



CIVMAR BENEFITS UPDATE

Protect Yourself and/or Your Family Federal Employees Health Benefits And Leave Without Pay

The Office of Personnel Management (OPM) published changes to the Federal Employees Health Benefits (FEHB) Program Handbook. All employees and/or their family members are affected by the regulatory changes governing health benefits entitlements in a leave without pay (LWOP) status.

When you submit your request to go into a leave status, either shore, annual or sick leave, you will need to make a decision regarding your health benefits on the FEHB LWOP Election Form, and attach it to the OPM-71 Leave Request form. Your decision would only be effective if it is determined that you do not have enough of the requested types of leave and you need to be placed into a leave without pay (LWOP) status. If you fail to make a decision and/or fail to attach the form to your Leave Request form your FEHB enrollment coverage **will be automatically terminated** within 31 days (45 days if you reside overseas). You can also fax the FEHB LWOP Election Form directly to (757) 443-2269 to protect your entitlement.

It would be a tragedy if:

1. You go on leave and forget to sign the FEHB LWOP Election Form,
2. After the 31st day your coverage is terminated,
3. You, your spouse or your child are in an accident or become ill and you have no coverage because it had been terminated for failure to complete the form.

TERMINATING THE ENROLLMENT: If you elect to terminate your enrollment (or the enrollment automatically terminates), the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members, if any, may convert to an individual contract with your insurance carrier. The termination is not considered a break in continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay become sufficient to cover your premium, **you must re-enroll within 60 days** if you want FEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM: If you elect to continue your coverage, you must elect to pay the premiums directly or to incur a debt in the amount of the unpaid premiums. If you participate in premium conversion and you pay the premiums directly, or out-of-pocket, those payments do not reduce your taxable income. The amount of FEHB premiums will be treated on a pre-tax basis **only** if you incur a debt and the payments are deducted from your pay. If you elect to pay directly, mail a check or money order payable to "Deputy Disbursing Officer, DON MSC MSFSC."

Include on the check your name, social security number and, on the memo line, add the words "FEHB premium for pay period" for the date which premium payment is being made. Mail to: Military Sealift Fleet Support Command N82, 471 East C Street, Bldg SP-64, Norfolk, VA 23511-2419.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due each pay period, you will receive a notice from DON, MSC, MSFSC Payroll stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment. By electing to continue coverage, you agree to repay the resulting debt in full and to allow the debt to be collected by withholdings from any salary payments to you from Federal Government, of not less than one additional premium, or up to four additional premiums, per pay period, depending on salary. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of the debt due the United States.

Whether you decide to pre pay or incur the debt for your coverage, your enrollment may only continue for up to 365 days in a leave without pay status, or while your pay is insufficient to cover the premiums, at which time your health benefits will be automatically terminated.

When you make the election on the FEHB LWOP Election Form and attach it to your leave request form you must forward a copy to **DON, MSC Military Sealift Fleet Support Command N82, 471 East C Street, Bldg SP-64, Norfolk, VA 23511-2419**. However, it is highly recommended that you fax a copy to (757) 443-2269 to ensure that your election choices are properly processed. Failure to forward or fax a copy in a timely manner may result in a termination of coverage for you or your family.

If you need assistance, contact your Master, Purser, Customer Support Unit or Fire Fighting School. You may also contact CIVMAR Support Center between the hours of 8:00 a.m. and 8:00 p.m. Eastern, Monday through Friday, except holidays, at 1-800-793-5784.

The FEHB LWOP Election Form may be found on this website in the [FORMS](#) section