

## USERRA ELECTION OPTIONS

Please indicate your election and acknowledgment by placing your ***INITIALS*** in the spaces provided below. Attach this election form to your Standard Form 52 (Request for Personnel Action) for resignation or leave without pay (LWOP). Also, attach a copy of your active duty orders and forward, through channels, to the Human Resources Office (HRO).

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

(Print)

POSITION TITLE/GRADE: \_\_\_\_\_

SUPERVISOR (CIV): \_\_\_\_\_

(Print)

(Phone)

### 1. USERRA Technician Information/Notification and Election Rights.

[     ] I am a permanent, indefinite, or temporary employee. I have read the information concerning my election rights and benefits under USERRA.

### 2. Position Status

[     ] I am a **permanent or indefinite employee**. I elect to be placed on **LWOP-US** from my technician position and have attached a completed SF-52 requesting LWOP-US (USERRA).

[     ] I am a **permanent or indefinite employee**. I elect to **Separate** from my technician position and have attached a completed SF 52 requesting Separation-US (USERRA).

[     ] I am a **temporary employee** and elect to be placed on **LWOP-US** from my technician position. I understand that my reemployment rights are limited to the established not to exceed (NTE) date of my temporary appointment and I will be terminated at that time if not reemployed. Attached is a completed SF-52 requesting LWOP-US (USERRA).

[     ] I am a **temporary employee** and elect to **Separate** from my temporary technician position and have attached a completed SF-52 requesting Separation-US (USERRA). I understand that employment rights are limited to the established not to exceed (NTE) date of my temporary appointment.

### 3. Leave Status. I wish to use the following accrued leave **prior** to being separated or placed on a nonpay status. I have also indicated when I wish to begin non-pay status (if applicable).

		<u>Hours</u>	<u>From</u>	<u>To</u>
[     ]	Military Leave	_____	_____	_____
[     ]	Annual Leave	_____	_____	_____
[     ]	Comp Time	_____	_____	_____
[     ]	Time-Off Award	_____	_____	_____
[     ]	Admin Leave	_____	_____	_____
[     ]	22 days LEL	_____	_____	_____
[     ]	44 days ML	_____	_____	_____

**LWOP Effective:** \_\_\_\_\_

4. **Annual Leave.** Instead of using my accrued annual leave towards my active duty period, I request:

- A lump-sum payment of all my accrued annual leave.
- That you retain my annual leave in my leave account until I return to civilian service.

5. **Health Benefits (FEHB).**

**Non-Contingency:**

- I elect to continue my FEHB, up to 24 months while on military duty. I understand that I will pay only my share of the premium cost for the first 12 months. ***[If you elect this option, you must also complete one of the two payment options below].*** If I continue my FEHB after the first 12 months, I understand that I will pay 102% of the premium cost and it must be paid currently. I also understand that to be entitled to this additional twelve month coverage, I must continue to be eligible for reemployment rights.
  
- I want **to pay for my FEHB on a continuing basis** during my absence. Please provide me with the address of where to send my premium payments.
  
- I want **to incur a debt** to be paid upon my return to duty.
  
- I want **to terminate** my FEHB while on military duty. I understand that my FEHB coverage will continue at no cost for 31 days and that I am NOT eligible for temporary continuation of coverage (TCC). I understand that I must terminate my FEHB within 60 days of being placed on LWOP or I will not be able to terminate my FEHB until an FEHB Open Season, or if I have if I have a qualifying life event. I understand that this termination **is not** considered a break in service for continuing FEHB into retirement.  
**I understand that I may also be eligible for Transitional Tricare in which I will be responsible for notifying HRO in writing when Transitional Tricare begins and ends, and also when HRO is to reinstate my FEHB**

**\*\*\*My Termination Date For FEHB is: \_\_\_\_\_**

**Contingency:**

- I elect **to continue my FEHB**, up to 24 months while on military duty.
  - I am being called to active duty in support of a contingency operation. My agency will pay my share of the premium up to 24 months from the effective date of my orders. If after the 24 months, I am still on active duty my FEHB will be terminated.

[ ] I want **to terminate** my FEHB while on military duty. I understand that my FEHB coverage will continue at no cost for 31 days and that I am **NOT eligible** for temporary continuation of coverage (TCC). I understand that I must terminate my FEHB within 60 days of being placed on LWOP or I will not be able to terminate my FEHB until an FEHB Open Season, or if I have if I have a qualifying life event unless I fill out the Pre-Tax Premium Conversion form within 60 days of my orders. **I understand that I may also be eligible for Transitional Tricare in which I will be responsible for notifying HRO in writing when Transitional Tricare begins and ends, and also when HRO is to reinstate my FEHB.** I understand that the Termination **is not** considered a break in service for continuing FEHB into retirement.

**\*\*\*MY TERMINATION DATE FOR FEHB IS: \_\_\_\_\_**

**6. Federal Employees Group Life Insurance (FEGLI).**

[ ] I understand that if I am placed on **LWOP-US**, my FEGLI coverage **will continue for up to 12 months at no cost to me.** If I separate my technician position, my FEGLI will continue at no cost to me for up to 12 months or until 90 days after my military service ends, whichever date comes first. Upon termination of coverage, I will be provided a 31-day temporary extension for conversion to a non-group policy.

**7. National Guard Association of the United States (NGAUS).** I have the following NGAUS coverage, which I wish to continue or terminate as indicated below. I understand that if I elect to continue the coverage, I will be responsible for the premium cost after the waiver period (depending on type coverage) and/or direct-bill payments.

	<u>Continue (√)</u>	<u>Terminate (√)</u>
[ ] Basic and Supplemental Disability	_____	_____
[ ] TechLife	_____	_____
[ ] GuardLife (Tech/Spouse)	_____	_____
[ ] ValuLife (Tech/Spouse)	_____	_____
[ ] Universal Life (Tech/Spouse)	_____	_____

**8. Thrift Savings Plan (TSP).**

[ ] I understand that if I exercise restoration rights, I may make retroactive contributions and elections to my TSP account. To do this, I must send a written request to the HRO Services Section **within 60 days of my return to civilian service.**

[ ] I have a TSP Loan(s). **Attached is my form TSP-41.**

[ ] I am enrolled in TSP Catch-Up (50 years old or older)

9. **Retirement:**

- I understand that if I am placed on LWOP, death and disability benefits continue under my retirement system.
- I understand that if I exercise restoration rights, the military service is creditable for retirement purposes only if I make the required military deposit. (CSRS technicians hired prior to 1 Oct 1982 must make the required deposit to avoid Catch-62.)

10. **Previous absences from technician position for active duty:**

- I have never requested an absence from my technician position in the Arizona National Guard to perform Title 10 or Title 32 active duty.
- I have been absent from my technician position to perform active duty as stated below:

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Service: \_\_\_\_\_

**Allotments/Garnishments:**

\_\_\_\_\_ I understand that during my non-pay status I will be responsible for keeping current any allotments/garnishments that were deducted from my pay. It is also my responsibility to notify payees of my status.

**Employee's Responsibility:**

\_\_\_\_\_ I understand I am responsible for making sure the HRO has all forms [1) USERRA Election Options Form; 2) Military Orders; 3) SF-52 LWOP-US], necessary to process my Leave Without Pay. **All three of the above listed forms are to be sent to the HRO when military orders and received prior to my deployment or leaving to my active duty assignment.** Return to Duty SF-52 along with military separation orders are to be sent to the HRO as soon as possible after receipt of military active duty separation orders.

11. **Statement of Understanding.** I understand the elections I have made above, and acknowledge that I have read and understand the rights and benefits explained in the "Technician Information/Notification and Benefit Election Rights" by signing, dating, and returning a copy to the HRO, 5636 E. McDowell Road, Bldg M5710, Phoenix, AZ 85008-3495.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: (Residence) \_\_\_\_\_

(Work) \_\_\_\_\_

If you have any questions, please contact the HRO at (602) 629-4834 or (602) 629-4818

USERRA BRIEFER: \_\_\_\_\_ DATE: \_\_\_\_\_