APWU HEALTH PLAN Together. Better Health.

Postal Support Employees (PSE): How to Enroll

PSE Definition:
PSEs are non-career postal employees. As part of the 2011 Collective Bargaining Agreement the APWU has negotiated for PSEs to have access to the FEHB Program.

PSEs are able to enroll in the APWU Health Plan's Consumer Driven Option with the USPS paying 75% of the premium. With other plans the PSE will be responsible for 100% of the premium.

Health Benefits Enrollment Opportunity–Deadline Applies:

- PSEs have sixty days to enroll upon completing their 360-day initial appointment
- PSEs can enroll during Open Season; the 2014 Open Season dates are November 10-December 8, 2014

Please see **Attachment A** from the USPS Shared Services Center that outlines the following:

- PSE Eligibility for FEHB
- APWU CDHP Eligibility and Premium Contribution
- Qualifying Life Event (QLE)
- How to Enroll
- Dual Enrollment
- Effective Date of Coverage
- Pre-Tax Versus After-Tax Premium Payments–How to Save Money on Your Premiums
- Insufficient Pay for Premium Deductions
- Effective Date of Coverage

PostalEASE FEHB Worksheet:
PSEs employees enrolling from the https://liteblue.usps.gov website may receive an "ineligible" message from LiteBlue. In this instance the PSE will need to submit the following forms to Shared Services:

Attachment B is the PostalEASE FEHB Worksheet that PSEs need to complete to enroll in the APWU Health Plan. This worksheet can be found in the FEHB Guide for Career Postal Employees 70-2, the FEHB Guide for Non-Career Postal Employees 70-8PS, or downloaded from the LiteBlue website.

  - This is a 3-page form, all pages should be completed.
  - If selecting Self Only, the employee must still submit the dependents page marked with either "N/A" or "X".

Attachment C is USPS Form 8202 (Pre-Tax or After-Tax Election Form).
Attachment D is USPS Form 8141 (Cost Acknowledgement Form). This form certifies that the employee will pay premiums if their salary is too low to cover the premium. Submission will ensure the enrollment is processed timely.

All three forms (Attachments, B, C and D) should be mailed to Shared Services at: Benefits and Compensation, P.O. Box 970400, Greensboro, NC 27497-0400 or faxed to 336-662-4073.

UNITED STATES POSTAL SERVICE

ATTENTION: HEALTH BENEFITS ENROLLMENT OPPORTUNITY—DEADLINE APPLIES

You are receiving this mailing as a Postal Support Employee (PSE) to advise you that our records show that you have an upcoming opportunity to enroll in the Federal Employees Health Benefits (FEHB) program and receive health insurance coverage. In addition, based on our records, you will qualify to receive a Postal Service contribution of 75% of the cost of health insurance if you enroll in the American Postal Workers Union (APWU) Consumer Driven Health Plan (CDHP) for either Self Only or Self and Family coverage. Please read this notice carefully so that you may make an informed decision regarding this important opportunity. There is a deadline to make this decision — under FEHB Qualifying Life Event rules, you have 60 days from the date you become eligible to enroll in the APWU CDHP and receive a Postal Service contribution to enroll or make a change to your current FEHB plan or option. If you do not enroll promptly, then you will have to wait to enroll until the FEHB Open Season that begins each November and any election you make will not take effect until the following January. Or, you would be able to enroll if you have a different qualifying life event (for example, you get married or have a baby).

PSE Eligibility for FEHB Coverage

To be eligible for FEHB enrollment, non-career employees including PSEs must meet three requirements:

(1) Complete one full year (365 calendar days) of continuous employment with no breaks in service of more than five days;
(2) Have a regular scheduled tour of duty, arranged in advance and expected to last for at least six months, and
(3) Maintain sufficient earnings each biweekly pay period to have the total cost of premiums withheld from pay after mandatory deductions for Social Security, Medicare and federal tax.

PSE Eligibility to Enroll in APWU CDHP and Receive USPS 75% Premium Contribution

In addition, APWU PSEs are eligible for a USPS premium contribution of 75% of the cost of the APWU CDHP upon reassignment to a 360-day appointment after an initial appointment of 360 days. Time served as an APWU Transitional Employee (TE) or APWU career employee prior to reassignment into a PSE position will count toward the 360 days required for eligibility for the 75% USPS premium contribution to the APWU CDHP, disregarding breaks in service of 5 days or less.

PSEs who are eligible for FEHB and also eligible for the 75% USPS premium contribution who enroll in the APWU CDHP will pay 25% of the total premium and the Postal Service will contribute 75% of the total premium for either the Self Only or Self and Family plan. PSEs who are eligible for FEHB also have the option to enroll in any other FEHB plan or option; however, for any plan other than the APWU CDHP a PSE will pay 100% of the premium cost and the Postal Service will not make any contribution.

If at any time you experience a break in service of more than 5 days, your eligibility for FEHB and for the 75% USPS premium contribution to the APWU CDHP will end and you will have to again satisfy the requirements for FEHB enrollment and the 75% USPS premium contribution before you can enroll again.

Qualifying Life Event

If you are currently enrolled in FEHB and you will now meet the requirements for 75% USPS premium contribution to the APWU CDHP as described above, this is a qualifying life event that allows you to change your FEHB plan or option, or change from Self Only to Self and Family enrollment.

If you are not currently enrolled in FEHB and you now meet the requirements for 75% USPS premium contribution to the APWU CDHP as described above, this is a qualifying life event that allows you to enroll in FEHB.

In either case, if you are in a PSE position, once you meet the requirements for the 75% USPS premium contribution to the APWU CDHP, this is a qualifying life event that allows you to enroll in FEHB or change your FEHB plan or option including changing from Self Only to Self and Family. You must make your election within 60 days of meeting the requirements for the 75% USPS premium contribution to the APWU CDHP.

How to Enroll

When you become eligible for the 75% USPS premium contribution to the APWU CDHP, you may use *PostalEASE* employee self service to enroll in the APWU CDHP only (enrollment code 474 is for Self Only and enrollment code 475 is for Self and Family). You may only use *PostalEASE* to enroll in the APWU CDHP within the 60 days after you first become eligible for the Postal Service 75% contribution to the APWU CDHP.

Before enrolling, read the RI 70-8PS, *Guide to Benefits for Certain Temporary (Non-Career) United States Postal Service Employees* on LiteBlue at https://liteblue.usps.gov. Click on the *My HR* tab, click on *Benefits*, then *Health Benefits (FEHB)*, and then open the current PDF for Noncareer Employees. Inside the Guide you will find important FEHB rules, premium rates for all of the FEHB plans, and the *PostalEASE* FEHB Worksheet (the stand alone Worksheet may also be found by scrolling down the page), which should be completed prior to entering your FEHB election in *PostalEASE* so that you have all of the required information ready to enter.

Once you have decided to enroll, access *PostalEASE* via the web at https://liteblue.usps.gov, on an Employee Self-Service Kiosk (available at some facilities), or by calling the Employee Service Line at 1-877-477-3273, option 1; TTY 866-260-7507. (We strongly recommend that if you are enrolling in a Self and Family Plan that you use the web version of *PostalEASE,* not the phone.) To use *PostalEASE,* you will need your Employee ID number (found at the top of your earnings statement) and your USPS PIN. If you don't know your USPS PIN, you may request it on https://liteblue.usps.gov, on an Employee Self-Service Kiosk, or by calling the Employee Service Line at 1-877-477-3273. When prompted to enter your PIN, pause, and you will be given the option of having it mailed to your address of record.

The quickest way for your election to take effect is for you to use *PostalEASE.* However, if you are unable to use *PostalEASE*, you may also complete the attached *PostalEASE* FEHB Worksheet and mail it to the H.R. Shared Service Center at:

HRSSC
Compensation/Benefits
PO Box 970400
Greensboro NC 27497-0400

To enroll in any plan other than the APWU CDHP, you will need to contact the HR Shared Service Center on 1-877-477-3273, option 5; TTY 866-260-7507.

Once you are enrolled in any FEHB plan or option, you may use *PostalEASE* to make enrollment changes during the FEHB open season that begins each November.

Dual Enrollment

Dual enrollment is when you or an eligible family member under your Self and Family enrollment are covered under more than one FEHB enrollment. Refer to the *Guide to Benefits for Certain Temporary (Non-Career) United States Postal Service Employees* for more information.

Effective Date of Coverage

FEHB enrollments take effect on the first day of the pay period that begins after you enter your election in *PostalEASE* (or after the HRSSC receives and processes your completed *PostalEASE* FEHB Worksheet) and following a pay period during any part of which you were in a pay status.

Once your enrollment is processed, your FEHB plan will send you identification card(s). Processing may take several weeks from the effective date when coverage begins. If you pay out of pocket for medical

expenses incurred during that time, you can contact your health coverage provider to determine if you are entitled to reimbursement once you receive your identification cards.

If you need to obtain benefits before you receive your identification card, contact your plan for assistance. After your enrollment has been processed, you can enter the FEHB module of *PostalEASE* and print a copy of the Standard Form (SF) 2809 *Health Benefits Election Form*, as proof of your enrollment to fax to your plan. **Do not send bills or claims to your local HR office or to the HRSSC.**

Pre-Tax versus After-Tax Premium Payments—How to Save Money on Your Premiums

The default for noncareer employees including PSEs is to pay premiums on an after-tax basis. If you would like to pay your FEHB premiums on a pre-tax basis, you will need to complete the attached PS Form 8202, *Pre-Tax Health Insurance Premium Election/Waiver Form for NonCareer Employees* at your current 60-day enrollment opportunity, or during the FEHB open season that begins each November, or in the event of another qualifying life event. Read the section titled *Pre-tax Payment of Premium Contributions* in the RI 70-8PS, *Guide to Benefits for Certain Temporary (Non-Career) USPS Employees* for more information. You may find the Guide at https://liteblue.usps.gov, click on the *My HR* tab, click on *Benefits*, then *Health Benefits (FEHB)*, and then open the PDF for Noncareer Employees. Note that paying your premiums on a prê-tax basis will make the premiums more affordable because of associated tax savings, but there are certain disadvantages compared with the after-tax payment of premiums as explained in the *Guide to Benefits for Certain Temporary (Non-Career) USPS Employees.*

Please note that there is a possibility that the withholding of health benefit premiums from your pay may be delayed due to the need to update *PostalEASE* programming to allow PSEs to elect the APWU CDHP. If there is a delay, premiums may not be withheld from your pay at first and you would then be required to make up the missed premiums from future paychecks and/or you may be invoiced by the Eagan Accounting Service Center. Be assured, if this occurs, your health benefits coverage will not be affected.

Insufficient Pay for Premium Deductions

Once enrolled in a health benefits plan, if you fail to earn sufficient pay to allow for health benefits premium withholdings in one pay period, the Eagan Accounting Service Center (ASC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium. When two adjustments for insufficient earnings for FEHB purposes have occurred, the ASC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice. *If payment is not received by the ASC within this time frame, your health benefits enrollment will be terminated retroactive to the date the initial unpaid premium was due. You may be required to reimburse the health plan and/or provider for any benefits that were provided but now are not available to you because of the plan's retroactive termination.* Once you lose FEHB coverage because of insufficient earnings, you will not be eligible to renew your enrollment until the next FEHB open season or the occurrence of some other qualifying life event (such as, conversion to career) which provides you an opportunity to enroll in FEHB.

If you have questions relating to your benefits, please feel free to contact the HRSSC at 1-877-477-3273, option 5; TTY 1-866-260-7507.HR Shared Service Center.

Attachments

Attachment B

PostalEASE FEHB Worksheet

Changes due to a qualifying life event (QLE) cannot be made via PostalEASE

This worksheet will help you prepare to call *PostalEASE*, or use *PostalEASE* on the Internet (https://liteblue.usps.gov), on an Employee Self-Service Kiosk (now available in some facilities) or on the Postal Service Intranet (from the Blue page). You may contact the Human Resources Shared Service Center (HRSSC) by calling 1-877-477-3273, Option 5 or TTY, 1-866-260-7507 for assistance if:

- you are deaf or hard of hearing or
- you cannot use the telephone, Internet, Employee Self Service kiosk or Intranet for a medical reason or
- you receive a message in *PostalEASE* directing you to contact the HRSSC when attempting to make a change.

Please Note:

- If you wish to make any change that is not listed under "Type of Action You Are Requesting" below, you must submit your paperwork to the HRSSC. You will need to **provide documentation** showing that your election is due to a QLE and that you are contacting the HRSSC within the required time frame.

For more information on QLEs, please refer to the appropriate Guide to Benefits mailed to you for FEHB Open Season:

- RI 70-2 for Postal Police and Non-Bargaining Management career USPS employees • RI 70-2A for APWU, NALC, NPMHU and NRLCA career employees
- RI 70-2IN for career U.S. Postal Inspectors, Office of the Inspector General, and PCES employees • RI 70-2IT for IT/ASC career employees,
- RI 70-2N for career USPS Nurse employees • RI 70-8PS for certain temporary (noncareer) USPS employees.

Except for open season and the adding of new family members, most enrollments and changes of enrollment are effective on the first day of the pay period after receipt of this form at the HRSSC. The HRSSC can give you the specific date on which your enrollment or enrollment change will take effect.

Part 1 – Employee Information

Your Name (Last, First, Middle Initial)	Employee ID

Part 2 – Type Of Action You Are Requesting

1) Open Season: ❑ New Enrollment ❑ Change Current Enrollment ❑ Cancel Enrollment

2) New Hire: ❑ New Enrollment ❑ Waive Enrollment

3) Special Enrollment

❑ Change Current Enrollment
(if you are notified that your current plan is being discontinued or your service area is reduced)

❑ Cancel Enrollment
(if you are notified that your current plan is being discontinued or your service area is reduced)

Part 3 – QLE Actions

(Supporting Documentaton Needed)

Marriage: _____ (Date)
Divorce: _____ (Date)
Birth of Child: _____ (Date)
Dependent Death: _____ (Date)
Other: _____ (Date)

Part 4 – Enrollment Name And Code

Update Dependent List ❑ Yes ❑ No

1) New Plan Name: **2) New Enrollment Code:**

3) Old Plan Enrollment Code *(if you are changing plans or canceling your current plan)*

Part 5 – Your Other Group Insurance *(Not used for waiving enrollment as a new employee).*

1) Are you covered by insurance other than Medicare?

❑ Yes ❑ No

If Yes, indicate type of other insurance in item 2.

2) Identify Type of Other Insurance Coverage

❑ Medicare Part A ❑ Medicare Part B ❑ Medicare Part D
❑ TRICARE ❑ OTHER_____

Other Insurance Policy No._____

❑ FEHB An FEHB Self & Family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment.

Part 6 – Personal Information

Your Gender:	**Married:**	**Daytime Telephone Number** (including area code)
❑ Male ❑ Female	❑ Yes ❑ No	

PostalEASE FEHB Worksheet

Employee Name: _____ **EIN:** _____

Part 7 – Dependent Information *(for Self and Family coverage only)*

A complete mailing address (if different from the USPS employee's) and other insurance information, if any, must be provided for each covered dependent. If you are adding or updating information for a dependent who does not reside with you, you will need to use the *PostalEASE* Employee Web on the Internet (https://liteblue.usps.gov), an Employee Self-Service Kiosk (available in some facilities) or on the Postal Service Intranet (Blue page) or contact the HRSSC to process your FEHB enrollment or change.

1) ☐ **Please check here if all residents reside with you.**

2) Complete the following information for each dependent

Name of family member *(last, first, middle initial)*	Social Security Number	Date of Birth *(mm/dd/yyyy)*	Sex ☐M ☐F	Relationship code
Address *(if different from enrollee)*		If you are covered by Medicare, check all that apply ☐A ☐B ☐D	Medicare Claim Number	
		Are you covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No		
Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other *Name of other insurance:* _____ *Policy number:* _____ ☐ FEHB *An FEHB Self and Family enrollment covers all eligible family members. No person may be covered by more than one FEHB enrollment.*				
Email address *(if home address is different from enrollee's)*		Preferred telephone number *(if home address is different from enrollee's)*		

Name of family member *(last, first, middle initial)*	Social Security Number	Date of Birth *(mm/dd/yyyy)*	Sex ☐M ☐F	Relationship code
Address *(if different from enrollee)*		If you are covered by Medicare, check all that apply ☐A ☐B ☐D	Medicare Claim Number	
		Are you covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No		
Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other *Name of other insurance:* _____ *Policy number:* _____ ☐ FEHB *An FEHB Self and Family enrollment covers all eligible family members. No person may be covered by more than one FEHB enrollment.*				
Email address *(if home address is different from enrollee's)*		Preferred telephone number *(if home address is different from enrollee's)*		

Name of family member *(last, first, middle initial)*	Social Security Number	Date of Birth *(mm/dd/yyyy)*	Sex ☐M ☐F	Relationship code
Address *(if different from enrollee)*		If you are covered by Medicare, check all that apply ☐A ☐B ☐D	Medicare Claim Number	
		Are you covered by insurance other than Medicare? ☐ Yes, indicate below. ☐ No		
Indicate the type(s) of other insurance: ☐ TRICARE ☐ Other *Name of other insurance:* _____ *Policy number:* _____ ☐ FEHB *An FEHB Self and Family enrollment covers all eligible family members. No person may be covered by more than one FEHB enrollment.*				
Email address *(if home address is different from enrollee's)*		Preferred telephone number *(if home address is different from enrollee's)*		

*** Relationship Codes:**

01 = Spouse
19 = Child Under Age 26
09 = Adopted Child Under Age 26
10 = Foster Child Under Age 26
(Requires Certification to be Filed With the HRSSC)
17 = Stepchild Under Age 26
99 = Child Age 26 or Older Incapable of Self-Support
(Requires Certification to be Filed With the HRSSC)

PostalEASE FEHB Worksheet

Part 8

Employee Signature _____ **Date** _____

Email Address _____ **Preferred telephone number** _____

For HRSSC Use Only

REMARKS: *Specific information on type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided here.*

Processing NOTES:

Employing Office:	**HRSSC COMP & BENEFITS**	LATE / UNPROCESSED ACTION?	❑ Yes ❑ No
Address:	**PO BOX 970400**	DATE RECEIVED at HRSSC:	
City/State/Zip:	**GREENSBORO NC 27497-0400**	QLE DATE:	
PROCESSED BY:	PPS @ HRSSC	EFFECTIVE DATE:	
Date Scanned To Eagan:		**File copy in OPF for any FEHB transaction processed by HRSSC and ASC**	

Privacy Act Statement: Your information will be used to process your enrollment in the Federal Employees Health Benefits system and to manage your claim under that plan. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004,1005, and 1206 and 1206; and 29 U.S, 2601 et seq.

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; to the Merit Systems Protection Board or Office of Special Counsel; the Selective Service System, records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS; and to financial entities regarding financial transaction issues.

OPM Privacy Act and Paperwork Reduction Act Notice: The information you provide on this form is needed to document your enrollment in the Federal Employees Health Benefits Program (FEHB) under Chapter 89, title 5, U.S. Code. This information will be shared with the health insurance carrier you select so that it may (1) identify your enrollment in the plan, (2) verify your and/or your family's eligibility for payment of a claim for health benefits services or supplies, and (3) coordinate payment of claims with other carriers with whom you might also make a claim for payment of benefits. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant, or other benefit. May also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine and issue benefits under their programs or to obtain information necessary for determination or continuation of benefits under this program. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency. While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your enrollment. We request that you provide your Social Security Number so that it may be used as your individual identifier in the FEHB Program. Executive Order 9397 (November 22, 1943) allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names. Failure to furnish the requested information may result in the U.S. Office of Personnel Management's (OPM) inability to ensure the prompt payment of your and/or your family's claims for health benefits services or supplies. Agencies other than the OPM may have further routine uses for disclosure of information from the records system in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Public Burden Statement: We think this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our time estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, OPM Forms Officer, (3206-0160), Washington, D.C. 20415-7900. The OMS number 3206-0160 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Attachment C

Instructions for Completing PS Form 8202

Definitions

Pre-tax Treatment means that an employee's contributions toward Federal Employees Health Benefits (FEHB) Program insurance premiums are not subject to Social Security or Medicare taxes nor are they subject to federal income or, 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 beginning 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 8202

USE this form to:

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

DO NOT use this form to:

- Waive pre-tax treatment of employee contributions towards FEHB health insurance premiums, UNLESS you have previously elected 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. Separate forms are used for those purposes.

Who May Use PS Form 8202

Only **noncareer** 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 8202.

When You May Use PS Form 8202

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 Elections/Waivers

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

Newly eligible noncareer employees who want to begin pre-tax treatment may submit PS Form 8202 during their initial opportunity to elect FEHB coverage. Pre-tax elections made by newly eligible noncareer employees take effect the pay period following submission of PS Form 8202.

Your decision will continue into future plan years unless you later submit a new PS Form 8202 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 begin 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 change 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 begin pre-tax treatment, should you ever wish to reduce coverage outside of FEHB Open Season, submit an FEHB Worksheet after a qualifying life event to your human resources office during the time period explained in the *FEHB Guide*. It must show your new requested coverage. Provide any supporting documentation requested. The effective date will be the first day of the pay period following approval of your 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 the 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.

UNITED STATES POSTAL SERVICE®

See Instructions and Privacy Act Statement on Reverse

Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees

Purpose of Form 8202

PS Form 8202 is used by noncareer employees who are eligible under United States Postal Service® policy and/or collective bargaining agreements when they become eligible for Federal Employees Health Benefits (FEHB) coverage during the FEHB Open Season, or following certain qualifying life events to begin pre-tax treatment of employee FEHB premium payments or to waive pre-tax treatment if it was previously elected.

- 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 (FEHB Guide)*, provided to you by your personnel office, for information about qualifying life events.

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

To waive 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 - Begin Pre-Tax Treatment

_____ *(Initials)*

I elect to begin pre-tax treatment of my FEHB health insurance premium contributions and to adhere to the 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) unless I am making this election as a newly eligible noncareer employee or have a qualifying life event, in which case it will become effective the pay period after I submit this form. Pre-tax treatment will continue into future plan years unless I later complete a new PS Form 8202 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 lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

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

_____ *(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) or, if I have a qualifying life event, on the pay period after I submit this form. This waiver will continue into future plan years unless I later complete a new PS Form 8202 during FEHB Open Season or following a qualifying life event to begin pre-tax treatment.

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 for health insurance premiums 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. DDE/DR Office Telephone No. *(Include area code)*

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

UNITED STATES POSTAL SERVICE®

See Instructions and Privacy Act Statement on Reverse

Pre-Tax Health Insurance Premium Election/Waiver Form for Noncareer Employees

Purpose of Form 8202

PS Form 8202 is used by noncareer employees who are eligible under United States Postal Service® policy and/or collective bargaining agreements when they become eligible for Federal Employees Health Benefits (FEHB) coverage during the FEHB Open Season, or following certain qualifying life events to begin pre-tax treatment of employee FEHB premium payments or to waive pre-tax treatment if it was previously elected.

- 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 (FEHB Guide)*, provided to you by your personnel office, for information about qualifying life events.

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

To waive 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 - Begin Pre-Tax Treatment

_____ *(Initials)*

I elect to begin pre-tax treatment of my FEHB health insurance premium contributions and to adhere to the 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) unless I am making this election as a newly eligible noncareer employee or have a qualifying life event, in which case it will become effective the pay period after I submit this form. Pre-tax treatment will continue into future plan years unless I later complete a new PS Form 8202 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 lower Social Security benefit. My Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.

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

_____ *(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) or, if I have a qualifying life event, on the pay period after I submit this form. This waiver will continue into future plan years unless I later complete a new PS Form 8202 during FEHB Open Season or following a qualifying life event to begin pre-tax treatment.

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 for health insurance premiums 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. DDE/DR Office Telephone No. *(Include area code)*

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

Attachment D

UNITED STATES POSTAL SERVICE™

Notice to Noncareer Employees Eligible to Enroll in FEHBP

Subject: Sufficient Earnings Requirement for Federal Employees Health Benefits Coverage

Employee Name *(Last, first, middle initial)*	Social Security Number

Federal Employees Health Benefits Program (FEHBP) regulations provide that temporary (noncareer) employees eligible to enroll in FEHBP coverage must have withheld from their biweekly pay the ***Full*** cost for the health benefits premium. The Postal Service does not contribute toward health benefits for noncareer employees.

To be eligible for FEHBP coverage as a noncareer employee, your biweekly earnings must be sufficient to cover the health benefits premium withholdings, and must be expected to remain sufficient for at least 6 months.

Once enrolled in a health benefits plan, if you fail to earn sufficient pay to allow for health benefits premium withholdings in one pay period, the Minneapolis Postal Data Center (MNPDC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium. When two adjustments for insufficient earnings for FEHBP purposes have occurred, the MNPDC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice. *If payment is not received by the MNPDC within this timeframe, your health benefits enrollment will be terminated retroactive to the date the initial unpaid premium was due.* Once you lose FEHBP coverage because of insufficient earnings, you will not be eligible to renew your enrollment until the next FEHBP open season or the occurrence of some other change in your status (e.g., conversion to career) which provides you an opportunity to enroll for health benefits coverage.

Please sign and date in the space provided below to acknowledge receipt of this information and return the completed form to your personnel office.

Employee Acknowledgement

I understand that invoices issued by the MNPDC for health benefits premium costs must be paid within 30 days of the date the invoice was issued. I further understand that failure to pay the invoice within the timeframe specified will result in the termination of my health benefits enrollment under the FEHBP noncareer provisions retroactive to the date the initial unpaid premium was due, and that this will result in my being liable to the insurance carrier for any medical expenses incurred since that date.

Employee Signature	Date *(Month, day, year)*