or by check, money order, cash or other form of payment directly from the participant or agency.

* 4. If, by error, back pay is paid to an employee prior to making TSP contribution deductions, an individual who is still employed with the agency may make up the missed contributions through future payroll deductions.

B. Other Retroactive Pay Adjustments. The agency must deduct TSP contributions from the pay adjustment using the employee's election on file for the period of the pay award. Breakage is calculated based on the contribution allocation on file when the contribution would have been made. See 5 C.F.R. 500.1605 and subparagraph 111010.

111009. Corrections due to Misclassification of Retirement System Coverage. An employee that has his or her retirement system coverage misclassified by the employing agency is entitled to have their record corrected.

A. Misclassified as FERS. When the CSRS employee is misclassified as a FERS participant, the following applies to the corrected record:

1. Employee contributions that exceed any applicable contribution percentage for the pay periods involved may remain in the employee's account. The employee may request the return of excess employee contributions made on or after January 1, 2000, but contributions made before January 1, 2000, must remain in the employee's account.

2. TSP will forfeit agency contributions made to the CSRS employee's account.

B. Misclassified as CSRS. When the HRO misclassifies a FERS employee as a CSRS participant, the following applies to the corrected record:

1. The employee may not elect to have the contributions made while misclassified as a CSRS participant removed from the account.

2. The employee may elect to make up contributions that he or she would have been eligible to make as a FERS employee during the period of misclassification.

3. The employing agency must make Agency Automatic (1 percent) Contributions and Agency Matching Contributions on employee contributions made while the employee was misclassified.

4. If the misclassified coverage is a Federal Erroneous Retirement Coverage Corrections Act (FERCCA) correction, the employing agency must submit makeup employee contributions on late payment records. The employee is entitled to breakage on employee contributions, Agency Automatic (1 percent) Contributions, and Agency Matching Contributions.

5. If the misclassification coverage is not a FERCCA correction, the employing agency must submit makeup employee contributions on current payment records. The employee is not entitled to breakage on employee contributions, but breakage is required for retroactive agency contributions.

6. If employee contributions were made up before OPM implemented regulations on FERCCA corrections and the correction is considered to be a FERCCA correction, an amount to replicate TSP lost earnings will be calculated by OPM and provided to the employing agency for transmission to the TSP record keeper.

C. Misclassifications that are Corrected to Federal Insurance Contribution Act (FICA) Only. If the HRO misclassifies the employee as either FERS or CSRS and later corrects the retirement coverage to FICA only, the employee is no longer eligible to participate in TSP. For regulations regarding employee and agency contribution in the employee's account, see 5 C.F.R. 1605.14(c).

D. Misclassified as FICA Only. If the HRO misclassifies the employee as FICA only and later corrects the retirement coverage to either FERS or CSRS, the employee may elect to make up contributions that he or she would have been eligible to make as a FERS or CSRS employee during the period of misclassification.

111010. Breakage

A. General. Breakage, also referred to as "lost earnings," is the loss incurred or the gain realized on makeup or late contributions. Breakage for both the employee and agency contributions is calculated, posted and charged to the agency or forfeited to TSP in accordance with 5 C.F.R. Part 1605.2. This includes breakage on late contributions, makeup agency contributions, and loan payments. When breakage is payable, breakage calculations are subject to the following requirements:

1. The contribution is submitted to TSP for deposit more than 30 days from the original pay date.

2. The net contribution (employee and agency combined) is at least $1.00.

B. Posting of Multiple Contributions. If the TSP posts multiple makeup or late contributions, or late loan payments with different "as of" dates for a participant on the same business day, the amount of breakage charged to the employing agency or forfeited to the TSP will be determined separately for each transaction, without netting any gains or losses attributable to different "as of" dates. In addition, gains and losses from different sources of contributions or different TSP Funds will not be netted against each other. Instead, breakage will be determined separately for each "as of" date, TSP Fund, and source of contributions. This is done to provide clarity due to multiply occurrences and to provide the employee complete information in order to make accurate and sound decisions.

111011. Contributions Missed as a Result of Military Service under USERRA

A. Employee Contributions. Upon their return to service, FERS and CSRS Employees who separated from Federal civilian service or who were on AUS in order to perform military service may be eligible to make up employee contributions (including any catch-up contributions for employees age 50 or older) missed because of their military service. FERS employees are eligible to receive matching agency contributions.

1. The PRO must deduct employee contributions from future pay. Employees must meet conditions specified in ***5 C.F.R. 1620.40***. The allowable amount of any makeup contributions will be offset by the dollar amounts an employee contributed to TSP while on active duty. Total contributions may not exceed the IRS limit in effect the year the contribution would have been made.

2. Upon reemployment or return to a pay status after military service, an employee has 60 days to elect to make up any missed contributions. Missed employee contributions are made up in accordance with 5 C.F.R. 1605.11(c). Employees who wish to make up contributions under this authority should review the information on the TSP website regarding ***Resuming and Making Up Contributions*** and 5 C.F.R. 1605.31.

B. Agency Automatic (1 percent) Contributions. The agency must deposit the Agency Automatic (1 percent) Contribution a FERS employee would have been eligible to receive during the period of AUS or separation. The contribution is based on the basic pay the employee would have earned and is entitled to breakage.

C. Agency Matching Contributions. The agency must deposit matching contributions based on the amount a FERS employee contributed to the uniformed services account from his or her military basic pay. Amounts contributed from other sources (such as uniformed services incentive, special, or bonus pay) are not used to determine Agency Matching Contributions. The agency pays matching contributions on any makeup employee contributions made after the employee returns from military service (unless the maximum matching has already been received). Agency Matching Contributions are entitled to breakage.

1111 POST-56 MILITARY DEPOSIT

*111101. General

A. Background. On January 1, 1957, Social Security began using military service in the computation of Social Security benefits. As a result, Federal (employee) retirees with an annuity that included credit for military service performed after 1956 lost credit for time spent in military service when they became entitled to Social Security benefits. In 1982, Congress enacted a law allowing Federal employees who were also veterans with post-1956 military service to pay a deposit into FERS or CSRS to avoid the loss of their military service credit.

B. Post-56 Military Deposit. An employee must pay a deposit prior to retirement for military service performed after December 31, 1956, or the military service will not count toward the CSRS or FERS retirement annuity. This deposit is referred to as the Post-56 Military Deposit. Making the Post-56 Military Deposit allows an employee to receive credit for military service under both Social Security and CSRS or FERS.

C. Authoritative Guidance. See ***5 U.S.C. § 8334(j)*** and ***8422(e)(1)(A)***; 5 C.F.R. 831.2101-2107 and 842.307; and ***Chapter 23 of the CSRS and FERS Handbook***.

* D. Post-56 Deposit Payments. The employee may make a Post-56 Military Deposit in installment payments or a lump sum payment. Installment payments must be in whole dollar amounts not less than $25 per pay period, except for the last payment that may be in any amount to complete repayment. Unpaid balances are subject to interest calculations, and OPM issues annual guidance concerning the rate of interest to use. The employee must submit payments, other than payroll deductions, directly to:

DFAS-Cleveland
ATTN: J3DCBB/559
1240 E. 9th Street
Cleveland, OH 44199.

The payment must be in the form of a negotiable instrument. Mailed payments must be received by the disbursing officer by the close of business on the last regular business day before the interest accrual date. The date of receipt by the disbursing officer will constitute the date of payment, not the date of the postmark. The PRO computes interest on the unpaid balance on the employee's interest accrual date.

1. Timing of Payment. Employees must complete the deposit for military service prior to separation from service. If an employee dies, but was eligible at the time of death to make a deposit, the employee's survivor may make the deposit in one lump sum to the former employing agency before OPM completes adjudication of the survivor annuity application.

2. Administrative Errors. An employee, who was eligible to make a deposit for military service but failed to complete the deposit prior to separation due to an administrative error may complete the deposit in a lump sum if OPM determines an agency error occurred. If, after separation, a retiree requests to make a deposit and OPM determines that an agency error occurred, OPM will issue a letter to the agency. This letter will explain the administrative error in detail and advise the agency to compute and accept the Post-1956 Military Service Deposit. See ***BAL 13-103***.

111102. FERS Post-56 Military Deposit ("Buy Back")

A. General. A FERS employee may receive credit for post-1956 military service under FERS rules only if he or she makes a Post-56 Military Deposit equal to 3 percent of the military basic pay he or she earned during the period of military service, plus interest. The deposit is required in order to receive credit for military service performed after December 31, 1956. The deposit is necessary to get credit for both FERS eligibility and annuity computation purposes. No deposit is due for military service performed before January 1, 1957. The employee is not charged interest if the deposit is paid in full before the first interest accrual date (IAD). Interest accrual starts and is compounded annually beginning 2 years from the date of the first employment under FERS.

B. Interest Accrual Dates (IADs). For FERS employees first employed prior to January 1, 1987, interest started to accrue on January 1, 1989. Therefore, the initial IAD for these employees is January 1, 1990. For employees first employed on or after January 1, 1987, interest began to accrue 2 years from the date the employee was first employed and subject to FERS. Therefore, the initial IAD for these employees is 1 year after the 2-year interest free grace period ends.

111103. CSRS Post-56 Military Deposit ("Buy Back")

A. General. A CSRS employee first employed on or after October 1, 1982, will receive credit for post-1956 military service only if he or she makes a Post-56 Military Deposit equal to 7 percent of the military basic pay earned during the post-1956 military service, plus interest. Employees first employed under CSRS before October 1, 1982, have the option of making deposits for post-1956 military service and avoiding a possible annuity reduction.

B. Interest Accrual Dates. For CSRS employees, interest begins to accrue on the military service deposits on October 1, 1985, or 2 years after an employee is first employed or reemployed after a period of military service in a position subject to CSRS. The IAD is the date each year when the PRO adds the accrued interest to the amount owed by the employee. The initial IAD is the date 1 year after the end of the interest free grace period. Thereafter, the IAD falls on the anniversary of the first IAD until the employee pays the deposit in full. The employee is not charged interest if the deposit is paid in full before the first IAD.