



DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN EDUCATION

EMPLOYEE BENEFITS ORIENTATION

HRO Benefits & Retirement Contacts

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AGENDA

- Federal Employees Group Life Insurance (FEGLI)
- Employee Benevolent Fund (EBF)
- Federal Employees Health Benefits (FEHB) Program
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Flexible Spending Accounts (FSA)
- Federal Long Term Care Insurance Program (FLTCIP)
- Federal Employees Retirement System (FERS)
- Thrift Savings Plan (TSP)
- Beneficiary Designation
- Employee Assistance Program (EAP)

Federal Employees Group Life Insurance (FEGLI)

- Term insurance - no cash value
- Basic and Optional coverage
- Automatic enrollment in Basic - 60 days to elect optional coverage
- Additional information - <https://www.opm.gov/healthcare-insurance/life-insurance/>
- May cancel or decrease coverage at any time - Exception: must have Basic to keep or elect Optional coverage
- Election must be submitted on SF2817 with wet ink signature
- No regularly scheduled Open Season to increase coverage - must have Qualifying Life Event (QLE) or physical exam to increase outside initial enrollment period

Federal Employees Group Life Insurance (FEGLI)

- **Basic Insurance**
 - Automatic coverage and deductions unless waived in first pay period
 - Coverage amount - annual salary rounded up to next \$1,000, plus \$2,000
 - Extra Benefit under age 45
 - Accidental Death & Dismemberment Benefits
 - Cost based on coverage amount (\$0.16 per thousand)
 - Cost and coverage amount change automatically as salary changes

- **Option A**
 - 60 days to elect as new employee
 - Coverage amount - \$10,000
 - Accidental Death & Dismemberment Benefits
 - Cost based on age - 5 year age brackets

Federal Employees Group Life Insurance (FEGLI)

- Option B
 - 60 days to elect as new employee
 - Coverage amount - 1 to 5 multiples of annual salary (rounded up to next thousand)
 - Cost based on age - 5 year age brackets - and number of multiples elected
 - Coverage amount changes automatically as salary changes

- Option C
 - 60 days to elect as new employee
 - Coverage for life of spouse and eligible dependent children under age 22
 - Coverage amount - 1 to 5 multiples - \$5,000/multiple for spouse - \$2,500/multiple for children
 - Cost based on age - 5 year age brackets - and number of multiples elected

SF 2817 Life Insurance Election: FEGLI

- Coverage/cost calculator - <https://www.opm.gov/retirement-services/calculators/fegli-calculator/>
- https://www.opm.gov/forms/pdf_fill/sf2817.pdf
- Complete Section 2
- Complete Section 3 to keep Basic coverage
- Complete Section 5 to waive all coverage
- Complete Section 4 to elect Optional coverage - must sign for each elected option and mark number of multiples for Option B and/or C
- Submit original with wet ink signature to HRO-ABQ or in USA Staffing

Form Approved
OMB No. 3206-0230

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

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

1 General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.
This election supersedes all previous elections.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

2 Fill in identifying information concerning the employee.

Name (last, first, middle)		Date of birth (mm/dd/yyyy)	Social Security Number	
Employing department or agency	OWCP claim number, if applicable	Location of department or agency where you work (city, state, ZIP code)	Daytime telephone number (including area code)	

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

Basic
I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)

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

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

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

Waiver of all life insurance coverage
I want NO life insurance coverage. I understand that my life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.)
Date (mm/dd/yyyy)

6 Agency Use:

Remarks:	Name and address of employing office	Date received in employing office (mm/dd/yyyy)	Effective date of coverage (mm/dd/yyyy)	If now newly eligible employee, enter "N" for event.
				Number of event permitting change (See back of Part 2)
I followed the instructions on the back of Part 1. Signature of authorized agency official				

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

PRINT SAVE CLEAR **PART 1 - File in Official Personnel Folder**

U.S. Office of Personnel Management
www.opm.gov/insure/life

Previous edition is not usable. **7**
Standard Form 2817
Revised November 2017

Employee Benevolent Fund (EBF)

- Available to employees at certain participating agencies (DOI- Title 5 only)
- Provides immediate cash benefit to surviving beneficiary(ies) within 24 hours following agency notification of employee's death
- 60 days to enroll as new employee
- Enroll online at www.sambaplans.com or call 1-800-638-6589 Monday - Friday 8:00 am to 5:00 pm EST
- Two coverage levels-
 - \$17,500 - \$39 annually
 - \$35,000 - \$78 annually

Federal Employees Health Benefits (FEHB) Program

- Immediate eligibility – coverage effective first pay period after HR receives enrollment form and following a pay period in pay status
- 60 days to enroll as new employee
- Premium Conversion (pre-tax)
 - Automatic enrollment
 - Limits ability to cancel or decrease enrollment
 - Lowers taxes
 - Can waive in first 60 days or with Qualifying Life Event (QLE)
- Enrollment types
 - Self Only
 - Self Plus One
 - Self and Family
- Changes may be made during annual Open Season or with QLE

Federal Employees Health Benefits (FEHB) Program

- Plan information - <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/>
- Enrollment code – listed on front of brochure (3 digits alphanumeric)
- Nationwide and State specific plans (NALC, MHBP and APWU – annual membership fees)
- Premiums prorated based on length of contract (Title 25)
- Eligible family members – spouse and children under age 26
- Must provide documentation to support family member eligibility
 - Marriage certificate and front page of most recent Federal or State tax return, if married more than 12 months
 - Child’s birth certificate
 - Contact Benefits for documentation requirements for common law spouse, foster child, disabled child over age 26
- Dual enrollment prohibited
- 5 years coverage prior to retirement to continue into retirement

SF 2809 Employee Health Benefits Registration Form

- https://www.opm.gov/forms/pdf_fill/sf2809.pdf
- Complete Part A, #1-12 (#13-48 if applicable)
- Complete Part C
- Complete Part D (Event code 1A for new employees)
- Complete Part H
- May sign with PIV card, electronically in USA Staffing, or ink
- Form can be scanned and emailed or submitted in USA Staffing

Form Approved
OMB No. 3206-0160

Health Benefits Election Form

Part A - Enrollee and Family Member Information (for additional family members use a separate sheet and attach)

1. Enrollee name (last, first, middle initial) 2. Social Security Number 3. Date of birth (mm/dd/yyyy) 4. Sex M F 5. Are you married? Yes No

6. Home mailing address (including ZIP Code) 7. If you are covered by Medicare, check all that apply: A B D 8. Medicare Claim Number

9. Are you covered by insurance other than Medicare? Yes, indicate in item 10 below. No

10. Indicate the type(s) of other insurance:
 TRICARE Other Name of other insurance: _____ Policy Number: _____
 FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

11. Email address 12. Preferred telephone number

13. Name of family member (last, first, middle initial) 14. Social Security Number 15. Date of birth (mm/dd/yyyy) 16. Sex M F 17. Relationship code

18. Address (if different from enrollee) 19. If this family member is covered by Medicare, check all that apply: A B D 20. Medicare Claim Number

21. Is this family member covered by insurance other than Medicare? Yes, indicate in item 22 below. No

22. Indicate the type(s) of other insurance:
 TRICARE Other Name of other insurance: _____ Policy Number: _____
 FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

23. Email address (if applicable, enter email address of your spouse or adult child) 24. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)

25. Name of family member (last, first, middle initial) 26. Social Security Number 27. Date of birth (mm/dd/yyyy) 28. Sex M F 29. Relationship code

30. Address (if different from enrollee) 31. If this family member is covered by Medicare, check all that apply: A B D 32. Medicare Claim Number

33. Is this family member covered by insurance other than Medicare? Yes, indicate in item 34 below. No

34. Indicate the type(s) of other insurance:
 TRICARE Other Name of other insurance: _____ Policy Number: _____
 FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

35. Email address (if applicable, enter email address of your spouse or adult child) 36. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)

37. Name of family member (last, first, middle initial) 38. Social Security Number 39. Date of birth (mm/dd/yyyy) 40. Sex M F 41. Relationship code

42. Address (if different from enrollee) 43. If this family member is covered by Medicare, check all that apply: A B D 44. Medicare Claim Number

45. Is this family member covered by insurance other than Medicare? Yes, indicate in item 46 below. No

46. Indicate the type(s) of other insurance:
 TRICARE Other Name of other insurance: _____ Policy Number: _____

Federal Employees Dental and Vision Program (FEDVIP)

- 60 days to enroll as new employee
- Nationwide and Regional dental plans
- Nationwide vision plans
- Enrollment types
 - Self Only
 - Self Plus One
 - Self and Family
- Eligible family members – spouse and children under age 22
- Plan comparison tool - <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/fedvip>
- Enroll online at www.benefeds.com or by phone at 1-877-888-FEDS(3337), Monday through Friday, from 9 a.m. to 7 p.m. (ET)
- Changes may be made during annual Open Season

Flexible Spending Accounts (FSA)

- 60 days to enroll as new employee (no new enrollments after October 1)
- Pre-tax allotment - can be used to pay qualified out-of-pocket health and dependent care expenses
- Minimum election - \$100
- Maximum election - \$5,000 for dependent care, \$2,750 for health care (\$5,500 for federal couple)
- Carry over up to \$550 in Health Care FSA - must re-enroll each year during Open Season
- Dependent Care FSA can be used for expenses through March 15 of following year
- Enroll online at <https://www.fsafeds.com/> or by phone at 1-877-372-3337, Monday through Friday from 9 a.m. until 9 p.m. Eastern Time

Federal Long Term Care Insurance Program (FLTCIP)

- Care needed when you can no longer perform everyday tasks by yourself (activities of daily living)
- Covers care in a nursing home, assisted living facility, or at home
- Family member eligibility for spouse, adult children, domestic partners, parents, stepparents, and parents-in-law
- 60 days to enroll as new employee for abbreviated underwriting
- Initial cost based on age, daily benefit amount, benefit period, inflation protection option (cost will increase as you get older)
- Application and information at <https://www.ltcfeds.com/> or call 1-800-582-3337, Monday–Friday 8 AM–6 PM (ET)

Federal Employees Retirement System (FERS)

- Employees first hired on/after January 1, 2014 are automatically placed in FERS-FRAE (Further Revised Annuity Employees)
- Denoted as KF on SF 50
- Employee contributes 4.4% of salary each pay period
- 3-tier system consists of FERS Basic Annuity, Thrift Savings Plan (TSP), and Social Security
- FERS Basic Annuity amount is calculated on years/months of creditable service and high-3 average salary
- Must reach Minimum Retirement Age (MRA) to retire under voluntary provisions
- Prior Federal civilian and/or military service may count toward retirement – subject to deposit/redeposit requirements

Federal Employees Retirement System (FERS)

- Retirement Eligibility - must have 5 years creditable civilian service

Age	Years of Service
62	5
60	20
Minimum Retirement Age (MRA)	30
MRA	10*

* Annuity reduced by 5% for each year under age 62 at retirement

- Minimum Retirement Age (MRA)

If you were born	Your MRA is
Before 1948	55
In 1948	55 and 2 months
In 1949	55 and 4 months
In 1950	55 and 6 months
In 1951	55 and 8 months
In 1952	55 and 10 months
In 1953-1964	56
In 1965	56 and 2 months
In 1966	56 and 4 months
In 1967	56 and 6 months
In 1968	56 and 8 months
In 1969	56 and 10 months
In 1970 and after	57

Creditable Military Service

- Certain military service may be used to increase length of service used in computing retirement annuity
 - Active Duty
 - Honorable
 - Waive military retired pay (exceptions for retired pay awarded due to disability incurred in combat or caused by an instrumentality of war; reserve retirement)
- Must provide DD 214 (Member-4 or any copy that includes character of discharge)
- Deposit required (3% of military earnings - FERS)
- Interest-free grace period
 - 2 years from date first employed subject to retirement
 - Interest compounded and posted annually on unpaid balance
 - No interest if balance paid in full before first interest posting (3 years from date first employed)

Thrift Savings Plan (TSP)

- Part of FERS 3-tier system
- Automatic enrollment - 5% of salary each pay period (October 1) - Traditional (tax deferred)
- May request refund of automatic contributions (TSP-25) within 90 days of first contribution - must also submit TSP-1 to HRO-ABQ or use Employee Express to stop all future contributions
- May contribute up to IRS elective deferral limit each year - \$20,500 in 2022 - age 50 or older can contribute additional \$6,500 in catch-up contributions
- Contribution can be changed at any time - no QLE or Open Season requirement
- Agency Automatic Contributions - 1% of salary each pay period whether you participate or not
- 3 years of service required to be vested in Agency Automatic Contributions - immediately vested in your contributions and Agency Matching Contributions
- TSP training webinars for employees:
<https://www.tsp.gov/representative/Content/trainingInfo.html#tspWebinars>

Thrift Savings Plan (TSP)

- Agency Matching Contributions
 - First 3% of employee contributions matched dollar-for-dollar
 - Next 2% of employee contributions matched 50 cents on the dollar

You put in:	Automatic (1%) Contribution	Matching Contribution	Total Contribution
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%
More than 5%	1%	4%	Your contribution + 5%

Thrift Savings Plan (TSP)

- Tax Treatment Options
 - Traditional (tax-deferred)
 - Roth
- Traditional
 - Contributions withheld **before** taxes
 - Contributions and earnings taxed upon withdrawal
 - Agency Automatic (1%) Contributions and Agency Matching Contributions
- Roth
 - Contributions withheld **after** taxes
 - Contributions and “qualified” earnings not taxed at withdrawal
 - Cannot convert Traditional TSP to Roth TSP (may have both)
- Stop/start/change contribution amount online using Employee Express or submit TSP-1 to HRO-ABQ

Thrift Savings Plan (TSP) Funds

- Government Securities Investment (G) Fund - short-term U.S. Treasury securities, no risk of loss of principal
- Fixed Income Index Investment (F) Fund - invested in U.S. bond market, low to moderate volatility
- Common Stock Index Investment (C) Fund - tracks S&P 500 stock index, large to medium-sized U.S. companies
- Small Capitalization Stock Index Investment (S) Fund - small and medium-sized U.S. companies not included in S&P 500, moderate to high volatility
- International Stock Index Investment (I) Fund - broad international market index of primarily large companies in more than 20 developed countries, moderate to high volatility
- Lifecycle (L) Funds - invests in a mix of the 5 individual TSP funds based on your time horizon, new participants automatically invested in L fund based on when you will reach age 62

Thrift Savings Plan (TSP)

- Contribution allocation
 - Specifies how you want new money going into your account to be invested among the funds
 - Does not affect money already in account
 - May change allocation at any time

- Interfund transfer
 - Move money already in account among funds
 - Does not affect investment of future contributions
 - Limited to two per month unless moving into G fund

- Contribution allocations and interfund transfers online at <https://www.tsp.gov> or by phone at 1-877-968-3778, Monday-Friday 7:00 a.m. to 9:00 p.m., Eastern time

Designation of Beneficiary Forms

- Beneficiary Designation
 - Retirement (SF3102 FERS)
 - Unpaid Compensation (SF1152)
 - Life Insurance (SF2823)
 - TSP (TSP-3)
- Forms cannot have any errors, whiteouts, cross-outs or pen and ink changes
- Witness requirements
- Forms available at <http://www.opm.gov/insure/designations/index.asp>
- Order of Precedence if no designation on file
 - Spouse
 - Children
 - Parents
 - Executor of estate
 - Next-of-kin according to State law

Employee Assistance Program (EAP)

- Professional, **confidential** counseling provided by Espyr, Inc.
- No cost for Department of Interior employees and family members
- Assessment, short-term counseling, and referral services for a wide range of personal problems, as well as a variety of work/life issues
- Highly experienced clinical providers including licensed psychologists, clinical social workers, professional counselors, marriage and family therapists, certified drug and alcohol counselors, and consultants such as attorneys, eldercare specialists, financial advisors and childcare specialists
- Live counselors available **24/7** at 1-800-869-0276
- Online access at <https://espyr.com/>, click on Participants, password- interioreap
- Includes access to on-demand webinars on topics such as stress management, personal finances, communication, estate planning, Medicare, and many more!

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