

Name (Last, First, MI)	Employee ID	Date (MM/DD/YYYY)	If military LWOP, check one: <input type="checkbox"/> First 365 days <input type="checkbox"/> Second 365 days
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Please read the Privacy Act Statement on page 3.

YOU MUST RESPOND WITHIN 31 DAYS (45 days if residing overseas)

When you enter leave without pay (LWOP) status, you must return this form to the HR Shared Service Center (HRSSC) WITHIN 31 DAYS of receipt, choosing to do one of the following:

- **Terminate your FEHB enrollment** effective the end of the last pay period in which you received pay or, if you are leaving for active duty military service, effective the last day of the first pay period in which you enter active military service.
- **Continue your current FEHB enrollment** and agree that unless you qualify for the full payment of FEHB premiums by the Postal Service for 24 months while absent to perform active military service (see below), you will pay the employee portion of the premiums directly to the Eagan Accounting Service Center (ASC) or repay the Postal Service any debt you incur.

Your FEHB coverage will continue for up to 365 days. At 365 days in LWOP status, your coverage will terminate unless you are absent to perform active duty military service. In that case, you are entitled to an additional 365 days of LWOP, and you will receive a second PS Form 3111 after 21 pay periods of LWOP. You will have the option of continuing coverage and, if you are not eligible for the 24-month premium payment benefit, paying both employee and agency portions of the premiums plus 2 percent for up to the additional 365 days of LWOP.

If you do not respond, your FEHB coverage and your obligation to pay FEHB premiums will continue for the maximum time permitted. Because the Uniformed Services Employment and Reemployment Rights Act (USERRA) requires that employees called to active duty military service provide notice in order to continue their FEHB coverage, if you are absent to perform active duty service and do not return this form within the designated time frame, your FEHB coverage will be terminated effective the last day of the pay period in which you enter active duty service. Military active duty is uniformed service as defined by Title 10 U.S.C. and is performed under Title 10 or Title 32 U.S.C.

I. CONSIDER YOUR CHOICES

TERMINATING YOUR FEHB ENROLLMENT

If you elect to terminate your FEHB enrollment, the HRSSC will process your termination (via SF 2810, *Notice of Change in Health Benefits Enrollment*) effective the last day of the last pay period in which you receive pay or, **if you are leaving for active duty military service**, effective the last day of the first pay period in which you enter active duty service.

If you are leaving for active duty service but have a period of LWOP before your activation date, you have the right to terminate effective the last day of the last pay period in which you have pay, but you must understand that you **potentially create a gap in coverage for yourself or for your dependents** before your TRICARE coverage begins.

After termination, FEHB coverage continues at no cost to you for an additional 31 days. During the 31 days, you and/or your covered family members may convert to an individual contract with your current insurance carrier. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage.

If you terminate coverage while on active duty military service, you must reinstate your FEHB enrollment on or before the last day of your TRICARE coverage to avoid a break in coverage. Your time covered by transitional TRICARE counts toward meeting the 5-year requirement; however, you must reinstate your FEHB before your retirement date to continue FEHB into retirement.

If you wish to reenroll in an FEHB plan, unless you are returning from LWOP for active duty military service and are exercising USERRA reemployment rights, you must complete a *PostalEASE* FEHB Worksheet when you return to pay and duty status or at the last day of the first pay period your pay becomes sufficient to cover your premium, and **submit it to HRSSC within 60 days of returning to duty.** If you do not enroll within that 60-day period, you must wait for FEHB Open Season or an FEHB-qualifying life event to begin your enrollment. Also, if you do not enroll within that 60-day period, the period between your return to duty and your reenrollment in FEHB will be considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement.

CONTINUING YOUR FEHB ENROLLMENT

By electing to continue FEHB enrollment, you **agree to pay the premiums or to allow any debt to be collected by withholdings from any salary payments to you from the Postal Service** unless you qualify for the full payment of FEHB premiums by the Postal Service due to military service.

If you are on non-military LWOP and you elect to continue your FEHB coverage, you may continue coverage for up to 365 days, agreeing to repay the resulting debt in full.

If you are on military LWOP and are activated for service under certain orders, you may qualify for full payment of FEHB premiums by the Postal Service™ for up to 24 months. Your qualification for this benefit may appear to be evident at the time of activation, but it cannot be assured for your entire period of service until you return and provide to the HRSSC DD Forms 214 (Member 4 Copy). You may elect either of the following:

- **To pay premiums** from available pay when possible — taking advantage of pre-tax payments — and incur a debt for the remainder, understanding that if you ultimately qualify for the 24-month premium payment benefit your payments will be refunded.
- **Not to pay premiums** while you are away, incurring a debt for the full amount only if you do not ultimately qualify for the 24-month premium payment benefit.

If your military service does not qualify you for the 24-month premium payment option, you are responsible for the payment of the employee share of the premiums for the initial 365 days. As you are entitled to a full 24 months of FEHB coverage, you may elect to continue for a second 365 days at the cost of 102 percent of the full premium.

Premiums must be paid directly to the ASC. Unless you have elected not to pay premiums while you are absent for active duty military service, you will receive a statement from the ASC every five pay periods. If you pay directly or elect to have premiums withheld from any available pay while you are gone, but you fail to pay the entire amount due, the debt will be recovered from your pay upon return to pay status.

If the amount due cannot be withheld in full from your salary while you are an active employee, when you separate or retire, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), or any other source normally available for the recovery of a debt due the United States.

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II. MAKE YOUR CHOICE

If you **ARE NOT** absent to perform active duty military service, check one box below to show your choice.

I have read and understood the information on all pages of this form. When my LWOP status ends, I will immediately notify the HRSSC. I choose to:

Terminate my FEHB enrollment effective the last day of the last pay period in which I receive pay (the HRSSC will terminate using SF 2810).

I understand that:

- If I choose to **terminate** my FEHB coverage and I want to reenroll in the FEHB program, I must **submit a new *PostalEASE FEHB Worksheet*** to the HRSSC within 60 days of my return to duty.
- If I **do not enroll within that 60-day period**, to enroll I **must wait** for another opportunity to begin my enrollment, such as FEHB Open Season or an FEHB-qualifying life event.
- If I **do not enroll within that 60-day period**, the period between my return to duty and my reenrollment in FEHB will be **considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement.**

Continue my FEHB enrollment and pay the employee portion of the FEHB premiums directly to the USPS as invoiced by the Eagan Accounting Service Center or incur a debt.

NOTE: According to **IRS requirements**, premiums can be deducted on a pre-tax basis only when they are for the current plan year. Premiums paid for a prior plan year or after an accounts receivable invoice has been generated may be paid only on an after-tax basis.

If you **ARE** absent to perform **ACTIVE DUTY MILITARY SERVICE**, check one box below to show your choice.

I have read and understood the information on all pages of this form. When my LWOP status ends, I will immediately notify the HRSSC. I choose to:

Terminate my FEHB enrollment effective the last day of the first pay period in which I enter active duty service or, if this form covers my second 365 days of military LWOP, effective the last day of the pay period in which I complete 365 days of LWOP (the HRSSC will terminate using SF 2810).

NOTE: If you are on LWOP before beginning military service and wish to terminate FEHB effective the last day of the last pay period in which you receive pay, knowing you may create a gap in coverage for yourself or for your dependents before your TRICARE coverage begins, initial this note in the margin of the page and use the non-military LWOP option to terminate above.

I understand that:

- If I choose to **terminate** my FEHB coverage and upon return I exercise USERRA reemployment rights, the HRSSC will reinstate my enrollment effective the day I return to work.
- If I choose to terminate my FEHB coverage and upon return I do not exercise USERRA reemployment rights, I must **enroll within 60 days or wait for another opportunity** to begin my enrollment, such as FEHB Open Season or an FEHB-qualifying life event.
- If I **do not enroll within that 60-day period**, the period between my return to duty and my reenrollment in FEHB will be **considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement.**

Continue my FEHB enrollment and pay the premiums from available pay during my absence when possible and incur a debt for the remainder of premiums due. If this election covers the first 365 days of LWOP, I will pay or incur a debt for the employee portion of the FEHB premiums; if this election covers the second 365 days of LWOP, I will pay or incur debt for 102 percent of the full premiums. I understand that if it is subsequently determined that I **qualify** for the 24-month premium payment benefit due to my military service, my payments will be refunded. *This option may be advantageous for employees who **do not qualify** for the 24-month premium payment benefit because it allows payments on a pre-tax basis.*

Continue my FEHB enrollment and not pay premiums during my absence. I understand that premiums will not be taken from available pay while I am gone, but that if it is subsequently determined that I **do not qualify** for the 24-month premium payment benefit due to my military service, I will be responsible for paying the employee portion of the FEHB premiums for the first 365 days of LWOP and 102 percent of the full premiums for the second 365 days of LWOP. *This option may be advantageous for employees who **qualify** for the 24-month premium payment benefit due to military service.*

NOTE: According to **IRS requirements**, premiums can be deducted on a pre-tax basis only when they are for the current plan year. Premiums paid for a prior plan year, or after an accounts receivable invoice has been generated, may be paid only on an after-tax basis.

NOTE: If you do not make an election to continue or terminate coverage either before you leave for active duty military service, while you are away, or within 31 days after you return to work, your FEHB coverage will terminate retroactive to the last day of the pay period in which you went on active military duty. Any premiums due will be canceled (per payroll documents); however, you will then be responsible for repaying any claims that have been paid by your FEHB plan during that period of time.

NOTE: Employees who have terminated FEHB coverage, are returning from LWOP for active duty military service, and are exercising USERRA reemployment rights do not need to complete a new *PostalEASE FEHB Worksheet*. Unless you elect to defer reinstatement until your TRICARE coverage ends, the HRSSC will reinstate your original FEHB coverage, and you will have 60 days after your return to civilian service to change your FEHB enrollment if you choose.

Signature _____

Date _____

III. RETURN THIS FORM

Return this form to the following address within 31 days of receipt:

HR Shared Service Center
ATTN: Compensation And Benefits
PO Box 970400
Greensboro NC 27497-0400

For questions, contact the HRSSC at either of the following:

1-877-477-3273, Option 5
TTY: 1-866-260-7507
FAX: 1-651-994-3543

Privacy Act Statement: Your information will be used to handle your health benefits enrollment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

Computer Matching: Limited information may be disclosed to a federal, state, or local government administering benefits or other programs pursuant to statute for purpose of conducting computer matching programs under the Act. These programs, include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.