Instructions for Completing PS Form 8201

Definitions

Pre-Tax Treatment means that an employee's contributions toward Federal Employees Health Benefit (FEHB) Program insurance premiums are not subject to Federal income, Social Security, or Medicare taxes, and, where applicable, state and local income taxes. The employee's taxable income is reduced accordingly. Pre-tax treatment therefore results in lower taxes and higher take-home pay than the employee would have by paying premiums with after-tax treatment. **NOTE:** If you are restoring pre-tax treatment, see the section below that explains "IRS Guidelines – Restrictions on Reducing Health Benefits Coverage."

After-Tax Treatment means that an employee's contributions toward FEHB health insurance premiums are subject to the taxes listed above.

Uses for PS Form 8201

Use this form to:

- Waive pre-tax treatment of employee contributions towards FEHB health insurance premiums; or
- Restore pre-tax treatment of employee contributions towards FEHB health insurance premiums if pre-tax treatment was previously waived.

DO NOT use this form to:

- Elect pre-tax treatment of employee contributions towards FEHB health insurance premiums, UNLESS you have previously waived it.
- Waive pre-tax treatment of employee contributions towards FEHB health insurance premiums if you have already waived it.
- Enroll in the FEHB Program or Flexible Spending Accounts.

Who May Use PS Form 8201

Only career employees who are eligible for pre-tax treatment of their share of FEHB health insurance premiums under United States Postal Service™ policy and participating collective bargaining agreements may use PS Form 8201.

When You May Use PS Form 8201

You may use PS Form 8201 **when you are initially appointed, during FEHB Open Season, or following certain qualifying lifeevents.**

Qualifying life events are detailed in the applicable *Guide to Employees Health Benefits Plans* (in the Table of Permissible Changes under Premium Conversion Election Changes That May Be Permitted), available at www.opm.gov/insure/health/index.asp or from your personnel office.

Effective Dates for Waivers/Restoration

Your decision to waive or restore pre-tax treatments must be made either during FEHB Open Season, taking effect with the new plan
year, OR upon having a qualifying life event and reducing coverage is in keeping with the change as explained in the FEHB guide.

Newly hired career employees who want to waive pre-tax treatment may submit PS Form 8201 during their initial opportunity to elect FEHB coverage. Pre-tax waivers made by newly hired career employees take effect the pay period following submission of PS Form 8201.

Your decision will continue into future plan years unless you later submit a new PS Form 8201 to change the tax treatment of your contributions to FEHB health insurance.

IRS Guidelines — Restrictions on Reducing Health Benefits Coverage (Pre-Tax Treatment)

If you restore pre-tax treatment, the following restriction applies to you: Outside of FEHB Open Season, you may reduce your level of coverage (cancel your enrollment, or change from Family to Self-only) ONLY if you have had a qualifying life event and reducing coverage is in keeping with the change as explained in the FEHB Guide.

This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. This difference exists because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.

If you restore pre-tax treatment, should you ever wish to reduce coverage outside of FEHB Open Season, you must submit a *PostalEASE* FEHB Worksheet to your human resource office no later than the time limit explained in the FEHB Guide after a qualifying life event, and provide any supporting documentation requested. The effective date will be the first day of the pay period following approval of your *PostalEASE* FEHB Worksheet.

Privacy Act Statement

Your information will be used to administer your compensation and payroll request. Collection is authorized by 39 USC 401, 1001, 1003, and 1005. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when th USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your requset; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

UNITED STATES POSTAL SERVICE®

Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees

See Instructions and Privacy Act Statement on Reverse

Purpose of PS Form 8201

PS Form 8201 is used by career employees when they are initially appointed, during the Federal Employees Health Benefits (FEHB) Open Season, or following certain qualifying life events to waive pre-tax treatment of employee FEHB premium payments or to restore pre-tax treatment if it was previously waived. *(Pre-tax treatment is automatic for career employees, who need do nothing to receive pre-tax treatment, unless it was previously waived using PS Form 8201.)*

- See the reverse side of this form for definitions of pre-tax and after-tax treatment and for an important note about Internal Revenue Service (IRS) restrictions on reduction of coverage when pre-tax treatment is in effect.
- See the applicable *Guide to Employees Health Benefits Plan*, provided to you by your personnel office, for information about qualifying life events.

To waive pre-tax treatment, complete Parts A, B, and D below.

To restore pre-tax treatment (only if you waived it previously) complete Parts A, C, and D below.

Part A - Participant Information *(Must be completed by all applicants. See the top line of your biweekly earnings statement for items 1-4.)*

1. Name *(Last, first, middle initial)*		2. Employee ID
3. Finance No.	4. Pay Location	5. Employing Office *(City, State, and ZIP + 4®)*
6. Participant Daytime Telephone No.	7. Participant Mailing Address *(Street, City, State, and ZIP + 4)*	

Part B - Waive Pre-Tax Treatment *(Complete to waive pre-tax treatment of your FEHB health insurance premium contributions.)*

_____ *(Initials)*

I elect to waive pre-tax treatment of my FEHB health insurance premium contributions. My election will become effective on the first full pay period in the following calendar year, (FEHB Open Season) unless I am making this election as a newly eligible career employee, or have a qualifying life event, in which case my election will become effective the pay period after I submit this form. After-tax treatment will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to restore pre-tax treatment.

Part C - Restore Pre-Tax Treatment *(Complete only if pre-tax treatment was previously waived.)*

_____ *(Initials)*

I elect to restore pre-tax treatment of my FEHB health insurance premium contributions, and to adhere to more restrictive IRS guidelines summarized on the reverse side of this form. My election will become effective on the first full pay period in the following calendar year (FEHB Open Season) or, if I have a qualifying life event, on the pay period after I submit this form. The election will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to waive pre-tax treatment.

I understand that because paying my FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration, if I begin to collect Social Security when I retire (which normally occurs at age 62 at the earliest), I may receive a slightly lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

Part D - Authorization *(After reading the Privacy Act Statement on the reverse side of this form, sign and date below.)*

By signing this form I acknowledge that I have read and understand all the materials explaining the pre-tax treatment of employee contributions towards FEHB health insurance premiums.

I authorize payroll deductions in the manner indicated in Part B or Part C above.

Warning: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of law and could lead to termination of employment.	1. Your Signature *(Do not print)*	2. Date

Part E - Processing *(To be completed by Human Resources personnel.)*

1. Effective Date	2. Authorized Official Signature	3. Personnel Office Telephone No. *(Include area code)*

REMARKS *(For use by Human Resources personnel only.)*

UNITED STATES POSTAL SERVICE®

Pre-Tax Health Insurance Premium Waiver/Restoration Form for Career Employees

See Instructions and Privacy Act Statement on Reverse

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- See the reverse side of this form for definitions of pre-tax and after-tax treatment and for an important note about Internal Revenue Service (IRS) restrictions on reduction of coverage when pre-tax treatment is in effect.
- See the applicable *Guide to Employees Health Benefits Plan*, provided to you by your personnel office, for information about qualifying life events.

To waive pre-tax treatment, complete Parts A, B, and D below.

To restore pre-tax treatment (only if you waived it previously) complete Parts A, C, and D below.

Part A - Participant Information *(Must be completed by all applicants. See the top line of your biweekly earnings statement for items 1-4.)*

1. Name *(Last, first, middle initial)*		2. Employee ID
3. Finance No.	4. Pay Location	5. Employing Office *(City, State, and ZIP + 4®)*
6. Participant Daytime Telephone No.	7. Participant Mailing Address *(Street, City, State, and ZIP + 4)*	

Part B - Waive Pre-Tax Treatment *(Complete to waive pre-tax treatment of your FEHB health insurance premium contributions.)*

_____ *(Initials)*

I elect to waive pre-tax treatment of my FEHB health insurance premium contributions. My election will become effective on the first full pay period in the following calendar year, (FEHB Open Season) unless I am making this election as a newly eligible career employee, or have a qualifying life event, in which case my election will become effective the pay period after I submit this form. After-tax treatment will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to restore pre-tax treatment.

Part C - Restore Pre-Tax Treatment *(Complete only if pre-tax treatment was previously waived.)*

_____ *(Initials)*

I elect to restore pre-tax treatment of my FEHB health insurance premium contributions, and to adhere to more restrictive IRS guidelines summarized on the reverse side of this form. My election will become effective on the first full pay period in the following calendar year (FEHB Open Season) or, if I have a qualifying life event, on the pay period after I submit this form. The election will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to waive pre-tax treatment.

I understand that because paying my FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration, if I begin to collect Social Security when I retire (which normally occurs at age 62 at the earliest), I may receive a slightly lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

Part D - Authorization *(After reading the Privacy Act Statement on the reverse side of this form, sign and date below.)*

By signing this form I acknowledge that I have read and understand all the materials explaining the pre-tax treatment of employee contributions towards FEHB health insurance premiums.

I authorize payroll deductions in the manner indicated in Part B or Part C above.

Warning: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of law and could lead to termination of employment.	1. Your Signature *(Do not print)*	2. Date

Part E - Processing *(To be completed by Human Resources personnel.)*

1. Effective Date	2. Authorized Official Signature	3. Personnel Office Telephone No. *(Include area code)*

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- See the applicable *Guide to Employees Health Benefits Plan*, provided to you by your personnel office, for information about qualifying life events.

To waive pre-tax treatment, complete Parts A, B, and D below.

To restore pre-tax treatment (only if you waived it previously) complete Parts A, C, and D below.

Part A - Participant Information *(Must be completed by all applicants. See the top line of your biweekly earnings statement for items 1-4.)*

1. Name *(Last, first, middle initial)*		2. Employee ID
3. Finance No.	4. Pay Location	5. Employing Office *(City, State, and ZIP + 4®)*
6. Participant Daytime Telephone No.	7. Participant Mailing Address *(Street, City, State, and ZIP + 4)*	

Part B - Waive Pre-Tax Treatment *(Complete to waive pre-tax treatment of your FEHB health insurance premium contributions.)*

_____ *(Initials)*

I elect to waive pre-tax treatment of my FEHB health insurance premium contributions. My election will become effective on the first full pay period in the following calendar year, (FEHB Open Season) unless I am making this election as a newly eligible career employee, or have a qualifying life event, in which case my election will become effective the pay period after I submit this form. After-tax treatment will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to restore pre-tax treatment.

Part C - Restore Pre-Tax Treatment *(Complete only if pre-tax treatment was previously waived.)*

_____ *(Initials)*

I elect to restore pre-tax treatment of my FEHB health insurance premium contributions, and to adhere to more restrictive IRS guidelines summarized on the reverse side of this form. My election will become effective on the first full pay period in the following calendar year (FEHB Open Season) or, if I have a qualifying life event, on the pay period after I submit this form. The election will continue into future plan years unless I later complete a new PS Form 8201 during FEHB Open Season or following a qualifying life event to waive pre-tax treatment.

I understand that because paying my FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration, if I begin to collect Social Security when I retire (which normally occurs at age 62 at the earliest), I may receive a slightly lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

Part D - Authorization *(After reading the Privacy Act Statement on the reverse side of this form, sign and date below.)*

By signing this form I acknowledge that I have read and understand all the materials explaining the pre-tax treatment of employee contributions towards FEHB health insurance premiums.

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