



# MISSOURI NATIONAL GUARD HUMAN RESOURCES

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Technician  
New Hire Orientation



# Overview



- Welcome
- DOIM Briefing
- EEO Briefing
- MyBiz Briefing
- Basic forms
- Benefits – Permanent Technicians



## Director of Information Management (G6)

- Common Access Card (CAC) also known as your ID card
- MONG Logon account
  - AGMO 25, AUP, and IAA Exam Certificate
- Security
  - Basic OPSEC
  - Classifying /Marking/Using
- Prohibited content (including Facebook)



# EO/EEO Program



- Policy
- Program Goals/Objectives
- Sexual Harassment
- Complaint Process
  - EO (To be filed within 180 days of alleged discriminating event)
  - EEO (To be filed within 45 Days of alleged discriminating event)
- Workplace Environment

EO/EEO Office Contact Information:

573-638-9854 or 573-638-9586



# Employee Assistance Program



- Crisis Management
- Relationship Issues
- Legal or Financial Concerns
- Addictions
- Grief Counseling

For Technicians (Dual Status and Non-Dual Status)

Contracted Provider: Federal Occupational Health (FOH)

[www.FOH4you.com](http://www.FOH4you.com) or 1-800-222-0364

For Military (AGR and Dual Status Technicians)

Military One Source

[www.MilitaryOneSource.com](http://www.MilitaryOneSource.com) or 1-800-342-9647



# MYBIZ and MY WORKPLACE



## MYBIZ

*My Biz* is an automated web based system that allows technicians to view/update their personnel file.

Technicians can view data such as, Position Information (current/historical); Salary Information; Appraisal and Awards Information; Benefits; Appointment Information and are able to print any SF-50's that have been created after September 2007.

## MY WORKPLACE

My Workplace is an automated web system that allows a Supervisor of technician employees to access and view their employees' personnel information. Supervisor's can also print SF-50 on their employees.



# My Biz+process registration steps



First type or paste this web address into Internet Explorer:

<https://compo.dcpds.cpms.osd.mil/>

Consent Banner appears click ok.

Message from webpage

**DoD NOTICE AND CONSENT BANNER**

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

OK



# Login registration process continued.



https://compo.dcpds.cpms.osd.mil/ DCPDS Portal - Login

Login Help | Contact List | Frequently Asked Questions (FAQ)

**DCPDS PORTAL**

DEPARTMENT OF DEFENSE  
UNITED STATES OF AMERICA

## News and Information

Last updated May 10, 2015  
3:00 CDT

**MyBiz+** for Managers and Supervisors

MyBiz+ for Managers and Supervisors debuts May 4, 2015. If you are a manager or supervisor, Login and select the MyTeam tile on the MyBiz+ homepage to discover the HR information available for your team. Important: As of June 2015, My Workplace will no longer be available to managers and supervisors.

## Component Help Desk Information

If you are having problems accessing this site, please select [Contact List](#) to locate and directly contact your Component Help Desk.

For additional information, check out our [Frequently Asked Questions \(FAQ\)](#)!

## Smart Card Access

Click the login button below and select your non-email digital certificate.

[Smart Card Login](#)

First time Smart Card (CAC) user? [Register Here](#)

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**Returning Non-Smart Card (Non-CAC) User? Click the button below.**

[Non-Smart Card Access](#)

First time Non-Smart Card (Non-CAC) user? [Register Here](#)  
Password problems? [Reset](#)

For technical problems, select the [Contact List](#) for your organization's computer support Help Desk.



Choose "Register Here" and then choose your non-email certificate and click "ok".

The screenshot shows a web browser window at <https://compo.dcpds.cpms.osd.mil/>. The page header includes navigation links: [Login Help](#) | [Contact List](#) | [Frequently Asked Questions \(FAQ\)](#). The main header features the **DCPDS PORTAL** logo and the Department of Defense seal. The page content is divided into sections: "News and Information" (last updated May 10, 2015), "MyBiz+ for Managers and Supervisors" (debuting May 4, 2015), and "Component Help Desk Information". The "Card Access" section is prominent, with a heading "Card Access" and a sub-heading "Card Login". A "Register Here" link is visible. A "Windows Security" dialog box is overlaid on the page, titled "Select a Certificate". It lists three certificates for "CEBUHAR.STEVEN.JOSEPH....":

- Issuer: DOD CA-32, Valid From: 3/30/2014 to 3/29/2017, with a link to "Click here to view certificate prope..."
- Issuer: DOD EMAIL CA-32, Valid From: 3/30/2014 to 3/29/2017
- Issuer: DOD CA-32, Valid From: 3/30/2014 to 3/29/2017

The dialog box has "OK" and "Cancel" buttons. A "Non-Smart Card Access" button is visible at the bottom right of the page.



Type your social security number with the dashes in the boxes and then reenter again to confirm and click Register.

Any problems call Ms. Elaine Lock @ 39690 or SMSgt Steve Cebuhar @ 37493.



Account Registration : DCP... x

https://compos.dcpds.cpms.osd.mil/DCPDS/pages/register.jsp

Welcome  
CEBUHAR.STEVEN.JOSEPH

## DCPDS Smart Card Registration

[Info](#)

To register or update your Smart Card Certificate information to an HR/MyBiz/MyWorkplace application, read the Privacy Act Statement and follow the instructions below.

Enter your SSN/LN Employee ID Number and select the "Register" button to register your Smart Card. Select the "Cancel" button to return to the DCPDS Portal Page.

**\*\* Important \*\*** SSN/LN Employee ID Numbers are masked as an additional security measure for your personal protection.

\* Use hyphens in the SSN/LN Employee ID Number if applicable.

SSN/LN Employee ID Number:

Confirm SSN/LN Employee ID Number:

## Smart Card (CAC) Re-Registration

Select the "Re-Register" button if you received a new Smart Card (CAC) since the last time you registered to the MyBiz/MyWorkplace/Human Resources (HR) application.

### Privacy Act Statement

Authorities: 5 USC 301, Department Regulations; Title 5, USC Chapters 11, 13, 29, 31, 33, 41, 43, 51, 53, 55, 61, 63, 72, 75, 83, and 99; and Executive Order 9397.

Purposes: To authenticate the identity of individuals seeking access to their personnel data for purposes of ensuring that only authorized persons may process applications and view data pertaining to them. To permit authorized individuals to view their data for purpose of verifying its accuracy and to update the data when it is not current or is inaccurate. To audit user access to ensure that access is only granted to users that are authorized access to the information.

Routine Uses: To a Federal, state, or local agency, as necessary and when the intended disclosure is for a purpose compatible with the purpose for which the information was collected, on personnel and related matters involving the individual about whom the information pertains.

Disclosure: Voluntary. Failure to provide the requested information will result in a delay or termination of your request. If your request is terminated, you will not be able to view and verify your data and you will not be able to update your data via this website.



Then once you login you will see this screen and need to choose “Add Additional Application/Database”.



My Application/Database [Add Additional Application/Databases](#)

### Choose your Path

- HR**  
MyBiz+ NG
- CMIS/CRM**  
DCPAS BI Account
- DD**  
DCPAS Data Dictionary

To link your newly created DCPDS Portal account to your existing application/databases. Click the **Add Additional Application/Databases** link above.



To protect your personal information, log out of your DCPDS Portal session by selecting the 'Logout' button.

Logout



You need to enter your social security number with dashes in the "username" space, retype to confirm and click submit to complete your registration.



Browser address bar: <https://compo.dcpds.cpmos.osd.mil/rsouiportal/RegionsAssociation.jsf> DCPDS PORTAL

  **DCPDS PORTAL**  

[Application/Database](#) [Add Additional Application/Databases](#)

## HR Region Associations

**\*\* Important \*\*** You must complete and submit this information to finalize the Registration process. Usernames and SSN/LN Employee ID Numbers are masked as an additional security measure for your personal protection.

Use your **HR/MyBiz/MyWorkplace** log in screen "User Name". Use hyphens in the Username Field if applicable.

Username:

Confirm Username:

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**CSU User? Click the button below.**

### Privacy Act Statement

**Authorities:** 5 USC 301, Department Regulations; Title 5, USC Chapters 11, 13, 29, 31, 33, 41, 43, 51, 53, 55, 61, 63, 72, 75, 83, and 99; and Executive Order 9397.

**Purposes:** To authenticate the identity of individuals seeking access to their personnel data for purposes of ensuring that only authorized persons may process applications and view data pertaining to them. To permit authorized individuals to view their data for purpose of verifying its accuracy and to update the data when it is not current or is inaccurate. To audit user access to ensure that access is only granted to users that are authorized access to the information.

**Routine Uses:** To a Federal, state, or local agency, as necessary and when the intended disclosure is for a purpose compatible with the purpose for which the information was collected, on personnel and related matters involving the individual about whom the information pertains.

**Disclosure:** Voluntary. Failure to provide the requested information will result in a delay or termination of your request. If your request is terminated, you will not be able to view and verify your data and you will not be able to update your data via this website.



# My Biz+ Portal Page view.

https://potteremp.dcpds.cpmis.osd.mil/dcpdsportal-reg15/profile.jsf#

DCPDS PORTAL Oracle Application... Oracle Application... MyBiz+ Logout

Other DCPDS Applications Favorites Customer Support Help

**Manage My Views**

Select the Manage My Views link to personalize the Views layout!

Check out the Tip for a quick reference.

**Notifications**

Read / Unread	Title	Start Date
No Notifications At This Time		

\* You have no unread notifications.

Welcome, Steven J. Cebuhar The information is current as of 14-Jul-2015

Home Provide Feedback Add | Reset | Done

**Key Services**

- MyPerformance
- Request Employment Verification
- Civilian Career Report
- Update Contact Information
- Update Professional Development
- Retrieve SF50
- Update MySupervisor
- Hiring Manager's Toolkit

**Other Responsibilities/Applications**

**Responsibilities:**  
 AGR MGR MOHRO00032  
 HR-TRNG MOHRO0001T  
 MO CIVDOD PAYROLL REGENERATION  
 NG MO Performance Appraisal Administrator  
 PER MOHRO00036  
 RPT MOHRO00036

**Last Personnel Action**

Type of Action:	Gen Adj
Effective Date:	11-Jan-2015



Employment Verification  
Type the person you who needs your Employment Verification information (i.e. loan officer or landlord) in "To": box.



Browser tabs: https://potteremp.dcpds.cpms.osd.mil/dcpdsportal-reg15/subpages/personalEmploy\ DCPDS PORTAL Oracle Application... Oracle Application... MyBiz+  
MyBiz+ Other DCPDS Applications Favorites Customer Support Help Logout

Employee	Supervisor	Organization
Steven J. Cebuhar	Elaine C. Lock	MO ANG HQ

[Home](#) / [Employment Verification](#)

### Information

Employment verification releases employment information and, optionally, salary information to an external organization or person, also known as "Recipient".

**Important!**  
Prior to completing the Employment Verification request, ensure a valid e-mail address is listed in the "My Email" field below. The password will be e-mailed to you at this address. If your e-mail address is blank or incorrect, enter or overwrite the e-mail displayed. You can also update your work e-mail by selecting Key Services > Update Contact Information > Work Email > Update.

**Information to Send**

Employment Information  
 Employment and Salary Information

**Related Information**

Employment and Salary Information: Releases personal, assignment, period of service and salary details.

**Recipient Information**

\*To:

\*My Email:

**Note:** Two distinct email addresses are required. Your password-protected employment verification document will be sent to the recipient identified in the "To" line. A second e-mail, containing the password, will be sent to you based on the e-mail address you identified in the "My Email" field. For your protection, the e-mail containing the password will not be sent to the individual identified in the "To" line. It is your responsibility to share the password with the intended recipient.

[Accessibility/Section 508](#) | [Privacy and Security Policy](#) | [System Help Desk Contacts](#)



Example of the HR Employment Verification System email you will receive. Give the code to the person you who needs your Employment Verification information (i.e. loan officer or landlord).



-----Original Message-----

From: HR Employment Verification System  
[mailto:mybiz\_myworkplace@dcpds.cpms.osd.mil]  
Sent: Tuesday, July 13, 2015 9:44 AM  
To: Cebuhar, Steven J SMSgt USAF NG MOANG (US)  
Subject: Employment Verification 103321\_20150714085907

Document password: example (X12345678)

**This e-mail contains the password for the e-mail attachment sent to some.person@bankloan.net. It is your responsibility to provide this password to the recipient.**

This is a system generated email; please do not reply to this message



# Performance Appraisal Application (PAA)



## Performance Appraisal Application (PAA)

Version 3.0

[ICE MyBiz](#) | [ICE PAA V2](#) | [ICE PAA V3](#) | [Home](#) | [Logout](#) | [Preferences](#) | [Oracle Help](#)

Employee

### Performance Appraisal Application Main Page

**Warning:** The Performance Appraisal Application is designated for sensitive unclassified personnel information only. Do NOT enter classified information in this system. Unauthorized release of classified information is a violation of law and may lead to prosecution.

[Need Help?](#)

The Need Help link will give you information on what is available on the page where you are located.

From the Main Page, you can create, update and view your Performance Plans; view and print part or an entire plan after you can also search for completed plans by selecting the 'Show Completed Plans/Appraisals' link located at the bottom of the page.

To create a Performance Plan:

To complete other actions described above:

- Select 'Choose a Plan Type'
- Select Appraisal Plan Type
- Select the 'Go' button
- Select an option from the Action column
- Select the 'Go' button

This table includes information on the status of existing plans. From this screen you can view and update existing plans.

Create New Plan

--Choose a Plan Type--

- Choose a Plan Type--
- National Security Personnel System
- Defense Civilian Intelligence Personnel System
- National Guard (Title 32)

Table Size

Employee Name	Current Owner	Rating Official Name	Appraisal Year	Appraisal ID	Plan Approval Date	Type	Plan Status	Status	Action
Blomme, Domingo X	Fred, Abdul N	Rhynes, Conrad Z	2009	27		NG	Pending	Plan in Progress	<input type="text" value="View"/> <input type="button" value="Go"/>

Select the link to search for completed plans.

[Show Completed Plans/Appraisals](#)

[ICE MyBiz](#) | [ICE PAA V2](#) | [ICE PAA V3](#) | [Home](#) | [Logout](#) | [Preferences](#) | [Oracle Help](#)



# Performance Appraisals



- Within 30 days, Your supervisor should provide you with your job objectives for your position.
- Will have an interim review at 6 months
- Will have appraisal at 1 year
- After 1<sup>st</sup> year appraisal, you will be put on the annual rating period of 1OCT – 30SEP
- TPR 430 is the governing Regulation, and can be found at [www.moguard.com/moguard-regulations](http://www.moguard.com/moguard-regulations)



# Termination of Bonus Student Loan Repayment/Kicker

- Termination of Federal Bonus Program and/or Student Loan Repayment Program/GI-Bill Kicker may be applicable.
- For more information, contact:  
Director of Personnel, Incentives branch,  
extensions 37139 or 37689.



# Appointment Affidavits



Department or Agency:  
Missouri National Guard

Bureau or Division:  
Army or Air

## APPOINTMENT AFFIDAVITS

(Position to which Appointed)        
(Date Appointed)

(Department or Agency)      (Bureau or Division)      (Place of Employment)

I, , do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

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

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

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

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

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

\_\_\_\_\_  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this  day of , 2

at    
(City)      (State)

(SEAL)

\_\_\_\_\_  
(Signature of Officer)

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

\_\_\_\_\_  
(Title)

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



# Direct Deposit



Standard Form 1199A (EG)  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b> Doe, John E.		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box APO/FPO)</b> 123 Anywhere St		<b>E DEPOSITOR ACCOUNT NUMBER</b> 1 2 3 4 5 6 7	
<b>CITY</b> Jefferson City	<b>STATE</b> MO	<b>ZIP CODE</b> 65109	<b>F TYPE OF PAYMENT (Check only one)</b>
<b>TELEPHONE NUMBER</b> AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> Leave Blank		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other (specify)	
<b>C CLAIM OR PAYROLL ID NUMBER</b> 499-99-9999		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE John Doe	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

**SIGN**

**Section 3**  
Fill out:  
Bank Name  
Routing  
Number

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b>	<b>GOVERNMENT AGENCY ADDRESS</b>
-------------------------------	----------------------------------

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> Bank Name City, State, Zip		<b>ROUTING NUMBER</b> 1 2 3 4 5 6 7 8 9	<b>CHECK DIGIT</b> 9
<b>DEPOSITOR ACCOUNT TITLE</b> Leave Blank		<b>FINANCIAL INSTITUTION CERTIFICATION</b>	
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>	<b>DATE</b>

**Section 1**  
Fill out:  
A - Name,  
Address,  
Telephone  
Number  
C-SSN  
D-Type of  
Depositor  
Account  
F- Check  
Fed. Salary/Mil  
Civilian Pay



# Tax Forms

- Federal W-4
- State MO W-4
- Must provide to HR within 1<sup>st</sup> pay period after date of hire.
- Changes can be made anytime by logging on to MyPay



# Form I-9



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

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

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

### Section 1. Employee Information and Attestation

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

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

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

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

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

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

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

OR

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

3-D Barcode  
Do Not Write In This Space

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

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

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

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

Signature of Employee: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

### Preparer and/or Translator Certification

*(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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

STOP **Employer Completes Next Page** STOP

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

*(Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as noted on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: Document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write In This Space

### Certification

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

Signature of Employer or Authorized Representative: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ Title of Employer or Authorized Representative: \_\_\_\_\_

Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

### Section 3. Reverification and Rehires

*(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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# Ethical Conduct



S-T-A-T-E-M-E-N-T

## STANDARDS OF ETHICAL CONDUCT FOR MONG FULL-TIME FEDERAL EMPLOYEES

In accordance with the provisions of Executive Order 12371, dated 17 October 1990, Principles of Ethical Conduct for Government Officers and Employees, I have read, understood, and am complying with the following standards of conduct which are detailed in above order.

Public service is a public trust requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

Employees shall not hold financial interests that conflict with the conscientious performance of duty.

Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.

An employee shall not, except pursuant to the exceptions in subpart B, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from doing business with, or conducting activities regulated by the employee's agency, or whose interest may be substantially affected by the performance or nonperformance of the employee's duties.

Employees shall put forth honest effort in the performance of their duties.

Employees shall make no unauthorized commitments or promises of any kind of purporting to bind the government.

Employees shall not use public office for private gain.

Employees shall act impartially and not give preferential treatment to any private organization or individual.

Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

Employees shall not engage in outside employment or activities, including seeking or negotiation for employment, that conflict with official Government duties and responsibilities.

Employees shall disclose waste, fraud, abuse and corruption to appropriate authorities.

Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those such as Federal, State and local taxes that are imposed by law.

Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or these Standards of Ethical Conduct.

Employees who are required to have permission for part-time employment must obtain written approval from their supervisor before beginning that employment.

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

\_\_\_\_\_  
(Print Name)

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



# Prior Federal Service



Federal Civilian Service  
Examples:  
Post Office  
Social Security Office  
VA  
Temp Appt

Standard Form 144 (Rev. 10/95) Page 2  
Office of Personnel Management  
The Guide to Processing Personnel Actions

## STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

1. Name (Last, First, Middle Initial) 2. Social Security Number 3. Date of Birth (Month, Day, Year)

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?  
 Yes — If "Yes", check this block and skip to item 8.  No — If "No", check this block and complete items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1997.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?  
 Yes — If "Yes", list the following information.  No — If "No", go to item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

No  Yes — Check one of the statements, if it applies to you. I claim preference as the:  
 Spouse of a disabled veteran  Mother of a deceased or disabled veteran  Unmarried widow/widower of a veteran

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature

Date

This form is used to credit you with any previous Federal service. This information is used to give you proper credit for leave benefits, retirement and retention status in case of a reduction-in-force.

Active Duty  
Military time –  
Title 10  
Basic, AIT,  
OCCONUS, etc.  
MUST  
PROVIDE  
DD214



# Leave & Absences



- Annual Leave
- Sick Leave
- Military Leave
- Leave Balances can be found on your LES.

## Other Forms of Leave:

- Paternity Leave
- Court Leave
- Administrative Leave

## Federal Holidays

New Year's Day
Martin Luther King Day
Presidents' Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Christmas Day



# Leave and Absences

## ANNUAL LEAVE

Less than 3 years  
of service

- 4 hours per pay period

3 years but less  
than 15 years

- 6 hours per pay period

15 years or More

- 8 hours per pay period

- 240 hours maximum carry over
- Paid in lump sum if separated or Absent-US (if requested).



# Leave and Absences



## SICK LEAVE

- 4 hours per pay period
- No maximum carry over
- May advance up to 240 hours (30 Days) for medical emergencies
- Sick leave balance stays as credit and will be reinstated if you separate and return to Federal Gov.



# Leave and Absences



## MILITARY LEAVE

- Earn 120 hours per Fiscal Year (01-OCT to 30 SEP)
- Max of 240 hours carry over into next FY.
- Balance will not show up on LES until it is used.

## COMPENSATORY LEAVE (Comp Time)

- Comp Time is in lieu of Overtime.
- Title 32 does not authorize overtime pay.
- Must be approved by your supervisor.
- Must use within 1 year of duty being performed.



# Pay

## Payroll Dates

Pay Period Beginning Date	Pay Period End Date	Army Pay Date	Air Pay Date
29-Dec-13	11-Jan-14	23-Jan-14	17-Jan-14
12-Jan-14	25-Jan-14	6-Feb-14	31-Jan-14
26-Jan-14	8-Feb-14	20-Feb-14	14-Feb-14
9-Feb-14	22-Feb-14	6-Mar-14	28-Feb-14
23-Feb-14	8-Mar-14	20-Mar-14	14-Mar-14
9-Mar-14	22-Mar-14	3-Apr-14	28-Mar-14
23-Mar-14	5-Apr-14	17-Apr-14	11-Apr-14
6-Apr-14	19-Apr-14	1-May-14	25-Apr-14
20-Apr-14	3-May-14	15-May-14	9-May-14
4-May-14	17-May-14	29-May-14	23-May-14
18-May-14	31-May-14	12-Jun-14	6-Jun-14
1-Jun-14	14-Jun-14	26-Jun-14	20-Jun-14
15-Jun-14	28-Jun-14	10-Jul-14	4-Jul-14
29-Jun-14	12-Jul-14	24-Jul-14	18-Jul-14
13-Jul-14	26-Jul-14	7-Aug-14	1-Aug-14
27-Jul-14	9-Aug-14	21-Aug-14	15-Aug-14
10-Aug-14	23-Aug-14	4-Sep-14	29-Aug-14
24-Aug-14	6-Sep-14	18-Sep-14	12-Sep-14
7-Sep-14	20-Sep-14	2-Oct-14	26-Sep-14
21-Sep-14	4-Oct-14	16-Oct-14	10-Oct-14
5-Oct-14	18-Oct-14	30-Oct-14	24-Oct-14
19-Oct-14	1-Nov-14	13-Nov-14	7-Nov-14
2-Nov-14	15-Nov-14	27-Nov-14	21-Nov-14
16-Nov-14	29-Nov-14	11-Dec-14	5-Dec-14
30-Nov-14	13-Dec-14	25-Dec-14	19-Dec-14
14-Dec-14	27-Dec-14	8-Jan-15	2-Jan-15
28-Dec-14	10-Jan-15	22-Jan-15	16-Jan-15

- Pay periods start on Sundays and end on Saturdays.
- Army pay dates are the second Thursday after pay period ends
- Air pay dates are the Fridays following the end of pay period.



# Union



## LABOR ORGANIZATION STATEMENT

“You have a right under the Law to join the Union or not to join. If you are interested in finding out more about the union the name of the local steward, his/her telephone number and where they are located should be posted on the local union bulletin board at your work area.”

A copy of the current Labor-Management Agreement is in your “Orientation Packet.”

You will be afforded the opportunity to meet with the local union steward at your worksite, subject to your supervisor’s approval. They can answer any questions you have at that time.

## ANNUAL WEINGARTEN NOTIFICATION

In accordance with title 5 United States Code section 7114 (a) (3) the agency is required to inform its bargaining unit employees of the following:

A) You are entitled to Labor Organization representation if you are subjected to any examination by a representative of the agency in connection with an investigation if-

- 1) you reasonable believe the examination may result in you being disciplined and,
- 2) you request representation

POC: Your local Labor Organization Representative



# Workman's Comp



- ❖ Report to Supervisor
  - Every related injury, illnesses or disease that is caused or aggravated by the employment should be reported to your supervisor.
  
- ❖ Obtain Medical Care
  - Complete a CA-1 or CA-2 w/your supervisor either before receiving care (after if immediate care is needed)
  - Do not use personal health insurance

***Note: Injury report will not be submitted to Department of Labor unless there is incurred wage loss and medical payments***



# Workman's Comp



Division of Federal Employees' Compensation - CA-11 When Injured at Work Information Guide for Federal Employees



**U.S. Department of Labor**  
Employment Standards Administration  
Division of Federal Employees' Compensation



[www.dol.gov/esa](http://www.dol.gov/esa)

Find It: [By Topic](#) | [By Audience](#) | [By Top 20 Requested Items](#) | [By](#)

July 27, 2005 [DOL Home](#) > [ESA](#) > [OWCP](#) > [DFEC](#)

## CA-11 When Injured at Work Information Guide for Federal Employees

### Introduction

[The Federal Employees' Compensation Act \(FECA\)](#) (5 U.S.C. §101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

### Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

The term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. If the physician selected has been excluded from participating in the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.

### Compensation for Temporary Total Disability

An employee who sustains a disabling, job-related traumatic injury may request continuation of regular pay for the period of disability not to exceed 45 calendar days or sick or annual leave. If disability continues beyond 45 days or the employee is not entitled to continuation of pay, the employee may use sick or annual leave or enter a leave without pay status and claim compensation from OWCP.

When disability results from an occupational disease, the employing agency is not authorized to continue the employee's pay. The employee may use sick or annual leave or enter a leave without pay status and claim compensation.

Compensation for loss of wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days. Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

The term "dependent" includes a husband, wife, unmarried child under 18 years of age, and a wholly dependent parent. An unmarried child may qualify as a dependent after reaching the age of 18 if incapable of self-support by reason of mental or physical disability, or as long as the child continues to be a full-time student at an accredited institution, until he or she reaches the age of 23 or has completed four years of education beyond the high school level.

### Compensation for Permanent Effects of Injury

The Act provides a schedule of benefits for permanent impairment of certain members, functions and organs of the body such as the eye, arm, or kidney and for serious disfigurement of the head, face or neck. For example, an award of 160 weeks of compensation is payable for total loss of vision in one eye.



# Inmates

HQ, MONG Policy and Procedures Manual

## Annex I Inmate Working Relations

1. Responsibilities: The Inmate Work Release Program is under the purview of the Facilities Manager.
2. Inmate relationships are to be professional. Inmates will not be granted any favors. They are here to work. When they have completed their work task, they are expected to report to their supervisor and be assigned another task. You are not to provide any inmate with food, refreshments, money, stamps, letters or information. Any inmate who lingers in your area or displays unacceptable behavior will be reported to your supervisor.
3. Employees will not discriminate against an inmate on the basis of race, color, creed, national origin, ancestry, sex, age or disability.
4. Employees will not write letters of recommendation or reference for inmates.
5. Employees are advised that this policy does not encompass all possible situations that can occur with such a relationship between the Office of the Adjutant General and the Department of Corrections. Any suspected violation or employee concerns should be reported to a supervisor immediately. Failure to follow the guidelines of this policy could result in disciplinary action.
6. Inmate Incident/Problem Reports shown on the following [page](#), will be completed and forwarded using the most expeditious means possible when an incident/problem occurs.
7. All new employees will receive training on conducting professional working relationships with inmates in the Work Release Program. All employees will receive refresher training on a semi-annual basis.



# Labor/Mgmt



- Official Record
- Workweek and Hours of Work
- EEO Program
- Performance Appraisal System
- Compensatory Time
- TDY and Travel
- Unfair Labor Practices
- Employee Assistant Program
- and More

## **MISSOURI NATIONAL GUARD** **AND** **ASSOCIATION OF CIVILIAN** **TECHNICIANS**

(Pony Express Chapter, Show-Me Army Chapter and Show-Me Air Chapter)



Photo by MSG Mary Williams, MONG Public Affairs Office

**Labor/Management Agreement**  
**22 May 2011- 21 May 2016**



# Technician Handbook



- Located at [www.moguard.com/employee-relations](http://www.moguard.com/employee-relations)
- Then click on Technician Handbook
- Contains valuable information to include: Pay Information, Leave and Absence, Performance Evaluation, Incentive Awards, FEGLI, FEHB, USERRA, Injury Compensation, Retirement, TSP, and other EEO issues.

## National Guard Technician Handbook



Published by the National Guard Bureau, Office of Technician Personnel

People First, Mission Always!

# Affordable Care Act

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To make sure you understand options for you and your family, this video provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes, if you have an other health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you or if it does not offer coverage that meets certain standards. If the total of a plan from your employer that would cover you (and not any other members of your family) is more than 8.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum-essential" coverage set by the Affordable Care Act, you may be eligible for a tax credit.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are a hourly employee or you work on a commission basis), if you are newly employed this year, or if you have other income taxes, you may still qualify for a premium discount.

Also, if you purchase a health plan through the Marketplace instead of accepted health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer offered coverage. Also, this employer contribution (as well as your employer contribution to employer offered coverage) is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your FEHBP health insurance coverage offered by your employer, please visit [www.fedhs.gov/fehbp](http://www.fedhs.gov/fehbp) or contact your human resources office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and to cost. Please visit [www.healthcare.gov](http://www.healthcare.gov) for more information including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer-sponsored health plan meets the "minimum-essential standard" if the plan's share of the total allowed health costs covered by the plan is at least 60% percent of total costs.

## Health Care Reform FEHBP *FastFacts*

### How Does the Affordable Care Act's Individual Shared Responsibility Provision and the Requirement to Maintain Minimum Essential Coverage AFFECT MEC?

Under the Patient Protection and Affordable Care Act, Public Law 111-148 and the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act), the Federal government, state governments, insurers, employers, and individuals are given shared responsibility to reform and improve the availability, quality, and affordability of health insurance coverage in the United States.

Beginning January 1, 2014, the Affordable Care Act's individual shared responsibility provision requires each individual (including children) to:

- maintain minimum essential health coverage (known as "minimum essential coverage" or "MEC") for each month; or
- qualify for an exemption; or
- make a payment when filing his or her Federal income tax return.

Children and other Federal income tax dependents must have minimum essential coverage or qualify for an exemption for each month in a calendar year. Otherwise, the adult or married couple who can claim a child or other individual as a dependent for Federal income tax purposes will owe a payment. For more information on how the individual shared responsibility provision affects individuals claiming dependents, please visit the IRS website at [www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision](http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision).

#### 1. Does FEHBP coverage qualify as minimum essential coverage (MEC)?

Yes, according to the Affordable Care Act, codified at 26 U.S.C. § 5000A(f), MEC includes an eligible employer-sponsored plan that is a Federal Governmental Plan as defined under the Public Health Service Act. All FEHBP plans are eligible employer-sponsored plans and provide minimum essential coverage (MEC). Therefore, FEHBP plans meet the definition of MEC.

#### 2. Do all FEHBP plans and enrollment options qualify as MEC?

Yes.

#### 3. Does coverage through the FEHBP Temporary Continuation of Coverage (TCC) or Spouse Equity provisions qualify as MEC?

Yes, the requirement to maintain MEC is satisfied for individuals covered under FEHBP plans through TCC or Spouse Equity provisions.

#### 4. Does FEHBP coverage for eligible tribal employees (including their eligible family members under a Self and Family enrollment) of tribal employers participating in the FEHBP Program qualify as MEC?

Yes.

Do not rely solely on this fact sheet. For more information, always refer to the IRS website at <http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision>.

Beginning January 1, 2014, the Affordable Care Act's individual shared responsibility provision requires each individual (including children) to: maintain minimum essential health coverage (known as "minimum essential coverage" or "MEC") for each month; or qualify for an exemption; or make a payment when filing his or her Federal income tax return. The Patient Protection and Affordable Care Act did not eliminate TCC or change the TCC rules. Please go to this website:

<http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision> or [www.healthcare.gov](http://www.healthcare.gov).



# FEHB Enrollment- Temporary Techs are Eligible



- BAL 14-210 20 October 2014
- To further the goal of providing affordable health insurance to Federal employees, the United States Office of Personnel Management (OPM) has issued a final rule modifying coverage under the Federal Employees Health Benefits (FEHB) Program to include certain temporary, seasonal, and intermittent employees who are identified as full-time employees. This regulation makes FEHB coverage available to these newly eligible employees no later than January 2015.



# FEHB Enrollment- Temporary Techs are Eligible



- Under this regulation, a full-time employee is defined as an employee who is employed on average 130 hours in a calendar month.
- Under this final regulation, employees on temporary appointments, employees on seasonal schedules who will be working a schedule of less than six months per year, and intermittent employees who are expected to work 130 hours per month or more for at least 90 days will be eligible to enroll in an FEHB plan. These newly eligible employees will receive the same government contribution as full-time permanent employees.



# FEHB Enrollment- Temporary Techs are Eligible



- Since Temporary Techs are eligible for FEHB if they are on board for at least 90 days they cannot maintain another federal health insurance plan to include TRICARE.
- You must contact a TRICARE representative to terminate coverage.



# FEHB Enrollment



- As a new employee, you must make an election within 60 days of your 1<sup>st</sup> eligibility date or entrance on duty date
- You may make changes outside the 60 day window with a Qualifying Life Event (QLE) or during the annual Open Season
- Open Season begins the 2<sup>nd</sup> Monday in November and runs through the 2<sup>nd</sup> Monday in December effective on the 1<sup>st</sup> full pay period in January



# OPM Website



[www.opm.gov](http://www.opm.gov)

Add website to Favorites as it provides useful informative information on:

- Guide to Federal Benefits
- Forms
- USAJOBS
- Retirement Information
- Current updates from OPM
- Federal Technician Handbook
- and much more.....



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**FEATURED TOPICS**

**2012 Premiums for Life Insurance**  
FEGLI announces premium changes effective January 1st, 2012.

**Frequently Asked Questions**  
Answering your questions about Healthcare and Insurance

- Life Events
- Healthcare**
- Dental & Vision
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Multi-State Plan Program
- Indian Tribes
- Special Initiatives
- Insurance Glossary
- Insurance FAQs
- Contact Healthcare & Insurance

Anttionette  
Program Manager

**FEDERAL EMPLOYEES**

- HR PRACTITIONERS
- JOB SEEKERS
- JOB SEEKERS WITH DISABILITIES
- RETIRES & FAMILIES
- VETERANS

**Telework**  
Improve Continuity of Operations, Promote Management Effectiveness and Enhance Work/Life Balance

**Career Development**  
Learn how you can achieve your personal and professional development goals

**Healthcare**  
Learn more about healthcare coverage for Federal employees, retirees, and their families

WHAT'S NEW

**January 28, 2013 Operating Status**

Search FAQs

<http://www.opm.gov/healthcare-insurance/> es in the Washington, DC, area are OPEN under a



OPM.GOV

ABOUT POLICY INSURANCE RETIREMENT INVESTIGATIONS AGENCY SERVICES NEWS

OPM.gov Main > Insurance > Healthcare

## Healthcare

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

The FEHB Program can help you and your family meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country. You can choose from among Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, or Fee-for-Service (FFS) plans, and their Preferred Provider Organizations (PPO), or Health Maintenance Organizations (HMO) if you live (or sometimes if you work) within the area serviced by the plan.

Use this site to compare the costs, benefits, and features of different plans. We chose the different benefit categories based on enrollee requests, differences among plans, and simplicity. However, we urge you to consider the total benefit package, in addition to service and cost, and provider availability when choosing a health plan.

The FEHB plan brochures show you what services and supplies are covered and the level of coverage. Review the brochures carefully. The brochures are formatted to ensure they are all organized alike. You can get brochures from the health plans or your human resource office. When it comes to your health care, the best surprise is no surprise.

### Health Information Technology (HIT) Transparency Leaders

Health information technology, based on broadly accepted standards, will allow patients, health care providers and payers (insurance carriers) to share information securely, driving down costs by avoiding duplicate procedures and manual transactions. More importantly, HIT will reduce medical errors; for instance, from misread, handwritten prescriptions and emergency care medical decisions made without complete and accurate information.

Since privacy and security considerations are central to Federal HIT implementation plans, patient records will be protected from inappropriate disclosure.

RELATED INFORMATION

- 2011 Health Information Technology and Transparency Report [149 KB]
- Health Information Technology

IN THIS SECTION

- Life Events
- Healthcare**
- Eligibility
- Enrollment
- Plan Information
  - Compare Plans**
  - Plan Types
  - Summary of Benefits
  - Enroll
  - Guides
  - Premiums
  - Previous Years
- Temporary Continuation of Coverage
- Medicare
- Health Savings Accounts
- Consumer Protections
- Quality Healthcare
- Carriers
- Reference Materials
- Dental & Vision
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Multi-State Plan Program

FEEDBACK

Click Here

<http://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>



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**Healthcare**  
PLAN INFORMATION

**Find plans by location**  
ZIP Code:     
 Include Nationwide Plans

**Find plans by name**  
Plan Name:

**Find plans by plan code**  
Enter up to 4 plans in the format of JN Y7 5Z 2G  
Plan Code(s):

**IN THIS SECTION**

- Open Season
- Life Events
- Healthcare**
- Eligibility
- Enrollment
- Plan Information
- Temporary Continuation of Coverage
- Medicare
- Health Savings Accounts
- Consumer Protections
- Quality Healthcare
- Carriers
- Reference Materials
- Dental & Vision
- Life Insurance
- Flexible Spending Accounts
- Long Term Care
- Indian Tribes
- Special Initiatives
- Insurance Glossary
- Insurance FAQs
- Contact Healthcare & Insurance

**FEEDBACK**

**Enter Zip Code for your area**



Plans (You may select up to four plans)		Plan Type	Telephone	State	Plan Homepage	Self	Self & Family
<input type="checkbox"/>	Aetna HealthFund -CDHP- Most of Missouri	CDP	877-459-6604	MO		221	222
<input type="checkbox"/>	Aetna HealthFund -HDHP- Most of Missouri	HDP	877-459-6604	MO		224	225
<input type="checkbox"/>	APWU Health Plan -CDHP- Nationwide	FFS	866-833-3463	Nationwide		474	475
<input type="checkbox"/>	APWU Health Plan -high- Nationwide	FFS	800-222-2798	Nationwide		471	472
<input type="checkbox"/>	Association Benefit Plan -high- Specific Areas	FFS	800-634-0069	Specific Groups		421	422
<input type="checkbox"/>	Blue Cross and Blue Shield Service Benefit Plan -basic- Nationwide	FFS	Local phone #	Nationwide		111	112
<input type="checkbox"/>	Blue Cross and Blue Shield Service Benefit Plan -std- Nationwide	FFS	Local phone #	Nationwide		104	105
<input type="checkbox"/>	Blue Preferred HMO -high- StLouis/Central/SW areas	HMO	888-811-2092	MO		9G1	9G2
<input type="checkbox"/>	Foreign Service Benefit Plan -high- Specific Areas	FFS	202-833-4910	Specific Groups		401	402
<input type="checkbox"/>	GEHA Benefit Plan -high- Nationwide	FFS	800-821-6136	Nationwide		311	312
<input type="checkbox"/>	GEHA Benefit Plan -std- Nationwide	FFS	800-821-6136	Nationwide		314	315
<input type="checkbox"/>	GEHA High Deductible Health Plan -HDHP- Nationwide	FFS	800-821-6136	Nationwide		341	342
<input type="checkbox"/>	Group Health Plan, Inc. -HDHP- St Louis Area	HMO	800-755-3901	MO		MM4	MM5
<input type="checkbox"/>	Group Health Plan, Inc. -high- St Louis Area	HMO	800-755-3901	MO		MM1	MM2
<input type="checkbox"/>	Group Health Plan, Inc. -std- St Louis Area	HMO	800-755-3901	MO		MU4	MU5
<input type="checkbox"/>	Mail Handlers Benefit Plan Consumer Option -HDHP- Nationwide	FFS	800-694-9901	Nationwide		481	482
<input type="checkbox"/>	Mail Handlers Benefit Plan -std- Nationwide	FFS	800-410-7778	Nationwide		454	455
<input type="checkbox"/>	Mail Handlers Benefit Plan Value Nationwide	FFS	800-410-7778	Nationwide		414	415
<input type="checkbox"/>	NALC -high- Nationwide	FFS	888-636-6252	Nationwide		321	322
<input type="checkbox"/>	Panama Canal Area Benefit Plan -high- Specific Areas	FFS	800-424-8196	Specific Groups		431	432
<input type="checkbox"/>	Rural Carrier Benefit Plan -high- Specific Areas	FFS	800-638-8432	Specific Groups		381	382
<input type="checkbox"/>	SAMBA -high- Nationwide	FFS	800-638-6589	Nationwide		441	442
<input type="checkbox"/>	SAMBA -std- Nationwide	FFS	800-638-6589	Nationwide		444	445



# FEHB Guide



The **2014**

## **Guide To Federal Benefits**

*For Federal Civilian Employees*

- Federal Employees Health Benefits (FEHB) Program p. 8
- Federal Employees Dental and Vision Insurance Program (FEDVIP) p. 12
- Federal Flexible Spending Account Program (FSAFEDS) p. 16
- Federal Employees' Group Life Insurance (FEGLI) Program p. 20
- Federal Long Term Care Insurance Program (FLTCIP) p. 22

The Federal Employees Dental and Vision Insurance Program (FEDVIP) is adding three new dental plans and one new vision plan for 2014. See page 105 for details.

The information contained in this *Guide to Federal Benefits* is only a summary of the benefits available under each plan. Before you select a plan or option, please read the Plan's Federal brochure as it is the official statement of benefits.

All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Federal brochure.

Visit us at: [www.opm.gov/healthcare-insurance](http://www.opm.gov/healthcare-insurance)



# For Temporary Technicians to Enroll in FEHB



- You must contact Army Benefits Center-Civilian
- Phone: 877-276-9287



**FEHB ELIGIBILITY ACKNOWLEDGEMENT AND INSTRUCTIONS** As a technician either newly eligible for coverage under the Federal Employees Health Benefits (FEHB) Program or newly eligible for payment of the government portion of the FEHB premium due to changes in FEHB regulations, you are asked to acknowledge that you understand your new eligibility by initialing each item below and signing at the bottom.

\_\_\_\_\_ I understand that I have 60 days from the date of this notice to enroll in FEHB. If I do not enroll during that time period, I will be deemed to have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for enrollment

\_\_\_\_\_ I understand that if I am already enrolled in FEHB and paying both the government and employee portions of the premium, I must re-enroll (even if I do not wish to change FEHB plans), in order to receive the government portion of the premium

\_\_\_\_\_ I understand that, my premium will be deducted from my pay on a pre-tax basis, which is known as Premium Conversion (PC). Participation in PC limits my opportunity to change to self-only or cancel my FEHB coverage to during open season or due to a QLE which allows for the change. I have 60 days from the date of this notice to waive participation in PC by filling out and submitting the attached PC waiver form.

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

\_\_\_\_\_ I understand that my FEHB election will be effective on the first day of the pay period following my Human Resources Office receipt of the form, or my electronic election (as appropriate) and that follows a pay period in which I am in pay and duty status

\_\_\_\_\_ I understand that, while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement

\_\_\_\_\_ I understand that since I will be eligible for FEHB if I'm employed for at least 90 days, I cannot maintain another federal health insurance plan to include TRICARE. And that I must contact a TRICARE representative to terminate coverage.

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

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



## ORIENTATION DOCUMENTS HR NEEDS TODAY!



	<b>DOCUMENT TITLE</b>	<b>FORM #</b>
	CHECKLIST	N/A
	DIRECT DEPOSIT FORM	SF 1199A
	STATE	W-4
	FEDERAL	W-4
	S-T-A-T-E-M-E-N-T of Ethical Conduct	N/A
	APPOINTMENT AFFIDAVIT	SF 61
	EMPL ELIG VERIFICATION	I-9 FORM
	1-9 ACCEPTABLE DOCUMENTS	N/A
	PRIOR FEDERAL SERVICE	SF 144
	DD 214 OR ORDERS	ATT. SF 144



# Permanent Technicians

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# Overview

- Performance Appraisals
- Military Service Deposits
- FEHB
- FEGLI
- FERS
- TSP
- FSAFEDS
- FEDVIP
- NGAUS Insurance
- FLTCIP



# Military Deposit (FERS)



## ❖ What is a Military Deposit?

- Since you are covered by FERS, you are eligible to pay a deposit to obtain credit for your military service performed after December 31, 1956. *(You must contact the Human Resources Office to discuss which military service is creditable)*

## ❖ What happens if I do not buy back my Military Service?

- Payment is Optional. You do not have to pay if you do not want to do so, although, you will not receive any credit for it toward retirement, including your eligibility to receive an annuity and computing your average salary.
- Interest accrues annually on the outstanding balance, and is compounded annually until the outstanding balance is deposited, annuity, whichever is earlier.

## ❖ How do I start a Military Deposit?

- You may do so by emailing all Active Duty Orders or DD 214's to your Human Resources Office with Subject Line: Military Deposit.
- In order for OPM to grant active duty military service credit under the CSRS or FERS retirement systems, the employee must provide proof of honorable service, type of active duty service and the actual to and from active duty dates. Please feel free to contact the ABC-C at (877) 276-9287 for additional guidance.

***Once military deposits have been paid in full you are responsible to forward that paid military deposit receipts the Human Resource Office.***



# Military Deposit (FERS)



- Military service deposits must now be paid in full prior to the date of separation for retirement. Employees should allow a minimum of 120 days processing time prior to their anticipated date of retirement in order to ensure that payment is posted prior to their separation. Employees who are anticipating retirement in the next 6 months and who wish to pay their military service deposit(s) should initiate the process immediately. Questions on military service deposits and the process for initiating them may be directed to the Army Benefits Center – Civilian (ABC-C) at 877-276-9287 between the hours of 6:00 AM and 6:00 PM Central Time to speak with a retirement counselor. Instructions for initiating the military service deposit process are also available on the ABC-C website, <https://www.abc.army.mil> You may also contact the Human Resources, Employee Benefits Section at 573-638-9500.



# Benefits



Insurance Programs	# of days employees have to enroll from hire date	How to enroll	Website/ form and additional information can be found at:
FEHB <i>(Federal Employees Health Benefits)</i>	60 days	EBIS	<a href="http://www.opm.gov">www.opm.gov</a> <a href="http://www.abc.army.mil">www.abc.army.mil</a>
FEGLI <i>(Federal Employee Group Life Insurance)</i>	60 days	EBIS	<a href="http://www.opm.gov">www.opm.gov</a> <a href="http://www.abc.army.mil">www.abc.army.mil</a>
TSP <i>(Thrift Savings Plan)</i>	NA	EBIS	<a href="http://www.tsp.gov">www.tsp.gov</a> <a href="http://www.abc.army.mil">www.abc.army.mil</a>
FSAFEDS <i>(Flexible Spending Account)</i>	60 days	<a href="http://www.fsafeds.com">www.fsafeds.com</a>	<a href="http://www.opm.gov/insure/pretax/fsa">www.opm.gov/insure/pretax/fsa</a>
FEDVIP <i>(Federal Employee Dental and Vision Insurance Program)</i>	60 days	<a href="http://www.benefeds.com">www.benefeds.com</a>	<a href="http://www.opm.gov/insure/dentalvision">www.opm.gov/insure/dentalvision</a>
FLTCIP <i>(Federal Long Term Care Insurance Plan)</i>	60 days	<a href="http://www.ltcfeds.com">www.ltcfeds.com</a>	<a href="http://www.opm.gov/insure/ltc">www.opm.gov/insure/ltc</a>
NGAUS <i>(Technician Ins Program)</i>	60 days	Submit NGAUS-APPMN to HR	<a href="http://www.ngaus.org">www.ngaus.org</a>



# FEGLI



- Automatically enrolled in Basic
- You must maintain Basic in order to elect Optional Coverage
- Elections can be made through the EBIS website or using the automated telephone system (IVRS)
- You may only increase coverage within first 60 days of employment, with a QLE, during Life Insurance Open Season, or when you pass a physical exam (Option C excluded)
- You may waive or decrease your coverage at any time
- Notify ABC-C immediately if your FEGLI coverage is not correct on your LES



**FEGLI PROGRAM BOOKLET**  
For Federal Employees  
50TH ANNIVERSARY EDITION

## Federal Employees' Group Life Insurance Program

### BASIC LIFE+

**OPTION A**  
Standard

**OPTION B**  
Additional

**OPTION C**  
Family

Administered by the  
United States Office of Personnel Management



FE 76-21  
Revised August 2004  
Previous versions (RI 76-21) not usable



# FEGLI Coverage

## Basic

Annual Salary rounded up to nearest thousand + \$2,000

## Option A – Standard

Basic + 10,000

## Option B – Additional

1,2,3,4, or 5 multiples of your Annual Salary

## Option C – Family

1,2,3,4, or 5 multiples

\$5,000-Spouse \* Multiple Selected

\$2,500-Eligible Dependent \* Multiple Selected



# FERS

# FERS

Retirement Plan

## BASIC BENEFIT PLAN

Contribution – 4.4% of your salary

## SOCIAL SECURITY BENEFITS

OASDI (Old Age Survivors, and Disability Insurance) - 6.2% of your earnings up to the maximum taxable wage base  
Medicare- 1.45% of your total pay

## THRIFT SAVINGS PLAN (TSP)

Agency automatically contributes 1% of your salary  
Agency matches your contributions up to 5% of your salary



# TSP Highlights

- Automatically enrolled at 3% of basic pay
- Traditional or Roth Investment Options
- Agency Automatic 1% Contribution, and matching of up to 5%
- Agency portion is always Traditional
- Can Increase or Decrease Contribution amount at any time (changes take effect at the beginning of next pay period.)
- Enrollment/changes are done through EBIS



# Smart Savings Act

- Beginning on September 5, 2015, the default investment fund for newly enrolled civilian TSP participants and new beneficiary participants will be an age-appropriate **Lifecycle (L) Fund**. This change is in accordance with Public Law 113-255, the Smart Savings Act, which the President signed into law on December 18, 2014.

## Average Annual Returns (As of December 2014)

	L 2040 Fund*	
1-Year	6.22%	
3-Year	14.36%	
5-Year	11.03%	
10-Year	N/A	
Since August 1, 2005	6.93%	*After expenses



# TSP Matching Breakdown



FERS EMPLOYEE	AGENCY AUTOMATIC	AGENCY MATCHING	TOTAL TSP
0%*	1%	0%	1%
1%*	1%	1%	3%
2%*	1%	2%	5%
3%*	1%	3%	7%
4%*	1%	3.5%**	8.5%
5%*	1%	4%**	10%

**\*Percent of base salary**

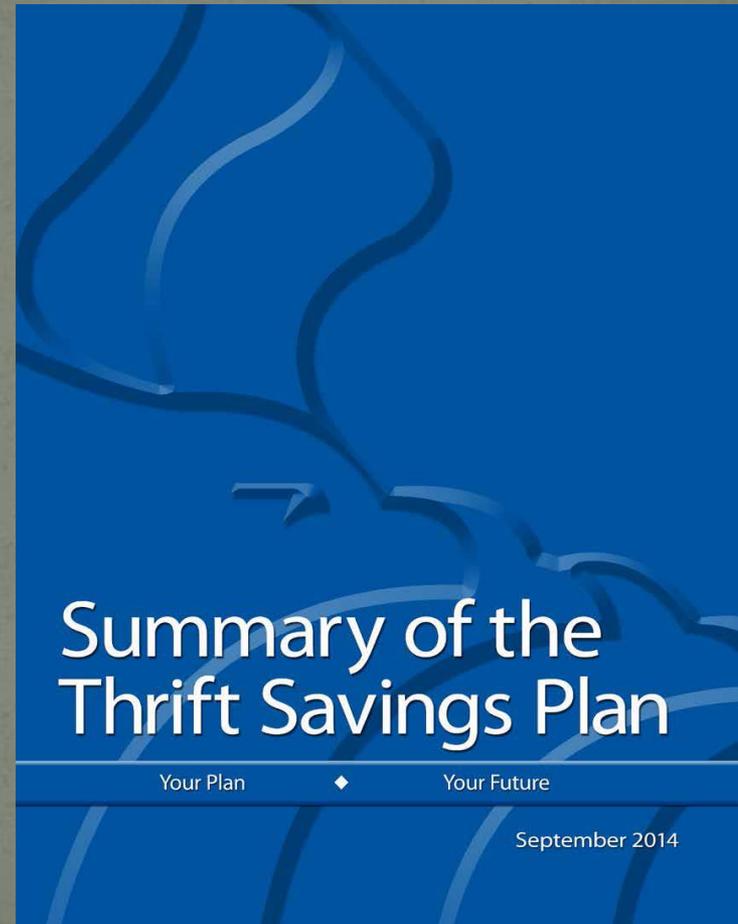
**\*\*Match \$ for \$ on 1<sup>st</sup> 3%; 50 cents on the \$ for next 2%**



# Summary of the TSP



- Contributing to the TSP
- Contributions Limits
- Tax Advantages
- Tax Liability
- Moving Money from Other Plans into the TSP
- Investing in the TSP
- TSP Loans and Withdrawals
- Death Benefits
- Other Information about the TSP





# ABC-C Automated System

## Employee Benefit Information System (EBIS)



- Secured Web based application  
<https://www.abc.army.mil>
- Available 24 hours a day
- Create and process electronic benefit elections
- Requires use of Common Access Card (CAC) authentication
- Requires use of SSN and PIN
- Allows you to print pending benefits transactions



# ABC-C/EBIS FEHB/FEGLI/TSP Enrollment



**ABC.ARMY.MIL**  
THE OFFICIAL HOMEPAGE OF THE ARMY BENEFITS CENTER - CIVILIAN

Home

Benefits

About Us

Contact Us



## BENEFITS TOPICS

Affordable Care Act  
Court Ordered Benefits  
Financial Fitness  
Forms  
Health Insurance  
Injury Compensation (Pilot)  
Leave Without Pay (LWOP)  
Life Insurance  
National Guard  
New Employee Benefits Tool Kit  
Non-Appropriated Fund  
Open Season  
Retirement  
Retirement Readiness NOW  
Social Security  
TSP  
Unemployment Compensation  
Uniformed Services

## QUICK LINKS

Army Knowledge Online (AKO)  
CPOL Employee Portal

## ANNOUNCEMENTS

**Military service deposits:** Military Service Deposits must be paid in full prior to the date of separation or retirement. Because processing time requires approximately 120 days, employees who are anticipating retirement should plan accordingly.

## WHAT'S HOT

Retirement Overview Presentations  
FEHB & FEDVIP Coverage for Children of Same Sex Domestic Partners  
Affordable Care Act (ACA) Information  
Defense Connect Online (DCO) Information  
Injury Compensation (Pilot)  
New Employee Benefits Tool Kit  
Retirement Forms Preparation Briefing

## RETIREMENT ESTIMATE

Requesting a Retirement Estimate  
EBIS Personal Statement of Benefits Sample  
EBIS Advanced Retirement Estimate Sample



## HOW DO I ACCESS ?



Employee Benefits Information System (EBIS)

Problems accessing EBIS? Click [here](#) for information and assistance.

ABC-C Telephone System Menu

## HOW DO I ...

Change my beneficiary?  
Change my date of retirement?  
Change my mailing address?  
• Current employee  
• Retiree  
Change or reset my EBIS PIN?  
Change my TSP contributions?  
Contact someone after I retire?  
• ABC-C  
• OPM  
Complete the retirement forms?  
Enroll in dental or vision insurance?  
Enroll in a Flexible Spending Account (FSA)?



# EBIS



DoD NOTICE AND CONSENT BANNER - Windows Internet Explorer

https://www.ebis.army.mil/

File Edit View Favorites Tools Help

DoD NOTICE AND CONSENT BANNER

### DoD NOTICE AND CONSENT BANNER

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USGauthorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

I have read and consent to the terms of the User Agreement





# EBIS



EBIS : Login - Windows Internet Explorer  
https://www.ebis.army.mil/login.aspx

File Edit View Favorites Tools Help

EBIS : Login

## EBIS

EMPLOYEE BENEFITS INFORMATION SYSTEM

Click to return to the home page.

**?**  
Help

Welcome to the Employee Benefits Information System (EBIS)...

### Department of Army EBIS Login

**Current Users:**  
Enter your SSN and your PIN.

SSN  (No Dashes)

PIN

[Reset PIN](#)

Login...

**User Information:**  
If you are a new user select the New User button below. Your temporary PIN is your two digit month and the last two digits of your year of birth (MMYY). If you have forgotten your PIN, you will need your latest Leave and Earnings Statement or Notification of Personnel Action to complete the information on the Reset PIN link above. Your new permanent PIN must be six numbers and cannot be in the exact order of your Social Security number, date of birth, service computation date, or repetitive/consecutive numbers.

New User

If you encounter difficulty with your PIN, please contact the HelpDesk @ DSN 856-2000 or 785-239-2000 Monday through Friday, from 0730 to 1600 CT, for assistance.numbers.

999999999 SSN with no dashes

123456 (MMYY) ABC PIN #

https://www.ebis.army.mil/login.aspx

Internet 100%

Start | Inbox - Micro... | New Employe... | NEO Working | neo presenta... | ABC-C Web S... | EBIS : Login ... 7:24 AM



# EBIS- Transactions



EBIS : Home - Windows Internet Explorer

https://www.ebis.army.mil/home.aspx

File Edit View Favorites Tools Help

EBIS : Home

**EBIS** EMPLOYEE BENEFITS INFORMATION SYSTEM

Help Calculators Transactions Forms My Profile Information

Session  
User: [REDACTED]  
PIN Logout

**Pending Transactions**  
FEHB: None  
TSP: None  
FEGLI: None

**Agency News**  
Did you create a transaction for TSP, FEHB or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Counselor.

Welcome to the Employee Benefits Information System (EBIS)...

Department of Army

The Employee Benefits Information System (EBIS) is designed to provide Federal employees and personal information regarding their retirement & benefits.

To get started - choose one of the following:

- Calculators** Click to use a variety of retirement and TSP calculators.
- Transactions** Click to view current coverage and/or change your TSP, FEHB, or FEGLI benefits.
- Forms** Click to fill and/or print benefits related forms.
- My Profile** Click to personalize your information that is used in EBIS.
- Information** Click to view information about Federal employee benefits.

Internet 100%



# Overview of Benefits

My Benefits Calculators Transactions Forms HR Link eRetirement

## Transactions

<p><b>FEHB Current Coverage</b></p> <p>Premium cost for temporary employees will be higher than the cost reflected below. Please refer to the Guide to FEHB Plans.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Plan Code</td><td>112</td></tr> <tr><td>Plan Name</td><td>Blue Cross and Blue Shield Servi</td></tr> <tr><td>Type of Enrollment</td><td>Basic Family</td></tr> <tr><td>Cost Per Pay Period</td><td>\$142.75</td></tr> </table> <p style="text-align: right;"> <input type="button" value="History"/> <input type="button" value="Change"/> </p>	Plan Code	112	Plan Name	Blue Cross and Blue Shield Servi	Type of Enrollment	Basic Family	Cost Per Pay Period	\$142.75	<p><b>FEHB Pending Transaction</b></p> <p>You have no pending transactions.</p> <p style="text-align: right;"><input type="button" value="Void"/></p>																
Plan Code	112																								
Plan Name	Blue Cross and Blue Shield Servi																								
Type of Enrollment	Basic Family																								
Cost Per Pay Period	\$142.75																								
<p><b>TSP Current Coverage</b></p> <p>You are currently contributing to TSP.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Retirement Plan</td><td>FERS</td></tr> <tr><td>Traditional Contribution Amount</td><td>\$0.00</td></tr> <tr><td>Traditional Contribution Percent</td><td>5%</td></tr> <tr><td>Roth Contribution Amount</td><td>\$0.00</td></tr> <tr><td>Roth Contribution Percent</td><td>0%</td></tr> </table> <p style="text-align: right;"> <input type="button" value="History"/> <input type="button" value="Change"/> </p>	Retirement Plan	FERS	Traditional Contribution Amount	\$0.00	Traditional Contribution Percent	5%	Roth Contribution Amount	\$0.00	Roth Contribution Percent	0%	<p><b>TSP Pending Transaction</b></p> <p>You have no pending transactions.</p> <p>If you completed a TSP Stop Automatic Enrollment Transaction, it will be retro-actively effective to your start date and there will be no pending transactions.</p> <p style="text-align: right;"><input type="button" value="Void"/></p>														
Retirement Plan	FERS																								
Traditional Contribution Amount	\$0.00																								
Traditional Contribution Percent	5%																								
Roth Contribution Amount	\$0.00																								
Roth Contribution Percent	0%																								
<p><b>FEGLI Current Coverage</b></p> <p>All FEGLI amounts and costs are based on your age as of the pay period ending date: 09/20/2014. Enrollment Code: E5</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coverage Type</th> <th style="text-align: left;">Amount of Coverage</th> <th style="text-align: left;">Cost Per Pay Period</th> <th style="text-align: left;">Multiple Factor</th> </tr> </thead> <tbody> <tr><td>Basic</td><td>\$76,000.00</td><td>\$5.70</td><td>n/a</td></tr> <tr><td>Option A</td><td>\$0.00</td><td>\$0.00</td><td>n/a</td></tr> <tr><td>Option B</td><td>\$0.00</td><td>\$0.00</td><td>0</td></tr> <tr><td>Option C</td><td>\$25,000/\$12,500</td><td>\$1.10</td><td>5</td></tr> <tr><td><b>Total Cost Per Pay Period</b></td><td></td><td><b>\$6.80</b></td><td></td></tr> </tbody> </table> <p style="text-align: right;"> <input type="button" value="History"/> <input type="button" value="Change"/> </p>	Coverage Type	Amount of Coverage	Cost Per Pay Period	Multiple Factor	Basic	\$76,000.00	\$5.70	n/a	Option A	\$0.00	\$0.00	n/a	Option B	\$0.00	\$0.00	0	Option C	\$25,000/\$12,500	\$1.10	5	<b>Total Cost Per Pay Period</b>		<b>\$6.80</b>		<p><b>FEGLI Pending Transaction</b></p> <p>You have no pending transactions.</p> <p>If you completed a FEGLI transaction that is effective today there will be no pending transaction.</p> <p style="text-align: right;"><input type="button" value="Void"/></p>
Coverage Type	Amount of Coverage	Cost Per Pay Period	Multiple Factor																						
Basic	\$76,000.00	\$5.70	n/a																						
Option A	\$0.00	\$0.00	n/a																						
Option B	\$0.00	\$0.00	0																						
Option C	\$25,000/\$12,500	\$1.10	5																						
<b>Total Cost Per Pay Period</b>		<b>\$6.80</b>																							



# Interactive Voice Response System (IVRS)



- Automated Self-Service Phone System
- To access call toll free 1-877-276-9287
- **TDD: 1-877-276-9833 (Hearing Impaired)**
- Requires use of SSN and PIN (initially the PIN is your MM/YY of birth, then you will be prompted to create a 6 digit PIN)
- Available 24 hours a day
- Counselors are available 12 hours per day from 6:00 a.m. – 6:00 p.m. Central Time



# Army Benefits Center - Civilian

## 1-877-276-9287

### Initial Options



<p><b>Select:</b>          1= Army Civilian          2= DCMA          Civilian          3= Army          Uniformed          Services Member</p>	<p><b>Select:</b>          1= Customer Service Survey          2= Access Benefits and Entitlements</p> <p><b>Select:</b>          1= Current or Separated Civilian          Employee          2= Retiree or Surviving Spouse          3= Seeking Temporary Continuation          of Coverage (FEHB TCC)</p>	<p><b>To access Benefits and Entitlements:</b>          1= Enter SSN and PIN              1= Change your PIN              2= Continue          2= Forgot PIN</p> <p><b>Current Duty Phone</b>          1= Correct          2= Change</p>	<p><b>Main Menu:</b>          0= Benefits Counselor          1= FEHB          2= Retirement          3= TSP          4= FEGLI          6= Fax Document          9= Exit System</p>
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### Menu Information Available after Main Menu Option Selected

<p><b>1 = FEHB:</b>          1= General Information          2= Personal Information          3= New Employee Election          4= Change from Self and          Family to Self Only (without          changing plan)          5= Open Season Election          6= Cancel FEHB          7= Non-Open Season          Change          8= Fax of latest SF 2809          0= Counselor          9= Previous Menu</p>	<p><b>2 = Retirement:</b>          1= General          Information          2= Personal          Information          3= Retirement          Estimate          0= Counselor          9= Previous Menu</p>	<p><b>3 = TSP:</b>          1= Personal          Information          2= TSP Election          4= Stop Contributions          5= TSP Catch-Up          Election          0= Counselor          9= Previous Menu</p>	<p><b>4 = FEGLI:</b>          1= General Information          2= Personal Information          3= New Employee          Election          4= Non-Open Season          Election          5= Open Season          Election          6= Fax of Open Season          Election          0= Counselor          9= Previous Menu</p>	<p><b>6 = Faxed Documents:</b>          1= Request a          Document          2= Index of          Documents          9= Previous          Menu</p>
--	---	---	---	---



# FSAFEDS



## ❖ THREE TYPES:

- Health Care FSA
- Dependent care FSA
- Limited Expense (w/HD Plans)

## ❖ What is FSAFEDS?

- A tax-favored program that allows employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars.
- For more information visit: [www.opm.gov](http://www.opm.gov)
- Enroll through [FSAFEDS.com](http://FSAFEDS.com)
- If you don't use your money, you lose it.
  - Grace Period for DCFSA
  - Carry over up to \$500 for HCFSA

**Note: It is completely voluntary.**

2014 BENEFIT PERIOD

AN FSA ISN'T FOR EVERYONE.  
JUST FOLKS WHO LIKE SAVING MONEY.

HEALTH CARE AND DEPENDENT CARE ACCOUNTS

FSA  
FEDS



# FSAFEDS



Annual Tax Savings Example	With FSA	Without FSA
If your taxable income is:	\$50,000	\$50,000
And you deposit this amount into an FSA:	\$2,000	-\$0-
Your taxable income is now:	\$48,000	\$50,000
Subtract Federal & Social Security taxes:	\$13,807	\$14,383
If you spend after-tax dollars for expenses:	-\$0-	\$2,000
Your real spendable income is:	\$34,193	\$33,617
<b>Your tax savings:</b>	<b>\$576</b>	<b>-\$0-</b>

**Note:** This example is intended to demonstrate a typical tax savings based on 27% Federal and 7.65% FICA taxes. Actual savings will vary based upon the retirement system in which you are enrolled (CSRS or FERS), your state of residence, and your individual tax situation. In this example, the individual received \$2,000 in services for \$1,424 - a discount of almost 36%. You may also wish to consult a tax professional for more information on the tax implications of an FSA.



# Example of Reimbursements Eligible Expenses Juke Box (full list)



Condition/Type of Service/Expense	Account Type	Eligible Expense	Remarks
AMBULANCE	HCFSA	X	----
ALCOHOLISM/DRUG/SUBSTANCE ABUSE TREATMENT	HCFSA	X	Inpatient treatment, outpatient care, transportation
BAN-AIDS/BANDAGES	HCFSA	X	
BEFORE AND AFTER-SCHOOL CARE	DCFSA	X	Child must be under 13 or one who is incapable of self care and can be claimed on your Federal Income Tax Return.
CAMPS, summer or holiday (Day)	DCFSA	X	Child must be under 13 or one who is incapable of self care and can be claimed on your Federal Income Tax Return.  Payment in advance is not covered. You can only be reimbursed for expenses that have been incurred
CONTACT-LENSES	HCFSA LEX HCFSA	X	Contact lenses, cleaning and soaking solutions and lens storage cases are all eligible for reimbursement



# FEDVIP



## Federal Employees Dental and Vision Insurance Program

- [www.opm.gov](http://www.opm.gov) to research available plans
- Investigate Health Insurance to see what coverage's are offered
- Enroll through [BENEFEDS.com](http://BENEFEDS.com)



# NGAUS Insurance

## Federal Long-Term Disability Insurance & Term Life Insurance Plan



- Long Term Disability Insurance
  - Depending on your salary you may receive \$1,100 per month from the Basic Disability depending on your salary.
- Term Life Insurance
  - Each individual is limited to a maximum of \$250,000 term life insurance coverage under all NGAUS Insurance Plans through ReliaStar Life Insurance Company

*Note: Please review  
Limitations/Exclusions on both  
insurances before submitting the  
following form.*

**YOUR ACCEPTANCE INTO OUR INSURANCE PLANS IS GUARANTEED**

...if you apply during your first 31 days of employment  
or if you apply during an Official Enrollment.

**ACT NOW BEFORE SPECIAL  
ELIGIBILITY ENDS!**

**GOOD NEWS!**  
All benefits described as  
GUARANTEED  
during certain  
times... may be  
applied for at any time

Guaranteed protection for technicians.  
No health questions asked if you act during  
the Guaranteed Acceptance Period.

## Technicians Insurance Program

Details inside.

The only plans endorsed by the  
National Guard Association of the United States, and the  
Enlisted Association of the National Guard of the U.S.



# NGAUS Enrollment Form



**NATIONAL GUARD ASSOCIATION OF THE UNITED STATES  
OPEN ENROLLMENT FORM**

Name (First, MI, Last)				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Tech <input type="checkbox"/> AGR <input type="checkbox"/> State EE <input type="checkbox"/>	
Address		City	ST.	Zip	Age	Date of Birth Mo. / Day / Yr.
Phone Number (WK)		Phone Number (HM)		SS#	Date of Employment Mo. / Day / Yr.	
Location of Paying Office/Number		Employing Office		Annual Salary	Job Duty	Enroller Code

**LONG TERM DISABILITY INSURANCE**

Check the box for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. Rates are based on bi-weekly deductions.

SALARY UNDER \$16,000				SALARY \$26,000 - \$31,999					
		Your Age				Your Age			
		40-49	50-59			40-49	50-59		
<b>MONTHLY BENEFITS</b>									
<input type="checkbox"/> Basic - \$500		\$ 2.00	\$ 5.40	\$14.95	<input type="checkbox"/> Basic - \$700		\$ 3.00	\$ 6.10	\$21.65
<input type="checkbox"/> Supplemental - \$400		\$ .80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Supplemental - \$700		\$ 2.00	\$ 4.50	\$ 9.90
<input type="checkbox"/> Basic + Supplemental - \$900		\$ 2.80	\$ 7.20	\$19.55	<input type="checkbox"/> Basic + Supplemental - \$1,400		\$ 5.00	\$12.60	\$31.55

SALARY \$16,000 - \$19,999				SALARY \$32,000 - \$39,999					
		Your Age				Your Age			
		40-49	50-59			40-49	50-59		
<b>MONTHLY BENEFITS</b>									
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$18.30	<input type="checkbox"/> Basic - \$800		\$ 3.20	\$ 9.20	\$24.80
<input type="checkbox"/> Supplemental - \$400		\$ .80	\$ 1.80	\$ 4.60	<input type="checkbox"/> Supplemental - \$800		\$ 2.40	\$ 5.40	\$13.80
<input type="checkbox"/> Basic + Supplemental - \$1,000		\$ 3.30	\$ 8.55	\$22.90	<input type="checkbox"/> Basic + Supplemental - \$1,600		\$ 5.60	\$14.60	\$38.60

SALARY \$20,000 - \$23,999				SALARY \$40,000 - \$49,999					
		Your Age				Your Age			
		40-49	50-59			40-49	50-59		
<b>MONTHLY BENEFITS</b>									
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$18.30	<input type="checkbox"/> Basic - \$1,000		\$ 4.40	\$11.70	\$31.20
<input type="checkbox"/> Supplemental - \$500		\$ 1.20	\$ 2.70	\$ 6.90	<input type="checkbox"/> Supplemental - \$1,000		\$ 3.00	\$ 7.00	\$17.50
<input type="checkbox"/> Basic + Supplemental - \$1,100		\$ 3.70	\$ 9.45	\$25.20	<input type="checkbox"/> Basic + Supplemental - \$2,000		\$ 7.40	\$18.70	\$48.70

SALARY \$24,000 - \$25,999				SALARY \$50,000 and Over					
		Your Age				Your Age			
		40-49	50-59			40-49	50-59		
<b>MONTHLY BENEFITS</b>									
<input type="checkbox"/> Basic - \$600		\$ 2.50	\$ 6.75	\$18.30	<input type="checkbox"/> Basic - \$1,100		\$ 4.95	\$13.20	\$34.65
<input type="checkbox"/> Supplemental - \$600		\$ 1.60	\$ 3.60	\$ 9.20	<input type="checkbox"/> Supplemental - \$1,400		\$ 4.90	\$10.50	\$25.20
<input type="checkbox"/> Basic + Supplemental - \$1,200		\$ 4.10	\$10.35	\$27.50	<input type="checkbox"/> Basic + Supplemental - \$2,500		\$ 9.85	\$23.70	\$59.85

**TERM LIFE INSURANCE**

Check the box for the coverage you want based on your age. Rates are based on bi-weekly deductions.

Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here
Under 30	\$25,000	\$1.50	<input type="checkbox"/>	\$50,000	\$3.00	<input type="checkbox"/>	45 - 49	\$25,000	\$5.25	<input type="checkbox"/>	\$50,000	\$10.50	<input type="checkbox"/>
30 - 34	\$25,000	\$2.00	<input type="checkbox"/>	\$50,000	\$4.00	<input type="checkbox"/>	50 - 54	\$25,000	\$8.00	<input type="checkbox"/>	\$50,000	\$16.00	<input type="checkbox"/>
35 - 39	\$25,000	\$2.50	<input type="checkbox"/>	\$50,000	\$5.00	<input type="checkbox"/>	55 - 59	\$25,000	\$12.00	<input type="checkbox"/>	\$50,000	\$24.00	<input type="checkbox"/>
40 - 44	\$25,000	\$3.25	<input type="checkbox"/>	\$50,000	\$6.50	<input type="checkbox"/>							

Children's coverage - \$5,000 per child (\$0.70)     Children's coverage - \$10,000 per child (\$1.40)

**Beneficiary Designation for Term Life Insurance**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship to the applicant \_\_\_\_\_  
 Beneficiary of the children's coverage will be the insured parent.

I request participation in the insurance plan offered by ReliaStar Life Insurance Company. I understand that, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the NGAUS Insurance Trust, after payment of trust expenses, shall be paid to the National Guard Association of the United States or the National Guard Educational Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by ReliaStar Life Insurance Company and the first premium is paid in full.

You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by ReliaStar Life. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this insurance Program, see the Technician booklet at your HRO.

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_ Mo. / Day / Yr.

**Optional Benefits**    Are you interested in additional Group Term Life coverage for yourself? .....  Yes  No  
 Are you interested in Group Term Life coverage for your spouse? .....  Yes  No

**FOR OFFICE USE ONLY** Deduction amount for above coverages:  New Coverage  Additional

Basic LTD    Supplemental LTD

Deduction Amount	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number
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48850-NGOE 1/100 This application is not to be used in SC, OH, OR, TX or NY    White - Original-ReliaStar    Canary - Payroll Office    Pink - HRO    Gold - Retain for your records



# FLTCIP



- What is LTC?
  - Long term care assists with daily living (such as eating, dressing and bathing) that someone may need due to an illness, injury, or aging.
- Who is eligible?
  - Federal employees, Spouse, Parents, parents-in-law, stepparents and Adult Children (*including adopted or step children*) of living employee.

The Federal Long Term Care Insurance Program

*Make long term care insurance part of your plan*



**PROGRAM OVERVIEW**

**See inside for:**

- ▶ Long term care and long term care insurance facts
- ▶ Program benefits
- ▶ Eligibility to apply, including
  - ▶ Qualified relatives
  - ▶ New and newly eligible employees
- ▶ And much more!

  
The Federal Long Term Care Insurance Program™



# ORIENTATION DOCUMENTS HR NEEDS TODAY!



<b>DOCUMENT TITLE</b>		<b>FORM #</b>
	<b>CHECKLIST</b>	<b>N/A</b>
	<b>DIRECT DEPOSIT FORM</b>	<b>SF 1199A</b>
	<b>STATE</b>	<b>W-4</b>
	<b>FEDERAL</b>	<b>W-4</b>
	<b>S-T-A-T-E-M-E-N-T</b>	<b>N/A</b>
	<b>APPOINTMENT AFFIDAVIT</b>	<b>SF 61</b>
	<b>EMPL ELIG VERIFICATION</b>	<b>I-9 FORM</b>
	<b>1-9 ACCEPTABLE DOCUMENTS</b>	<b>N/A</b>
	<b>PRIOR FEDERAL SERVICE</b>	<b>SF 144</b>
	<b>DD 214 OR ORDERS</b>	<b>ATT. SF 144</b>



# Questions

