



Welcome to FSA

A quick guide to benefits

Updated 5-28-2013

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You can access links in this presentation by right clicking on the link and choosing “open hyperlink”. If you “run” the presentation you can just click to visit the link.

Guide to Federal Benefits Programs for New Federal Employees

<http://www.opm.gov/healthcare-insurance/Guide-Me/Federal-Employees/>

- This link has access to most of the benefits offered to you as a new employee
- Most plans require enrollment within 60 days
 - Optional Life Insurance requires enrollment **within the first 31 days** of employment
- Benefits Available include:
 - Flexible Spending Accounts
 - Health Insurance
 - Leave
 - Life Insurance
 - Long Term Care Insurance
 - Retirement Program <http://www.opm.gov/retirement-services/>

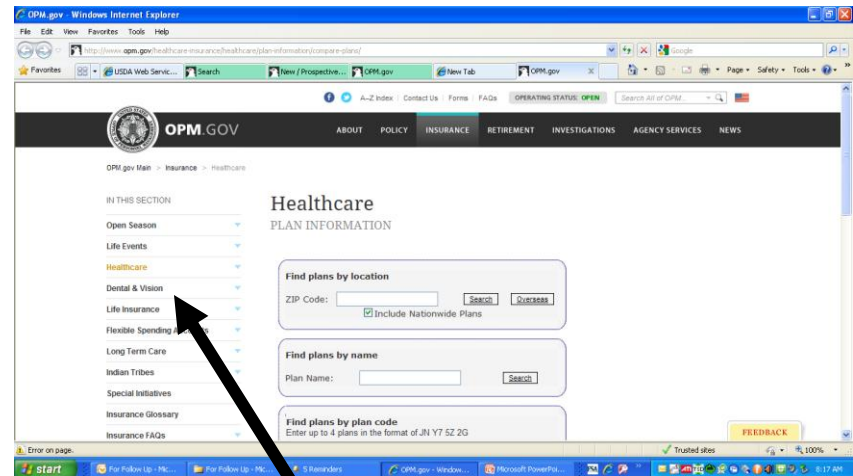
IMPORTANT INFO TO CONSIDER WHEN ENROLLING IN YOUR HEALTH PLANS!

- Enrollment is not retroactive, and **it cannot be made effective the day you enter on duty** as you must have been in a pay status during some part of the pay period which precedes the one in which your enrollment becomes effective.
- Once this requirement has been met your enrollment will become effective on the first day of the first pay period that begins after your employing office receives your enrollment request. **Thus the earliest that your health insurance can possibly become effective is the beginning of the pay period that begins after the pay period in which you are hired.**
- You cannot be reimbursed for any medical expenses incurred prior to the effective date. You need to consider this in canceling any other health insurance coverage you may already have, and for scheduling of doctor visits or tests.

HEALTH, DENTAL, AND VISION INSURANCE

These web sites give you details on each plan and tools to compare the plans.

- You can compare the health insurance plans by:
 - Entering your zip code (keep the nationwide box checked)
 - Click Search
 - Check the boxes of the plans you want to compare
 - Click Compare Selected Plans
 - Check Non-Postal, Next
 - Check Bi-weekly, Next
 - The plans will show important info such as rates, cost of Doctor visits, deductibles and links to plan brochures (which will give you detailed information on the plan)




Use the other links on the side bar to compare Vision & Dental plans.

How Do I Enroll in a Health Plan?

http://opm.gov/forms/pdf_fill/sf2809.pdf

- This link will bring up form SF-2809
- Fill out the form (pg. 15) Instructions are included
- Family relationship codes are on page 2
- Your event code as a new employee is: **1A, initial opportunity to enroll** (pg. 7)
- Make a copy and give the form to your supervisor

|  Form Approved OMB No. 3206-0160 | | | | |
|--|--|---|--|---|
| Health Benefits Election Form | | | | |
| Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.) | | | | |
| 1. Enrollee name (last, first, middle initial) | 2. Social Security number | 3. Date of birth | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Home mailing address (including ZIP Code) | 7. Medicare (See note - page 2) A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> | | 8. TRICARE | 9. Other insurance |
| | | 10. Name of insurance | 11. Insurance policy no. | |
| 12. Name of family member (last, first, middle initial) | 13. Social Security number | 14. Date of birth | 15. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 16. Relationship code |
| 17. Address (if different from enrollee) | 18. Medicare (See note - page 2) A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> | | 19. TRICARE | 20. Other insurance |
| | | 21. Name of insurance | 22. Insurance policy no. | |
| Name of family member (last, first, middle initial) | Social Security number | Date of birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Relationship code |
| Address (if different from enrollee) | Medicare (See note - page 2) A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> | | TRICARE | Other insurance |
| | | Name of insurance | Insurance policy no. | |
| Name of family member (last, first, middle initial) | Social Security number | Date of birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Relationship code |
| Address (if different from enrollee) | Medicare (See note - page 2) A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> | | TRICARE | Other insurance |
| | | Name of insurance | Insurance policy no. | |
| Name of family member (last, first, middle initial) | Social Security number | Date of birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Relationship code |
| Address (if different from enrollee) | Medicare (See note - page 2) A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> | | TRICARE | Other insurance |
| | | Name of insurance | Insurance policy no. | |
| Part B - Present Plan | | Part C - New Plan | | |
| 1. Plan name | 2. Enrollment code | 1. Plan name | 2. Enrollment code | |
| Part D - Event Code | | Part E - Employees Only (Election NOT to Enroll) | | |
| 1. Event code | 2. Date of event | <input type="checkbox"/> I do NOT want to enroll in the FEHB Program. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i> | | |
| Part F - Cancellation | | Part G - Suspension (Annuitants/Former Spouses Only) | | |
| <input type="checkbox"/> I CANCEL my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i> | | <input type="checkbox"/> I SUSPEND my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i> | | |
| Part H - Signature | | | | |
| WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.) | | | | |
| 1. Your signature (do not print) | 2. Date (mm/dd/yyyy) | 3. Daytime telephone number | | |
| Part I - To be completed by agency or retirement system | | | | |
| REMARKS | | | | |
| 1. Date received | 2. Effective date of action | 3. Personal telephone number | 4. Name and address of agency or retirement system | |
| 5. Authorizing official (please print) | 6. Signature of authorized agency official | | | |
| 7. Payroll office number | 8. Payroll office contact (please print) | 9. Payroll telephone number | | |
| This edition supersedes all previous editions of SF 2809 and SF 2809-1. NSN 7540-01-281-6227 U.S. Office of Personnel Management. Standard Form 2809 Revised October 2004 Previous editions are not usable. | | | | |

How Do I Enroll in Dental or Vision Plans?

<https://www.benefeds.com>

- This link will take you to the enrollment page on the web
- You will need a SF-50, Notification of Personnel Action, to complete this enrollment. Contact your supervisor to get a copy. If they do not have this document yet, you will need your Hire/Eligibility Date.
- You are a Federal Civilian Employee
- Search for your Agency: **Department of Agriculture (USDA)**
- Your Bureau / Office / POI is: **Farm Service Agency - County Employees (FSA)** (use the next button go to page 4)
- There will be a few more questions and then you will be asked to fill out a profile
- You will eventually get a User ID & Password
- You can then enroll

Don't forget FSAFEDS

(Health Care & Dependent Care Accounts- FSA)

- These accounts utilize a biweekly payroll deduction set up to cover eligible expenses
 - You do not pay Income Tax on the money you put in these accounts – they are pretax contributions
 - Money put in a Health Care FSA helps pay for out-of-pocket expenses for things like deductibles, co-pays, and over the counter drugs
 - Money put in a Dependent Care FSA pays for child care or adult care expenses
 - This web site will provide answers to most questions you may have.
<https://www.fsafeds.com/fsafeds/SummaryofBenefits.asp>

How Do I Enroll in FSAFEDS?

<https://www.fsafeds.com/fsafeds/Warning.asp>

- The link above takes you directly to the FSAFEDS enrollment page
- You will need your Hire/Eligibility Date which can be found on your SF-50, Notification of Personnel Action.
- Be sure to check out Paperless Reimbursement. If you have enrolled in a federal health plan that participates in this service, your reimbursement claim process becomes almost fully automatic!
<https://www.fsafeds.com/forms/paperlessreimb.pdf>

FERS Federal Employee Retirement System

<http://opm.gov/retire/pre/fers/index.asp>

- Retirement benefits consist of 3 parts:
 - Social Security
 - Basic Benefit Plan
 - TSP (Thrift Savings Plan)
- Social Security Benefits are the same as in the private sector – you pay into the social security system through automatic deductions from your pay
- A brochure explaining these benefits can be found at <http://opm.gov/forms/pdfimage/RI90-1.pdf> (please note that this pamphlet has not been updated to reflect the Basic Benefit Plan required contributions)

BASIC BENEFIT PLAN

- This plan is similar to a pension
- You are automatically enrolled in this plan.
- Each pay period, 3.1% of your gross pay will be deducted from your check (Employees hired prior to 1-1-2013 contribute .8% of their gross pay)
- In order to be eligible to receive benefits, you must be vested – this means you must have at least 5 years of creditable civilian service
- Upon retirement, you will draw a monthly benefit
- The formula for figuring your yearly benefit is 1% of your high 3 average pay times your creditable years of service. Divide this by 12 for your monthly benefit.
- If you retire at age 62 or older with at least 20 years of service, a factor of 1.1% rather than 1% is used.
- This plan also provides long term disability benefits prior to retirement. To qualify:
 - Your disabling condition must be expected to last at least one year
 - you must have at least 18 months of creditable civilian service.

Thrift Savings Plan – TSP

<https://www.tsp.gov/index.shtml>

- If you were hired after July 31, 2010, you are automatically enrolled in TSP, and 3% of your basic pay is deducted from your paycheck each pay period
- This plan is similar to a 401k plan
- You decide: How to invest it – there are 5 funds, plus Lifecycle Funds
- You can change your contributions at any time
 - For 2013, you can contribute up to \$17,500 per year
 - You can elect a dollar contribution or a percent of your pay
- All money that you contribute is pre-tax dollars
 - You will pay tax on the money when you withdraw it
- There is also a TSP-Roth option with no matching contributions
 - You can be in both plans, but you pay tax on your Roth investment now rather than at retirement.

TSP Contributions

<https://www.tsp.gov/planparticipation/eligibility/typesOfContributions.shtml>

- **FSA will automatically contribute 1%** to your plan.
- If you stop your employee contributions the Agency Automatic (1%) will continue
- In addition to the automatic contribution, if you contribute money to your account, you will be eligible for additional matching contributions.
- Your contribution:
 - will be matched dollar for dollar on the first 3% of your pay
 - will be matched .50 on each dollar on the next 2% of your pay
 - Any money contributed above 5% will not receive an agency match. However, you will still benefit from before-tax savings and tax-deferred earnings on those contributions

What do I need to do for TSP?

- You are automatically enrolled
- You will receive a pin# in the mail..
- Access your account by going to <https://www.tsp.gov/index.shtml> and clicking on my account
- You may want to designate a beneficiary for your TSP by filling out Form # TSP-3 <https://www.tsp.gov/PDF/formspubs/tsp-3.pdf>
- You can access your account online and make changes to the way the money is invested
<https://www.tsp.gov/planparticipation/contributions/contributionAllocations.shtml>
- For information on the investment funds go to:
<https://www.tsp.gov/investmentfunds/fundsoverview/fundManagement.shtml>
- For a good overview go to:
<https://www.tsp.gov/PDF/formspubs/tspb08.pdf>

Federal Employees' Group Life Insurance Program – FEGLI

<http://opm.gov/insure/life/index.asp>

- Life Insurance consists of 2 Parts
- Basic Coverage
 - As a Federal Employee you are covered by life insurance equal to your annual basic pay, rounded to the next higher \$1,000, plus \$2,000.
 - You pay two-thirds of the cost and the Government pays one-third. Your age does not affect the cost of Basic insurance. You pay \$0.1500 per \$1,000, biweekly through an automatic payroll deduction
 - You may elect to waive this coverage
- Optional Coverage – **You must enroll in the first 31 days of employment!**
 - **Option A, Standard** — an additional \$10,000.
 - **Option B, Additional** — in an amount from one to five times your annual basic pay (after rounding up to the next \$1,000).
 - **Option C, Family** — provides coverage for your spouse and eligible dependent children.

How Do I Enroll In FEGLI?

- You must fill out form SF-2817
- Access this form online at http://opm.gov/forms/pdf_fill/sf2817.pdf
- A calculator is available online to help you determine the cost of your optional coverage. The cost does increase as you age. <http://opm.gov/calculator/worksheet.asp>
- You may want to fill out a beneficiary designation, form SF-2823 http://opm.gov/forms/pdf_fill/sf2823.pdf

Form Approved:
OMB No. 3206-0230

FEGLI
Federal Employees' Group Life Insurance Program
See Privacy Act Statement on back of Part 3

Life Insurance Election

1 General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

| | | | | |
|--------------------------------|-----------------------------------|---|--|------------------------|
| Name (Last) | (First) | (Middle) | Date of birth (mm/dd/yyyy) | Social Security Number |
| Employing department or agency | O/WCP claim number, if applicable | Location of department or agency where employee works (City, state, ZIP Code) | Daytime telephone number (including area code) | |

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

| | |
|--|--|
| <p>Basic</p> <p>I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.)</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Date (mm/dd/yyyy)</p> | |
|--|--|

4 Optional

If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

| Option A - Standard | Option B - Additional | Option C - Family |
|---|---|---|
| I want Option A. I authorize deductions to pay the full cost. | I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. | I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. |
| <input type="checkbox"/> 1 times my pay | <input type="checkbox"/> 3 times my pay | <input type="checkbox"/> 3 multiples |
| <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 4 times my pay | <input type="checkbox"/> 4 multiples |
| <input type="checkbox"/> 2 times my pay | <input type="checkbox"/> 5 times my pay | <input type="checkbox"/> 5 multiples |
| Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) | Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) |
| Date (mm/dd/yyyy) | Date (mm/dd/yyyy) | Date (mm/dd/yyyy) |

5 If you want NO life insurance coverage, sign and date below.

| | |
|---|--|
| <p>Waiver of all life insurance coverage</p> <p>I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.</p> <p>Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)</p> <p>Date (mm/dd/yyyy)</p> | |
|---|--|

6 Agency Remarks:

| | | |
|--|--|---|
| Name and address of employing office | Date received in employing office (mm/dd/yyyy) | Effective date of coverage (mm/dd/yyyy) |
| I followed the instructions on the back of Part 1. | | |
| Signature of authorized agency official | | |

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of insurance.

PART 1 - File in Official Personnel Folder

U.S. Office of Personnel Management
Federal Employees' Group Life Insurance Handbook (RI 76-26)

NGM 7540-01-231-4280
2017-105

April 1999 edition is usable.
All other editions are obsolete and unusable.

Standard Form 2817
Rev. June 2000

Work Schedules

17PM Part 2. Paragraphs 31-37

- As an FSA employee you may qualify for a variety of work schedules
- All work schedules are based on a bi-weekly pay period
- Your supervisor will advise you of your available options
- Refer to 17-PM for details on work schedules including breaks, lunch, and holidays
- Use Form FAS-956 which you can access from the forms website:

<http://fsaintranet.sc.egov.usda.gov/dam/ffasforms/currentforms.asp>

This form is available electronically.

FFAS 956
(08-11-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

FSA AND RMA WORK SCHEDULE REQUEST
(Including all Field Offices)

PART A - GENERAL INFORMATION

1. Employees Name _____ 2. Social Security Number _____ 3. Division, Branch, and Section/Field Office _____

4. Type of request? Permanent (more than 2 PPs) Temporary 5. If temporary, enter Pay Period to return to current work schedule _____

6. Effective Pay Period of Requested Change _____

7. Employment Status: FT PT B

PART B - CURRENT WORK SCHEDULE

8. WORK SCHEDULE TYPE

Maxiflex - 40 hour pay period of 10 or fewer workdays

CWS 6/49 - 40 hour pay period of eight 6-hour workdays plus one 8-hour workday

CWS 4/10 - 40 hour pay period of four 10-hour workdays per week

Variable Day - 40 hours per week and 10 workdays per pay period

Standard - 40 hours per week and 10 workdays per pay period

9. WORK SCHEDULE DAYS (Enter "OFF" for Maxiflex or CWS nonworkdays)

| | WEEK ONE | | | | | WEEK TWO | | | | | TOTAL PPS |
|--------------|----------|-----|-----|-----|-----|----------|-----|-----|-----|-----|-----------|
| | MON | TUE | WED | THU | FRI | MON | TUE | WED | THU | FRI | |
| Arrival Time | | | | | | | | | | | |
| Depart. Time | | | | | | | | | | | |
| Hours | | | | | | | | | | | |

PART C - REQUESTED WORK SCHEDULE

10a. Amount of Allowable Glide Time _____ 10b. Time Frame _____

11. WORK SCHEDULE TYPE

Maxiflex - 40 hour pay period of 10 or fewer workdays

CWS 6/49 - 40 hour pay period of eight 6-hour workdays plus one 8-hour workday

12. WORK SCHEDULE DAYS (Enter "OFF" for Maxiflex or CWS nonworkdays)

| | WEEK ONE | | | | | WEEK TWO | | | | | TOTAL PPS |
|--------------|----------|-----|-----|-----|-----|----------|-----|-----|-----|-----|-----------|
| | MON | TUE | WED | THU | FRI | MON | TUE | WED | THU | FRI | |
| Arrival Time | | | | | | | | | | | |
| Depart. Time | | | | | | | | | | | |
| Hours | | | | | | | | | | | |

LEAVE POLICIES

- Even though you are a new employee, you will be eligible almost immediately for leave
- You will accrue both sick leave and annual leave
 - In the first 3 years of employment, you will accrue 4 hours of sick leave and 4 hours of annual leave every pay period
 - Annual leave accruals will increase to 6 hours after your 3rd year of employment
 - Annual leave accruals will increase to 8 hours after completing your 14th year of employment
- Annual Leave is used for vacations, rest and relaxation, and personal business or emergencies (probably known as vacation and personal days in your previous job)
- Sick Leave is used for
 - personal medical needs, including doctor appointments
 - care of a family member, including doctor appointments
 - care of a family member with a serious health condition
 - adoption related purposes
- Leave is accrued each pay period or every 2 weeks
- There is no short-term disability available. Sick leave is used for this.
- Request Leave through Web T & A <https://wtausda.nfc.usda.gov/usda/>

2013 Holidays

<http://www.opm.gov/fedhol>

- **Tuesday, January 1, New Year's Day**
- **Monday, January 21, Birthday of Martin Luther King, Jr.**
- **Monday, February 18, Washington's Birthday**
- **Monday, May 27, Memorial Day**
- **Thursday, July 4, Independence Day**
- **Monday, September 2, Labor Day**
- **Monday, October 14, Columbus Day**
- **Monday, November 11, Veterans Day**
- **Thursday, November 28, Thanksgiving Day**
- **Wednesday, December 25, Christmas Day**

Where do I find more Info?

- Most of the topics in this presentation will have a reference to a Handbook.
- The Handbooks are set up with:
 - a table of contents at the beginning
 - A list of forms with paragraph references listed in Exhibit 1
 - A list of terms used in the Handbook listed in Exhibit 2
- **When you have a question,
LOOK IN THE HANDBOOK**
- If there are no handbook references, then visit the handbook web site and click on the links. You will be amazed at how much information is available! Use the search option to help you find what you need.
- The handbooks are available online at this link:
<http://fsaintranet.sc.egov.usda.gov/dam/handbooks/handbooks.asp>
- Public handbooks can also be accessed at:
<http://www.fsa.usda.gov/FSA/webapp?area=home&subject=lare&topic=hbk>
- Notices, (updates to procedure), can be accessed from
<http://www.fsa.usda.gov/FSA/notices?area=home&subject=lare&topic=not&setflag=FROMURL&getData=NONE>

Additional Web Links for Future Reference

Some of these require additional user names and passwords to access – Your supervisor will request a sign-on for you.

- Employee Personal Page (EPP) – View your pay and change your deductions <https://www.nfc.usda.gov/epps/eplogin.aspx>
- Empower HR – View and print personnel actions and Performance Ratings <https://www.empowhr.gov/HRISP/signon.html>
- Forms by Number
<http://fsaintranet.sc.egov.usda.gov/dam/ffasforms/currentforms.asp>
- Federal Intranet Applications
http://intranet.fsa.usda.gov/fsa/FSAIntranet_applications.html
- FSA Offices <http://offices.sc.egov.usda.gov/locator/app>
- AG Learn <http://www.aglearn.usda.gov/>
- Farm Programs Training
<http://fsaintranet.sc.egov.usda.gov/fsa/dafp/training/default.htm>

Welcome and enjoy the “benefits” of FSA!!!!