UNITED STATES POSTAL SERVICE

Application to Elect or Waive Pretax FEHB Premium (for Noncareer Employees)

I. Purpose

PS Form 8202 is used by noncareer employees when they become eligible for Federal Employees Health Benefits (FEHB) Program coverage under Postal Service policy or collective bargaining agreements. During FEHB Open Season or following certain qualifying life events, noncareer employees may (a) begin pretax treatment of employee FEHB premium payments; or (b) waive pretax treatment if they have previously elected it.

II. Instructions and Information

*Use this form **only** if you are a **noncareer** employee eligible for pretax treatment of FEHB premiums.*
Read sections A through F before completing this form.

A. Definitions

After-tax treatment means that your contributions toward FEHB premiums are subject to the following taxes: (1) Social Security; (2) Medicare; (3) federal income; and (4) state and local income taxes, where applicable.

Pretax treatment means that your contributions toward FEHB premiums are not subject to the taxes listed above. Your taxable income is reduced accordingly, so pretax treatment results in lower taxes and higher take-home pay than you would have by paying premiums with after-tax treatment, but there are possible disadvantages as explained in Sections B and C below that you should understand.

Qualifying Life Events (QLEs) are described in the *Guide to Benefits for Certain Temporary (Non-Career) USPS Employees* (RI 70-8PS), Appendix E, Table of Permissible Changes in FEHB Enrollment and Pretax/After-Tax Premium Payment. See column "Premium Conversion Election Changes That May Be Permitted." RI 70-8PS is available from the Human Resources Shared Service Center (HRSSC) or on LiteBlue at https://liteblue.usps.gov/humanresources/benefits/insurance/benefits_insurance_fehb.shtml.

B. IRS Restrictions on Reducing Health Benefits Coverage

Pretax

The Internal Revenue Service (IRS) places certain restrictions on pretax treatment of FEHB premiums. If you have elected pretax treatment, you may reduce your level of FEHB coverage (cancel your enrollment, or change from Self and Family to Self Only) outside of FEHB Open Season **only** if:

1. You have a QLE change; and
2. The election is in keeping with the change (as explained RI 70-8PS).

If you have elected pretax treatment, have a QLE change, and want to reduce your level of coverage, submit a *PostalEASE* FEHB Worksheet to HRSSC within the time period set forth in RI 70-8PS. Include documentation to support your request. The change will take effect on the first day of the pay period following approval of the request and in which you are in a pay status.

After-tax

If you have elected after-tax treatment of FEHB premiums, IRS guidelines allow you to reduce your level of FEHB coverage (cancel your enrollment, or change from Self and Family to Self Only) at any time.

C. Pretax Treatment May Reduce Social Security Benefits.

Paying your FEHB premiums with pretax money reduces the earnings reported to the Social Security Administration. Therefore, if you collect Social Security when you retire, you may receive a lower benefit than if you had paid your FEHB premiums with after-tax treatment. Your Medicare benefits will not be affected.

D. How to Use This Form

Use this form to:

1. Begin pretax treatment of employee contributions toward FEHB premiums.
2. Waive pretax treatment of employee contributions toward FEHB premiums if you have previously elected pretax treatment.

Do not use this form to:

1. Waive pretax treatment of employee contributions toward FEHB premiums, **unless** you have previously elected it.
2. Waive pretax treatment of employee contributions toward FEHB premiums if you have already waived it.
3. Enroll in the FEHB Program — for that, you prepare a different form.

E. Effective Date of Election or Waiver

1. When you elect pretax treatment as a newly eligible, noncareer employee, your election takes effect the pay period following submission of PS Form 8202.
2. Your pretax election will continue until you request a change by submitting a new PS Form 8202 during FEHB Open Season or when you have a QLE change.

F. 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 disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; 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. For more information regarding our privacy policies visit usps.com/privacypolicy.

III. Application

To begin pretax treatment, complete parts A, B, and D. If you have previously elected pretax treatment and you want to waive it, complete parts, A, C, and D.

A. Participant Information

Please print. For items 1–4, see the top line of your biweekly earnings statement.

1. Name *(Last, First, Middle Initial)*		2. Employee Identification Number (EIN)
3. Finance No.	4. Pay Location	5. Employing Office *(City, State, and ZIP + 4®)*
6. Daytime Telephone No.		7. Mailing Address *(Street, City, State, and ZIP + 4)*

B. Begin Pretax Treatment

I elect to begin pretax treatment of my FEHB premium contributions and to adhere to the more restrictive IRS guidelines summarized on page 1. I understand that:

1. If I am making this election during FEHB Open Season, it will become effective on the first full pay period in the following calendar year.
2. If I am making this election as a newly eligible noncareer employee or because I have a QLE change, it will become effective in the pay period after I submit this form.
3. Pretax treatment will continue until I complete a new PS Form 8202 to waive pretax treatment, either during FEHB Open Season or following a QLE change.
4. Paying my FEHB premiums with pretax money reduces the earnings reported to the Social Security Administration. Therefore, if I collect Social Security when I retire, I may receive a lower benefit than if I had elected to waive pretax treatment. My Medicare benefits will not be affected.

Initials _____

C. Waive Pretax Treatment

Complete this section only if you have previously elected pretax treatment of your FEHB premium contributions.

I elect to waive pretax treatment of my FEHB premium contributions. If I am making this election during FEHB Open Season, it will become effective on the first full pay period in the following calendar year; or, if I have a QLE change, on the pay period after I submit this form. This waiver will continue until I complete a new PS Form 8202 to begin pretax treatment (during FEHB Open Season or following a QLE change). **Initials** _____

D. Authorization

After reading the Privacy Act Statement, sign and date the statement below.

By signing this form I acknowledge that I have read and understand all the materials explaining the pretax treatment of employee contributions toward FEHB premiums.

I authorize payroll deductions for FEHB premiums in the manner indicated in section B or section C.

Warning: Any intentionally false statement in this application or willful misrepresentation thereto is a violation of law and could lead to termination of employment.

1. Your signature *(Do not print.)*	2. Date *(MM/DD/YYY)*

E. Mail Form to: HRSSC, COMPENSATION & BENEFITS, PO BOX 970400, GREENSBORO NC 27497

F. Processing *(For use by HRSSC personnel only.)*

1. Authorized Official Signature	
2. Effective Date *(MM/DD/YYYY)*	3. DDE/DR Office Telephone No. *(Include area code.)*

Remarks: