



**The 2023 Foreign Service
Annual Annuitant Newsletter**



United States Department of State
*Director General of the Foreign Service
and Director of Global Talent*

Washington, D.C. 20520

November 2022

Dear Foreign Service Annuitant,

Congratulations to you and all our Foreign Service colleagues who retired in calendar year 2022!
Thank you for your service to our nation.

The Department will recognize the 58th annual Foreign Affairs Day on Friday, May 5, 2023. Foreign Affairs Day is a great opportunity to learn about the Department's present work to advance the nation's foreign policy. The Secretary appreciates the critical role State Department employees, past and present, play in developing and implementing U.S. foreign policy. He looks forward to hearing from you and invites you to participate in this event, and others, to learn more about Department efforts to modernize American diplomacy and strengthen community engagement. Please email us at ForeignAffairsDay@state.gov with your full name and a personal email address if you wish to attend.

Annuitant Newsletter and Annual Open Season

The Department of State 2023 Annuitant Newsletter contains essential information and is available electronically, allowing us to make updates in real-time so you can get the most up-to-date information you need. Annuitants can request a printed copy by sending their mailing address to FS_Newsletter@state.gov.

The 2023 Newsletter includes information on health and life insurance, taxes, and survivor benefits as well as time-sensitive information on the annual open seasons for the Federal Employees Health Benefits Program (FEHB) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) that begins on Monday, November 14, 2022, and ends on Monday, December 12, 2022.

Retirement Resources

The Bureau of Global Talent Management's Office of Retirement's (GTM/RET) "RNet" site (<https://rnet.state.gov>) houses valuable resources including annuitant forms. Annuitant Express (www.employeeexpress.gov) allows you to print a copy of Form 1099-R, update your mailing address and change your federal or state tax withholding among other self-service functions. The 2023 Annuitant Newsletter explains how to access these sites.

If you have questions about these resources, please contact our Human Resources Specialists in GTM's HR Service Center (HRSC). HRSC offers a range of services, from help changing your health benefits provider to advice on what to do in the event of a change in marital circumstances (i.e., death of a spouse, marriage, divorce). HRSC contact information is provided in the 2023 Annuitant Newsletter.

Important Annuity Supplement Information

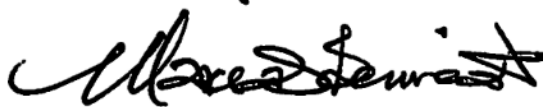
Many retirees in the Foreign Service Pension System (FSPS) receive an annuity supplement that is payable until age 62 and is subject to an annual earnings test. Retirees who have reached their minimum retirement age and are under age 62, must submit a certification annually to HRSC. **For 2023, the certification must be submitted by Monday, January 9, 2023; otherwise, the annuity supplement payment will be suspended.** Form DS-5026, "FSPS Annuity Supplement Report," is included in the Annuitant Newsletter.

We Still Need Your Help

Finally, as a Department veteran, you are our best recruiter and ambassador. We need your help to ensure the Department remains a strong, effective institution with a diverse, capable workforce that can advance U.S. interests and values now and in the future. Sharing your stories and experiences with friends, neighbors, and your fellow citizens is the best way to raise awareness about the Department's mission and attract the next generation of diplomats and foreign affairs professionals.

Thank you for your continued contributions to the Department and our country.

Sincerely,

A handwritten signature in black ink, appearing to read "Marcia S. Bernicat", with a stylized flourish at the end.

Marcia S. Bernicat

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COST-OF-LIVING ADJUSTMENT (COLA) INFORMATION FOR 2023

This year's Cost-of-Living Adjustment (COLA) will be effective December 1, 2022 and payable in the annuity payment dated January 2, 2023.

Annuitants receiving benefits under the Foreign Service Retirement and Disability System (FSRDS) will receive an 8.7% COLA. Annuitants under the Foreign Service Pension System (FSPS) will receive a 7.7% COLA.

Annuitants who retired on or after January 1, 2022, will not receive the full COLA as described above. Instead, they will receive a prorated COLA based on the number of months the annuity benefits were paid before December 1, 2022.

Note: FSPS Annuitants who are receiving an annuity supplement will receive the COLA described above on the regular annuity but will not receive a COLA on the annuity supplement.

FSPS ANNUITY SUPPLEMENT EARNINGS REPORT (DS-5026)

1. The annuity supplement part of your FSPS is subject to an earnings test that begins after a retiree reaches the Minimum Retirement Age (MRA). See chart below. The earnings test is similar to that applied to Social Security benefits and uses the same annual exempt amount, as required by law in 5 U.S.C. Section 8421a. The exempt amount changes from year to year and can be found at www.ssa.gov. Your annuity supplement will be reduced \$1.00 for every \$2.00 by which your calendar year earnings exceed the exempt amount. The reduction, termination, or reinstatement of benefits will become effective January 1st of the year following the year of income reported. Refer to the following chart to find your MRA based on your year of birth.

Minimum Retirement Age (MRA) Chart

| <i>If you were born...</i> | <i>Your MRA is...</i> |
|----------------------------|------------------------|
| Before 1948 | 55 years |
| 1948 | 55 years and 2 months |
| 1949 | 55 years and 4 months |
| 1950 | 55 years and 6 months |
| 1951 | 55 years and 8 months |
| 1952 | 55 years and 10 months |
| 1953-1964 | 56 years |
| 1965 | 56 years and 2 months |
| 1966 | 56 years and 4 months |
| 1967 | 56 years and 6 months |
| 1968 | 56 years and 8 months |
| 1969 | 56 years and 10 months |
| 1970 or later | 57 years |

2. Refer to the chart on the next page to see which types of income are reportable for the purpose of the earnings test. **Please do not include pre-retirement salary or post-retirement annuity payments.** If you have questions, please email HRSC@state.gov or call the HR Service Center at 866-300-7419, Monday through Friday between 8:00 am and 5:00 pm, ET.
3. **VERY IMPORTANT**. For the Department of State to apply the earnings test to your annuity supplement, **you must submit form DS-5026 by Monday, January 9, 2023**, if you attained your MRA in 2022.
4. **You must submit the form even if you had no earnings for 2022.** Your annuity supplement will be terminated if the FSPS Annuity Supplement Report is **NOT** received on time to establish your eligibility and it will remain in terminated status until the form is received by HRSC, processed by the Bureau of Global Talent Management's Office of Retirement (GTM/RET), and submitted for payment to the Annuity Pay Processing Branch (ANP) in Charleston, SC.
5. Please provide clear and legible information. Sign and send the form by one of the following methods:

| | | |
|-------------------------------|--------------|--|
| Mailing Address | Fax | Scan/Email |
| Department of State | 843-202-3807 | HRSC@state.gov |
| HR Service Center | | |
| Annuitant Services | | |
| 1999 Dyess Avenue, Building E | | |
| Charleston, SC 29405 | | |
6. Retain copies of evidence supporting your claimed earnings in the event you are required to furnish documentation of earnings.

How To Determine Which Income to Report

Include as earnings:

- All wages from employment covered by Social Security.
- Net Income from self-employment
- All cash pay for agricultural work, domestic work in a private home, service not in the course of your employer's trade or business.
- All pay, cash, or non-cash, for work as a home worker for a non-profit organization, no matter the amount. (The Social Security \$100.00 tax does not apply.)
- All pay for work not covered by Social Security, if the work is done in the United States, including pay for:
 - Family employment
 - Work as a student, student nurse, intern, newspaper, and magazine vendor
 - Work for States or foreign governments or instrumentalities
 - Work covered by the Railroad Retirement Act

Regardless of what income is called, if it is actually wages for services you performed or net earnings from self-employment you secured, it must be included in applying the earnings test.

Do not include as earnings:

- Pensions or annuities paid as retirement income, including your FSPS benefit, or any benefits received as a survivor.
- Salary earned before retirement and/or lump-sum payment for annual leave upon retirement. This includes any separation incentives.
- Distributions from your Thrift Savings Plan (TSP) or Individual Retirement Accounts (IRA).
- Unemployment compensation.
- Gifts, insurance proceeds, inheritances, scholarships, alimony, capital gains, net business losses, prize winnings.
- Payments-in-kind for domestic service in the employer's private home, for agricultural labor, for work not in the course of the employer's trade or business, or the value of meals and lodging.
- Rentals from real estate that cannot be counted in earnings from self-employment because, for instance, you were not a real estate dealer.
- Interest and dividends not resulting from trade or business.
- Pay for military training or for jury duty.
- Payments by an employer which are reimbursements specifically for your travel expenses and which are so identified by the employer at the time of payment and/or reimbursement or allowance for moving expenses, if they are not counted as wages for Social Security purposes.

FSPS Annuity Supplement Report

| | |
|--|---|
| Print Name Clearly | Employee ID or last four digits of SSN |
| Year of Income <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2022</div> | Date Received by HRSC (completed by HRSC) |

1. Is your annuity supplement currently reduced or terminated because you reported excess earnings last year? (Darken only one oval.)

☐ Yes (Please skip directly to question 3.)
☐ No (Please continue to question 2.)
2. Did you have any earnings after retirement and in the year entered above? (Darken only one oval.)

☐ Yes (Please continue to question 3.)
☐ No (Please sign and return document.)
3. What were your earnings *for the year entered above*?

Dollars
Cents

Warning: Your earnings are subject to verification with the Social Security Administration's earning file. Any intentional false statement or willful misrepresentation is punishable by fine, imprisonment, or both (18 U.S.C. 1001).

- **Complete and return this form even if you had no earnings for the year indicated in the box above.**
- **Failure to return this form may result in the termination of your annuity supplement.**
- **Please do not include your salary before your date of retirement or any annuity payments.**

| | |
|----------------|----------------------|
| Signature | Daytime Phone Number |
| E-mail address | Date: (mm/dd/yyyy) |

| Privacy Act Statement | |
|-----------------------|---|
| AUTHORITY | The information is sought pursuant to the Foreign Service Act (22 U.S.C. § 3901 <i>et seq.</i> and 22 U.S.C. § 4071) and E.O. 9397, as amended. 31 U.S.C. § 7701 requires any person doing business with the Federal government furnish a Social Security Number or tax identification number. |
| PURPOSE | The information solicited on this form will be used to determine your eligibility to continue receiving the annuity supplement and the amount of the supplement. |
| USES | The information may be shared with national, state, or local government, or the Social Security Administration in order to determine benefits and issue benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program or to report income for tax purposes. It may also be shared and verified, as noted above with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. More information on the Routine Uses for the system can found in the System of Records Notice, State-31, Human Resources Records. |
| DISCLOSURE | The collection of this information is voluntary; however, failure to provide may result in benefits being denied. |

**FEDERAL EMPLOYEES' HEALTH BENEFITS OPEN SEASON
MONDAY, NOVEMBER 14, 2022 TO MONDAY, DECEMBER 12, 2022**

The following information concerns annuitants with current Federal Employees Health Benefits (FEHB) Program coverage. If you do not have Federal health benefits coverage, please disregard this information.

The FEHB Open Season will be held from November 14 to December 12, 2022. The annual Open Season gives federal retirees the opportunity to review their health plan choices and make changes. **If you want to change your enrollment, you must submit your completed Health Benefits Election Form SF-2809** and provide family members eligibility by submitting supporting documentation **by December 12, 2022, to the HR Service Center**. For a list of Acceptable Document(s) to Verify FEHB Eligibility for Dependents visit the OPM website: <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members/#:~:text=A%20copy%20of%20any%20one,e.g.%2C%20National%20Medical%20Support%20Notice.>

During the Open Season, Annuitants who are currently enrolled in a “self only” plan and will be enrolling in a different “self-only” plan may use Annuitant Express to make the change in the FEHB enrollment. All other enrollment changes must be made by submitting a completed Health Benefits Election Form (SF-2809) along with family member eligibility documentation by December 12, 2022, to the Human Resources Service Center (HRSC). Foreign Service Annuitants should not make changes using OPM’s website or by mailing their SF 2809 to OPM.

Human Resources Service Center (HRSC)

Phone: 1-866-300-7419 (Toll free)
1-843-308-5539 (Outside the U.S.)
Fax: 1-843-202-3807
E-mail: HRSC@State.gov
Mailing Address: U.S. Department of State
HR Service Center – Annuitant Services
1999 Dyess Avenue, Building E
Charleston, SC 29405

FEHB SIGNIFICANT PLAN CHANGES

TABLE 1 – PLANS LEAVING THE FEHB PROGRAM

Enrollees in these terminating plans must make a positive election into another FEHB plan during Open Season or they will be enrolled in **GEHA Indemnity Benefit Plan, Elevate Option, 254/256/255 Plan Codes** (the lowest-cost nationwide plan option for 2023 as determined by OPM).

| State | FEHB Carrier | Plan Name | 2022 Enrollment Code(s) | Location (All Counties and/or ZIP codes affected) |
|----------|---|----------------------|-------------------------|---|
| Georgia | Blue Cross and Blue Shield of Georgia, Inc. | Blue Open Access POS | QM1, QM3, QM2 | Banks, Barrow, Bartow, Bibb, Butts, Carroll, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Crawford, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Harris, Heard, Henry, Houston, Jackson, Lamar, Madison, McDuffie, Meriwether, Monroe, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Richmond, Rockdale, Spalding, Talbot, Taliaferro, Troup, Upson, Walton and Wilkes |
| Virginia | HealthKeepers, Inc. | HealthKeepers | 9V1, 9V3, 9V2 | Counties of – Accomack, Albemarle, Augusta, Caroline, Charles City, Chesterfield, Clarke, Culpeper, Dinwiddie, Essex, Fairfax (west of St. Rt. 123 only), Fauquier, Fluvanna, Frederick, Gloucester, Goochland, Greene, Hanover, Henrico, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Loudon, Louisa, Madison, Mathews, Middlesex, New Kent, Northampton, Northumberland, Orange, Page, Prince George, Prince William (west of St. Rt. 123 only), Rappahannock, Richmond County, Rockingham, Shenandoah, Southampton, Spotsylvania, Stafford, Surry, Sussex, Warren, Westmoreland, and York and; |

| State | FEHB Carrier | Plan Name | 2022 Enrollment Code(s) | Location (All Counties and/or ZIP codes affected) |
|--------------|---------------------|-------------------|--------------------------------|--|
| | | | | Cities of - Charlottesville, Chesapeake, Colonial Heights, Franklin, Fredericksburg, Hampton, Hopewell, Manassas, Manassas Park, Newport News, Norfolk, Petersburg, Poquoson, Portsmouth, Richmond, Suffolk, Virginia Beach, and Williamsburg |
| New Jersey | EmblemHealth Inc. | EmblemHealth Plan | 804, 806, 805 | Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, and Union |
| New York | EmblemHealth Inc. | EmblemHealth Plan | 804, 806, 805 | New York City (the Boroughs of Manhattan, Brooklyn, Bronx, Queens, and Staten Island); all of Nassau, Suffolk, Rockland, Westchester, Broome, Cayuga, Chemung, Columbia, Cortland, Delaware, Dutchess, Franklin, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, St. Lawrence, Schuyler, Steuben, Sullivan, Tioga, Tompkins, and Ulster |
| Colorado | HMO Colorado Inc. | BlueAdvantage HMO | WW1, WW3, WW2, WW4, WW6, WW5 | Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Dolores, Douglas, Eagle, Elbert, El Paso, Fremont, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Jefferson, Kiowa, Kit Carson, Lake La Plata, Las Animas, Larimer, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, Weld, and Yuma |

| State | FEHB Carrier | Plan Name | 2022 Enrollment Code(s) | Location (All Counties and/or ZIP codes affected) |
|--------------|---------------------|------------------|--------------------------------|--|
| Missouri | HMO Missouri, Inc. | Blue Preferred | 9G1, 9G3, 9G2, 9G4, 9G6, 9G5 | Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St. Charles, St. Francois, St. Louis City, St. Louis County, Ste. Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, and Wright |
| Illinois | HMO Missouri, Inc. | Blue Preferred | 9G1, 9G3, 9G2, 9G4, 9G6, 9G5 | Madison, Monroe, and St. Clair |

TABLE 2 – PLANS ADDING NEW OPTIONS AND ENROLLMENT CODES

| State | FEHB Carrier | Plan Name | New Option | 2023 Enrollment Codes | Location (All Counties and/or ZIP codes affected) |
|--------------|--------------------------|--------------------------|-------------------|------------------------------|--|
| Ohio | Medical Mutual of Ohio | Medical Mutual of Ohio | WellFlex | F11, F13, F12 | Brown, Butler, Clermont, Greene, Hamilton, Montgomery and, Warren |
| California | Health Net of California | Health Net of California | Standard | P64, P66, P65 | <p>Kern, Los Angeles, Orange, and parts of Riverside, San Bernardino, and San Diego</p> <p>Riverside: 91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, and 92883</p> <p>San Bernadino: 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92301, 92305, 92307, 92308, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92327, 92329, 92331, 92333, 92334, 92335, 92336, 92337,</p> |

| State | FEHB Carrier | Plan Name | New Option | 2023 Enrollment Codes | Location (All Counties and/or ZIP codes affected) |
|-------|--------------|-----------|------------|-----------------------|---|
| | | | | | <p>92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92365, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92398, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, and 92427</p> <p>San Diego: 91901, 91902, 91903, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91917, 91921, 91931, 91932, 91933, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91948, 91950, 91951, 91976, 91977, 91978, 91979, 92003, 92007, 92008, 92009, 92010, 92011, 92013, 92014, 92018, 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92067, 92068, 92069, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92088, 92091, 92092, 92093, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92136, 92137, 92138, 92139, 92140, 92142, 92143, 92145, 92147,</p> |

| State | FEHB Carrier | Plan Name | New Option | 2023 Enrollment Codes | Location (All Counties and/or ZIP codes affected) |
|-------|--------------|-----------|------------|-----------------------|---|
| | | | | | 92149, 92150, 92152, 92153, 92154, 92155, 92158, 92159, 92160, 92161, 92163, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92182, 92186, 92187, 92191, 92192, 92193, 92195, 92196, 92197, 92198, and 92199 |

TABLE 3 – SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES

| State | FEHB Carrier | Plan Name | Plan Option | 2023 Enrollment Codes | Location of Areas (Counties and/or ZIP codes affected) |
|---------|--|------------------------------------|-----------------------|---|--|
| Georgia | Humana Employers Health Plan of Georgia, Inc. | Humana CoverageFirst/Value Plan | CDHP Value | AD1, AD3, AD2 AD4, AD6, AD5 | Carroll, Chattooga, Dade, Haralson, Heard, and Walker |
| Georgia | Humana Employers Health Plan of Georgia, Inc. | Humana HDHP | HDHP | AR1, AR3, AR2 | Carroll, Chattooga, Dade, Haralson, Heard, and Walker |
| Oregon | Kaiser Foundation Health Plan of the Northwest | Kaiser Permanente - Northwest | High Standard Prosper | 571, 573, 572 574, 576, 575 AM1, AM3, AM2 | ZIP codes of 97321 in Benton County and 97383 in Linn County |
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | Standard Option | *A84, A86, A85 | Bexar, Comal, Guadalupe, and Houston |

| State | FEHB Carrier | Plan Name | Plan Option | 2023 Enrollment Codes | Location of Areas (Counties and/or ZIP codes affected) |
|-------|-----------------------------|------------------------------------|-----------------|-----------------------|---|
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | Standard Option | *P84, P86, P85 | Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Brown, Callahan, Carson, Castro, Childress, Cochran, Collingsworth, Comanche, Cottle, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Grayson, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Jones, Kent, King, Knox, Lamb, Lipscomb, Loving, Lubbock, Lynn, Martin, Midland, Mitchell, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reeves, Roberts, Scurry, Shackelford, Sherman, Stephens, Stonewall, Swisher, Taylor, Terry, Throckmorton, Upton, Ward, Wheeler, Winkler, and Yoakum |
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | Basic Option | A81, A83, A82 | Austin, Bastrop, Bexar, Blanco, Bosque, Burleson, Caldwell, Coke, Coleman, Comal, Concho, Crockett, Falls, Fayette, Freestone, Grimes, Guadalupe, Hamilton, Hays, Hill, Houston, Irion, Kimble, Lee, Leon, Limestone, Madison, Mason, McCulloch, Menard, Mills, Reagan, Robertson, Runnels, Schleicher, Sterling, Sutton, Tom Green, Walker, and Waller |

| State | FEHB Carrier | Plan Name | Plan Option | 2023 Enrollment Codes | Location of Areas (Counties and/or ZIP codes affected) |
|-------|-----------------------------|------------------------------------|--------------|-----------------------|---|
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | Basic Option | *P81, P83, P82 | Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Brown, Callahan, Carson, Castro, Childress, Cochran, , Collingsworth, Comanche, Cottle, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Erath, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Grayson, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Hood, Howard, Hutchinson, Jones, Kent, King, Knox, Lamb, Lipscomb, Loving, Lubbock, Lynn, Martin, Midland, Mitchell, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reeves, Roberts, Scurry, Shackelford, Sherman, Somervell, Stephens, Stonewall, Swisher, Taylor, Terry, Throckmorton, Upton, Ward, Wheeler, Winkler, and Yoakum |

* See table 8 for service area name changes.

TABLE 4 – SERVICE AREA EXPANSIONS ADDING NEW ENROLLMENT CODES

| State | FEHB Carrier | Plan Name | Plan Option | 2023 New Enrollment Codes | Location of Areas (Counties and/or ZIP codes affected) |
|--------------|-------------------------|------------------|--------------------|----------------------------------|---|
| Kentucky | Humana Health Plan Inc. | Humana HDHP | HDHP | FW1, FW3, FW2 | Lexington area: Counties of Anderson, Bath, Bourbon, Boyle, Bracken, Clark, Estill, Fayette, Fleming, Franklin, Garrard, Harrison, Jessamine, Madison, Menifee, Mercer, Montgomery, Nicholas, Owen, Powell, Robertson, Scott, and Woodford |
| Kentucky | Humana Health Plan Inc. | Humana HDHP | HDHP | FZ1, FZ3, FZ2 | Louisville area: Counties of Bullitt, Carroll, Green, Hardin, Henry, Jefferson, Larue, Meade, Nelson, Marion, Oldham, Shelby, Spencer, Taylor, Trimble, and Washington |
| Indiana | Humana Health Plan Inc. | Humana HDHP | HDHP | FZ1, FZ3, FZ2 | Clark, Floyd, Harrison, Scott, and Washington |

TABLE 5 – NEW PLANS ENTERING THE FEHB PROGRAM

| State | FEHB Carrier | Plan Name | Plan Option | 2023 New Enrollment Codes | Location of Areas (Counties and/or ZIP codes affected) |
|--------------|---------------------------------------|--------------------------------|--------------------|----------------------------------|--|
| Indiana | Indiana University Health Plans, Inc. | Indiana University Health Plan | High | FS1, FS3, FS2 | Blackford, Boone, Brown, Carroll, Clinton, Delaware, Fountain, Grant, Hamilton, Hendricks, Jay, Johnson, Lawrence, Marion, Monroe, Montgomery, Morgan, Orange, Owen, Putnam, Randolph, Shelby, Tippecanoe, Tipton, and White |

TABLE 6 – PLANS CHANGING NAMES

| State | FEHB Carrier | Old Plan Name | New Plan Name | Plan Codes |
|--------------|---------------------|----------------------|----------------------|-------------------|
| Utah | SelectHealth, Inc. | SelectHealth Plan | SelectHealth, Inc. | SF, WX |

TABLE 7 – PLANS CHANGING NAMES OF EXISTING PLAN OPTIONS

| State | FEHB Carrier | Plan Name | Old Plan Option Name | New Plan Option Name | Plan Codes |
|----------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-------------------|
| Maryland | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | Standard HealthyBlue | Standard BlueChoice | 2G4, 2G6, 2G5 |
| Maryland | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | HealthyBlue Advantage HDHP | BlueChoice Advantage HDHP | B61, B63, B62 |
| District of Columbia | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | Standard HealthyBlue | Standard BlueChoice | 2G4, 2G6, 2G5 |
| District of Columbia | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | HealthyBlue Advantage HDHP | BlueChoice Advantage HDHP | B61, B63, B62 |
| Virginia | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | Standard HealthyBlue | Standard BlueChoice | 2G4, 2G6, 2G5 |
| Virginia | CareFirst BlueChoice, Inc. | CareFirst BlueChoice, Inc. | HealthyBlue Advantage HDHP | BlueChoice Advantage HDHP | B61, B63, B62 |

TABLE 8 – SERVICE AREA NAME CHANGE

| State | FEHB Carrier | Plan Name | Plan Code for 2023 | 2022 Service Area Name | 2023 Service Area Name |
|-------|-----------------------------|------------------------------------|--------------------|------------------------|------------------------|
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | **A84, A86, A85 | Central and West Texas | Central Texas |
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | **P84, P86, P85 | North Texas | North and West Texas |
| Texas | Scott and White Health Plan | Baylor Scott and White Health Plan | **P81, P83, P82 | North Texas | North and West Texas |
| Ohio | Medical Mutual of Ohio | Medical Mutual of Ohio | ***644, 646, 645 | Northeast Plan | Northern Ohio |
| Ohio | Medical Mutual of Ohio | Medical Mutual of Ohio | ***UX1, UX3, UX2 | Northeast Plan | Northern Ohio |

**Please see table 3 for service area expansion for these service areas.

*** Please see Table 9 for code merger details.

TABLE 9 – ENROLLMENT CODE MERGER WITH TERMINATING ENROLLMENT CODE

The payroll office must automatically move enrollees into their new FEHB plan's 2023 codes unless the enrollees select another FEHB plan during Open Season.

| State | FEHB Plan Name | Plan Option | Terminating Enrollment Codes (end of 2022) | Merging into 2023 Existing Enrollment Codes |
|-------|------------------------|-------------|--|---|
| Ohio | Medical Mutual of Ohio | Standard | X64, X66, X65 | 644, 646, 645 |
| Ohio | Medical Mutual of Ohio | Basic | X61, X63, X62 | UX1, UX3, UX2 |



Federal Employees
Health Benefits Program

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 <input type="checkbox"/> M <input type="checkbox"/> F | | 5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Home mailing address (including ZIP Code) | | | | 7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D | | 8. Medicare Beneficiary Identifier | | | |
| | | | | 9. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No | | | | | |
| 10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> F | | 17. Relationship code | |
| 18. Address (if different from enrollee) | | | | 19. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D | | 20. Medicare Beneficiary Identifier | | | |
| | | | | 21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input type="checkbox"/> No | | | | | |
| 22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> F | | 29. Relationship code | |
| 30. Address (if different from enrollee) | | | | 31. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D | | 32. Medicare Beneficiary Identifier | | | |
| | | | | 33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input type="checkbox"/> No | | | | | |
| 34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> F | | 41. Relationship code | |
| 42. Address (if different from enrollee) | | | | 43. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D | | 44. Medicare Beneficiary Identifier | | | |
| | | | | 45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input type="checkbox"/> No | | | | | |
| 46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> 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. | | | | | | | | | |
| 47. Email address (if applicable, enter email address of your spouse or adult child) | | | | | 48. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child) | | | | |

Enrollee name: _____ Date of birth: _____

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)

| | |
|--------------|--------------------|
| 1. Plan name | 2. Enrollment code |
|--------------|--------------------|

Part C - FEHB Plan You Are Enrolling In or Changing To

| | |
|--------------|--------------------|
| 1. Plan name | 2. Enrollment code |
|--------------|--------------------|

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 6)

| | |
|---------------------|--------------------------------|
| 1. Event code 2A | 2. Date of event 11/14/2022 |
|---------------------|--------------------------------|

Part E - Election NOT to Enroll (Employees Only)

☐ I do NOT want to enroll in the FEHB Program.
My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

Part F - Cancellation of FEHB

☐ I CANCEL my enrollment.
My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part G - Suspension of FEHB (Annuitants/Former Spouses Only)

☐ I SUSPEND my enrollment.
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

| | |
|----------------------------------|----------------------|
| 1. Your signature (do not print) | 2. Date (mm/dd/yyyy) |
|----------------------------------|----------------------|

Part I - To be completed by agency or retirement system

REMARKS

| | | |
|--|--|---|
| 1. Date received (mm/dd/yyyy) | 2. Effective date of action (mm/dd/yyyy) 01/01/2023 | 3. Personnel telephone number (866) 300-7419 |
| 4. Name and address of agency or retirement system | | 5. Authorizing official (please print) |
| ----- | | 6. Signature of authorized agency official |
| 7. Payroll office number 19-00-0001 | 8. Payroll office contact (please print) Payroll Customer Support | 9. Payroll telephone number (877) 865-0760 |

INSTRUCTIONS FOR COMPLETING THE SF 2809

Information about the FEHB Program can be found on OPM's website at: <https://www.opm.gov/healthcare/insurance/healthcare/plan-information/plans/>. The SF-2809 can also be accessed on OPM's website at https://www.opm.gov/forms/pdf_fill/sf2809.pdf.

Part A — Enrollee and Family Member Information.

- Item 5. If you are separated but not divorced, you are still married.
- Item 7. If you have Medicare, show which Parts you have. Also indicate whether you have prescription drug coverage under the Medicare Part D program.
- Item 9. If you have other group health insurance (private, state, Medicaid, CHAMPVA), check the box.
- Item 10. Check the appropriate block. If other, write the name of any other insurance you have. TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors. This includes TRICARE for Life for members 65 and over.
- Items 13, 25, 37. Complete information for family members **only if your enrollment is for Self Plus One or Self and Family**. (If you need extra space for additional family members, list them on a separate sheet and attach.) If a family member has Medicare, show which parts he/she has on the line with his/her name.
- Items 17, 29, 41. Provide the code that indicates the relationship of each eligible family member to you.

| CODE | Family Relationship |
|------|---|
| 01 | Spouse |
| 19 | Child under age 26 |
| 09 | Adopted Child under age 26 |
| 17 | Stepchild under age 26 |
| 10 | Foster Child under age 26 |
| 99 | Disabled child age 26 or older incapable of self-support because of a physical or mental disability that began before age 26. |

Part F — Cancellation of FEHB

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. The HR Service Center can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment. If you cancel your enrollment for any other reason, you cannot later reenroll, and you and any family members previously covered by your enrollment are not entitled to a 31-day temporary extension of coverage or are not entitled to convert to an individual policy.

Part G — Suspension of FEHB

Place an “X” in the box only if you are an annuitant or former spouse and wish to suspend your FEHB enrollment. Also enter your present enrollment code in Part B. You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- ◆ A Medicare HMC or Medicare Advantage plan,
- ◆ Medicaid or similar State-sponsored program of medical assistance for the needy,
- ◆ TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), or
- ◆ CHAMPVA or
- ◆ Peace Corps

You can re-enroll in the FEHB Program if your other coverage ends. If your coverage ends *involuntarily*, you can reenroll 31 days before through 60 days after loss of coverage. If your coverage ends *voluntarily* because you disenroll, you can reenroll during the next open season. You must submit documentation of eligibility for coverage under the non-FEHB Program to the HR Service Center with your SF-2809.

FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP)

The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers supplemental dental and vision benefits and is available to annuitants who are eligible to enroll in the FEHB Program. It does not matter if the annuitant is actually enrolled in FEHB – eligibility is the key. Unlike FEHB, there is no five-year requirement to continue coverage into retirement. Premiums vary by plan and by enrollment type (Self, Self + One, and Self + Family). More information is available at: <https://www.opm.gov/healthcare-insurance/dental-vision>.

Eligible individuals may enroll during the upcoming **Open Season, November 14, 2022, through December 12, 2022**, during subsequent annual Open Seasons or after a qualifying life event that permits enrollment outside of open season. Enrollment continues automatically from year to year, including when enrollees retire. For the upcoming Open Season, you can enroll, change or cancel your FEDVIP enrollment using the website (<https://www.benefeds.com/>) or by calling 1-877-888-3337, no later than **December 12, 2022**. **You cannot enroll in, make changes, or cancel your FEDVIP enrollment using a SF-2809. You must contact BENEFEDS directly.** The HR Service Center and the Annuity Pay Processing Branch cannot make changes to your account on your behalf.

INSURANCE BENEFITS

TEMPORARY CONTINUATION OF HEALTH COVERAGE (TCC)

Certain individuals who lose eligibility to participate in the FEHB program become eligible to continue their FEHB coverage on a temporary basis. This law applies to children of FEHB enrollees who lose their coverage when reaching age 26, and certain former spouses who would not otherwise be eligible to continue FEHB enrollment. Be advised that a surviving spouse who is not entitled to a survivor annuity is also not eligible to participate in TCC.

To acquire TCC, one must elect coverage within 60 days of the event (or 60 days from the notification from the employing office, whichever is later) which causes the loss of coverage (e.g., the date of divorce or a child's 26th birthday) and submit Form SF-2809 to the HR Service Center. The premium for those who

acquire temporary FEHB coverage will be higher than the regular premium for FEHB enrollments because it will include both the employee's and government's share of the cost of the enrollment, plus a 2% administrative fee. For more information, please consult OPM's website, <https://www.opm.gov/healthcare-insurance/healthcare/temporary-continuation-of-coverage>. Form SF-2809 is included in this Newsletter.

FEDERAL LONG TERM CARE INSURANCE PROGRAM

The Federal Long Term Care Insurance Program (LTCIP) pays benefits for services that individuals may need if they are unable to care for themselves because of an extended illness or injury or due to an age-related disease such as Alzheimer's. LTCIP can provide broad, flexible benefits for nursing home care, care in an assisted living facility, in-home care, adult day care, hospice care, and more.

More information, including current premiums, can be obtained by accessing the LTCIP website: <http://www.ltcfeds.com/>. To speak to a certified long-term care insurance specialist, call: 1-800-LTC-FEDS (1-800-582-3337) 8 am to 6 pm EST. You must contact LTCIP directly. The HR Service Center and the Annuity Pay Processing Branch cannot make changes to your account on your behalf.

FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

The following information concerns annuitants with existing FEGLI coverage. If you do not have FEGLI coverage, please disregard this information. Please note that you may not elect any new coverage after retirement. You may only decrease coverage.

If you were eligible to continue your FEGLI enrollment when you retired, you selected basic coverage or basic coverage plus additional coverage under options A, B or C. [The Basic Insurance Amount (BIA) is the amount of your salary on the date you retired, rounded up to the nearest \$1,000, plus \$2,000.] The amount of Basic insurance in force as an annuitant may start to reduce when you reach age 65 depending on the election you made at the time you retired or following a reduction option selected after retirement. Once you retire you cannot increase your coverage, but you can reduce it. This assumes that you have not assigned, i.e., transferred ownership of your life insurance, to another party. If you have assigned to another party, you cannot make any changes in your coverage.

If you cancel your Basic insurance coverage, you will cancel all of your coverage. You must continue basic coverage to continue optional insurance coverage. When you retired, you had three options:

- Option A added \$10,000 to the amount of Basic insurance in force.
- Option B added up to five multiples of your salary on the date you retired rounded up to the higher thousand dollars. This option may also start to reduce at age 65 depending on your election.
- Option C added coverage only for family members. You could have purchased up to five multiples of \$5,000 each for a maximum benefit of \$25,000 for your spouse, and up to five multiples of \$2,500 each for a maximum benefit of \$12,500 for each eligible dependent child. This option may also start to reduce at age 65 depending on your election.

If you do not know what type of coverage you have selected, you can send your query to the HR Service Center at HRSC@state.gov, and they will look up your life insurance coverage. Additionally, you can obtain your FEGLI code from Annuitant Express on www.employeeexpress.gov. The following chart lists the FEGLI codes and the definition of each code's coverage.

| FEGLI Coverage Code | Definition |
|----------------------------|--|
| A0 | Ineligible |
| B0 | Waived |
| C0 | Basic only |
| D0 | Basic + Option A |
| E1 | Basic + Option C (1x) |
| E2 | Basic + Option C (2x) |
| E3 | Basic + Option C (3x) |
| E4 | Basic + Option C (4x) |
| E5 | Basic + Option C (5x) |
| F1 | Basic + Option A + Option C (1x) |
| F2 | Basic + Option A + Option C (2x) |
| F3 | Basic + Option A + Option C (3x) |
| F4 | Basic + Option A + Option C (4x) |
| F5 | Basic + Option A + Option C (5x) |
| GO | Basic + Option B (1x) |
| HO | Basic + Option B (1x) + Option A |
| I1 | Basic + Option B (1x) + Option C (1x) |
| I2 | Basic + Option B (1x) + Option C (2x) |
| I3 | Basic + Option B (1x) + Option C (3x) |
| I4 | Basic + Option B (1x) + Option C (4x) |
| I5 | Basic + Option B (1x) + Option C (5x) |
| J1 | Basic + Option B (1x) + Option A + Option C (1x) |
| J2 | Basic + Option B (1x) + Option A + Option C (2x) |
| J3 | Basic + Option B (1x) + Option A + Option C (3x) |
| J4 | Basic + Option B (1x) + Option A + Option C (4x) |
| J5 | Basic + Option B (1x) + Option A + Option C (5x) |
| KO | Basic + Option B (2x) |
| LO | Basic + Option B (2x) + Option A |
| M1 | Basic + Option B (2x) + Option C (1x) |
| M2 | Basic + Option B (2x) + Option C (2x) |
| M3 | Basic + Option B (2x) + Option C (3x) |
| M4 | Basic + Option B (2x) + Option C (4x) |
| M5 | Basic + Option B (2x) + Option C (5x) |
| N1 | Basic + Option B (2x) + Option A + Option C (1x) |
| N2 | Basic + Option B (2x) + Option A + Option C (2x) |
| N3 | Basic + Option B (2x) + Option A + Option C (3x) |
| N4 | Basic + Option B (2x) + Option A + Option C (4x) |

| FEGLI Coverage Code | Definition |
|----------------------------|--|
| N5 | Basic + Option B (2x) + Option A + Option C (5x) |
| 9O | Basic + Option B (3x) |
| PO | Basic + Option B (3x) + Option A |
| Q1 | Basic + Option B (3x) + Option C (1x) |
| Q2 | Basic + Option B (3x) + Option C (2x) |
| Q3 | Basic + Option B (3x) + Option C (3x) |
| Q4 | Basic + Option B (3x) + Option C (4x) |
| Q5 | Basic + Option B (3x) + Option C (5x) |
| R1 | Basic + Option B (3x) + Option A + Option C (1x) |
| R2 | Basic + Option B (3x) + Option A + Option C (2x) |
| R3 | Basic + Option B (3x) + Option A + Option C (3x) |
| R4 | Basic + Option B (3x) + Option A + Option C (4x) |
| R5 | Basic + Option B (3x) + Option A + Option C (5x) |
| SO | Basic + Option B (4x) |
| TO | Basic + Option B (4x) + Option A |
| U1 | Basic + Option B (4x) + Option C (1x) |
| U2 | Basic + Option B (4x) + Option C (2x) |
| U3 | Basic + Option B (4x) + Option C (3x) |
| U4 | Basic + Option B (4x) + Option C (4x) |
| U5 | Basic + Option B (4x) + Option C (5x) |
| V1 | Basic + Option B (4x) + Option A + Option C (1x) |
| V2 | Basic + Option B (4x) + Option A + Option C (2x) |
| V3 | Basic + Option B (4x) + Option A + Option C (3x) |
| V4 | Basic + Option B (4x) + Option A + Option C (4x) |
| V5 | Basic + Option B (4x) + Option A + Option C (5x) |
| WO | Basic + Option B (5x) |
| XO | Basic + Option B (5x) + Option A |
| Y1 | Basic + Option B (5x) + Option C (1x) |
| Y2 | Basic + Option B (5x) + Option C (2x) |
| Y3 | Basic + Option B (5x) + Option C (3x) |
| Y4 | Basic + Option B (5x) + Option C (4x) |
| Y5 | Basic + Option B (5x) + Option C (5x) |
| Z1 | Basic + Option B (5x) + Option A + Option C (1x) |
| Z2 | Basic + Option B (5x) + Option A + Option C (2x) |
| Z3 | Basic + Option B (5x) + Option A + Option C (3x) |
| Z4 | Basic + Option B (5x) + Option A + Option C (4x) |
| Z5 | Basic + Option B (5x) + Option A + Option C (5x) |

To obtain the value of your FEGLI coverage, please contact OPM. There are two ways to access your FEGLI coverage information:

1. E-mail retire@opm.gov to request that your Verification of Life Insurance (VOLI) be mailed to you. Be sure to include your retirement claim number (CSI/CSA/CSF) in your email. You can find your CSI number on your SF-2820 FEGLI Certification of Insured Employee's Retirement Status. Please contact the HR Service Center at HRSC@state.gov if you need help finding your CSI number.
2. Call 1-888-767-6738 to request that your VOLI be mailed to you. The phone lines are open Monday through Friday 7:40 am to 5:00 pm ET. The phone lines can get extremely busy, so we recommend calling early in the morning or late in the evening when the lines are less busy. Have your retirement claim number (CSI) or social security number handy.

Your FEGLI Coverage after Age 65

Basic Insurance: At retirement, you selected the Basic Insurance Amount (BIA) you wanted to continue after age 65 based on the premium you elected to pay. The choices were 75 percent reduction, 50 percent reduction, or no reduction. If you elected 75 percent reduction, the amount of insurance in effect equals your BIA reduced by 2 percent each month until 25 percent of the pre-retirement amount remains. If you elected 50 percent reduction, your BIA reduces by 1 percent of the pre-retirement amount each month until 50 percent of the pre-retirement amount remains. If you elected no reduction, your BIA will not reduce and 100 percent of the pre-retirement amount is payable as a death benefit.

The amount you pay for optional life insurance depends on your age, any additional options you selected, and the rate at which your coverage is reduced once you reach age 65.

- ◆ *Option A:* Provides \$10,000 in coverage. At age 65, it will automatically reduce by 2 percent per month until it reaches 25% of the pre-retirement amount (\$2,500.00). There is no election for you to make for Option A because there is no cost after age 65.
- ◆ *Option B and Option C:* The choices were full reduction or no reduction of some or all multiples.
 - Under full reduction, the face value of each multiple of Option B and/or Option C reduces by 2 percent per month of the pre-retirement amount for 50 months, at which time this coverage will end. There is no cost after age 65 for full reduction.
 - Under no reduction, the face value of those multiples of Option B and/or Option C coverage will never reduce. However, premiums under the no reduction election normally increase upon reaching certain age bands.

You may cancel or change from a no reduction election to a full reduction at any time. However, a full reduction election cannot be changed any time to a no reduction election. If you wish to cancel or reduce your FEGLI coverage, please submit a completed SF-2818 to the HR Service Center. You can obtain an SF-2818 from the Office of Personnel Management's website at http://www.opm.gov/forms/pdf_fill/sf2818.pdf.

For detailed information please visit the FEGLI Handbook at <https://www.opm.gov/healthcare-insurance/life-insurance/reference-materials/handbook.pdf>.

RE-EMPLOYED ANNUITANT (REA) PROGRAM

The centralized Reemployed Annuitant (REA) Central Registry is managed by the Bureau of Global Talent Management's Office of Talent Services (GTM/TS).

Annuitants interested in having their name added to the Central Registry should contact the REA Team at **TS-REA@state.gov**

The central registry may be used within the Department to find potential candidates to fill REA positions.

However, having your contact information added to the registry does not guarantee or imply that you will receive employment. There are not enough REA positions available to accommodate every annuitant seeking reemployment. Instead, the central registry acts as a database to increase a hiring manager's pool of candidates.

The below resources can be found on the Retirement Network (RNet) website (<https://rnet.state.gov>) under the section "Reemployed Annuitant (REA) Program."

| Document Name | Description |
|-----------------------------|---|
| Fact Sheet | Provides overview and basic information about the program. |
| Hours Tracker | Spreadsheet created to help annuitants track the hours worked in a calendar year. You should download the spreadsheet to your computer and enter the appropriate hours each day. Formulas in the spreadsheet automatically add the total hours for each month and display the total hours for the calendar year in red at the top of the spreadsheet. |
| Required Skills for Bureaus | Specific skills requested by bureaus. The document only has skills for the bureaus and offices that provided information. |

LIMITS ON REEMPLOYMENT OF ANNUITANTS

If a Foreign Service annuitant is reemployed under a full-time Civil Service, Legislative or Judicial Branch or a Presidential appointment (other than part-time or intermittent, as defined below), payment of the employee's annuity is suspended. At the conclusion of the appointment, payment of the annuity resumes, together with intervening cost of living adjustments (COLAs) applicable during the period of reemployment. Employment in a private company or on a personal services contract (PSC) does not trigger suspension of one's FSPS or FSRDS annuity.

Any Federal agency or branch of government (including the Legislative and Judicial branches) that reemploys an FSRDS or FSPS annuitant must notify the State Department at: HRSC@state.gov or at U.S. Department of State, HR Service Center, Annuitant Services, 1999 Dyess Avenue, Building E, Charleston, SC, 29405. The employing agency must send the HR Service Center a copy of the Notification of Personnel Action (SF-50) and take other appropriate actions, as directed by GTM/RET, including salary reduction.

CAP ON PART-TIME, TEMPORARY, AND INTERMITTENT APPOINTMENTS

In any calendar year, the *sum* of the employee's annuity and salary cannot exceed his/her salary at the time of retirement (not adjusted for inflation), or the full-time salary of the position of reemployment, whichever is higher. Payment of your Foreign Service annuity may be continued, subject to the cap on total compensation in any calendar year when reemployed in Federal service on a part-time, temporary, or intermittent basis.

- An intermittent appointment is an appointment without a regularly scheduled tour of duty. Reemployed annuitants working on a WAE (when actually employed) schedule cannot exceed 1040 hours of work in an appointment year. There are also calendar year salary caps that apply.
- An appointment is considered part-time when the regular tour of duty is less than a full-time appointment of 40 hours per week.
- A temporary appointment is an appointment that is less than permanent, or career, in nature, for a period not in excess of one year.

WHAT'S IN THE CAP

Any annuity payment received, including FSPS annuity supplements, within a particular calendar year is considered income for purposes of calculating how much you can earn when employed as an REA before you exceed your salary/annuity cap (22 U.S. Code § 4064 (b)).

Compensation for this purpose includes annuity payments to a former spouse entitled to benefits under the Foreign Service Act. Annuity payments to the retiree and former spouse are included unless they were scheduled for receipt in a prior or subsequent year. Salary paid before retirement is not included in the cap.

| Annuity Cap | |
|---|--|
| What's included in the cap? | What's excluded from the cap? |
| <ul style="list-style-type: none">• Monthly annuity benefit• FSPS annuity supplement• Locality pay• Annuity payments to a former spouse entitled to benefits under the FS Act* | <ul style="list-style-type: none">• Danger pay for foreign assignments and awards• Salary paid before retirement• Lump sum payments of annual leave and salary differentials |

* Generally, if the retiree's annuity is suspended and there is a former spouse who is entitled to a pension, the former spouse's pension will be withheld from the retiree's active salary to reimburse the FSRDS or the FSPS fund.

If you are reemployed as an REA and you do not abide by the limits on total compensation, your annuity may be suspended. Thus, it is ultimately your responsibility to monitor your earnings to ensure they do not exceed the limitations. However, within 2 months of meeting a salary limit, ANP is committed to providing you with an audit that lists your salary at retirement, your reemployment salary, and the amount you can earn each calendar year and is e-mailed to affected annuitants. This audit notifies the annuitant of the potentially impending pay cap and the potential for annuity reduction as a result. In addition to the salary/annuity limitation, the hours worked as an REA are part of a separate limitation and are based on the appointment year, not the calendar year.

You can access your REA earnings and leave statements through Employee Express at <https://www.employeeexpress.gov> on the Internet. You must enter your login ID and a password to access your privacy-protected information. Please note that when asked to select your agency, you should select "Department of State."

IMPORTANT INFORMATION FOR FOREIGN SERVICE ANNUITANTS

REVIEW YOUR DESIGNATION OF BENEFICIARY FORMS

Retirees may complete up to three designations of beneficiary forms for: lump-sum retirement payments, life insurance benefits, and the Thrift Savings Plan (TSP). These forms are the only recognized methods to change beneficiaries – personal wills and last testaments are limited to describing what has been designated on the official forms. Since the most recent designation governs, you are reminded to check your records to make sure that your beneficiary forms reflect your current wishes. For TSP, check the beneficiary listed on your annual TSP account statement. The following chart provides additional information for updating beneficiaries.

| Form | Purpose | Obtain Form From | Submit Original Form To |
|---|---|---|--|
| DS-5002 Foreign Service Retirement System | This is the lump sum amount of the annuity payable in the month of death, from the first of the month to the date of death | https://rnet.state.gov Click on “Forms” and then click on “Retiree/Annuitant Information and Forms” | Human Resources Service Center (HRSC) 1999 Dyess Avenue Building E Charleston, SC 29405 For questions, call 1-866-300-7419. |
| SF-2823 Federal Employees Group Life Insurance (FEGLI) Program | Payment of the annuitant's FEGLI benefits is based on the coverage in effect at death. Assignment of your life insurance to another person, or a valid court order that governs payments of your benefits will have priority over any FEGLI designation of beneficiary form you complete, as explained on the form. | https://rnet.state.gov Click on “Forms” and then click on “Retiree/Annuitant Information and Forms” | Office of Personnel Management (OPM) Retirement Operations Center P.O. Box 45 Boyers, PA 16017-0045 For questions, call 1-888-767-6738. You may also write to OPM or send an email to retire@opm.gov . You must indicate that you are a Foreign Service retiree and include your CSI number. |
| TSP-3 Thrift Savings Plan | Payment of an annuitant's TSP account balance as of the date of death. | www.tsp.gov | Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238 For questions, call 1-877-968-3778 |

If there is no designation of beneficiary form on file, the law provides for automatic payment of benefits by order of precedence: (1) the surviving spouse, (2) the surviving child or children, (3) the parents in equal shares or the entire amount to the surviving parent, (4) the duly appointed executor or administrator of the estate, and (5) the next of kin as determined by the Secretary. Designation of beneficiary forms should be updated as personal situations change.

APPLY FOR A RETIREE ID CARD

If you have business at the Harry S Truman Building (HST) or State Annex 1 (SA-1 Columbia Plaza), you may apply to Diplomatic Security (DS) for a Retiree identification card, which is valid for five years. When holders of Retiree ID cards enter HST or SA-1, they are issued a Retiree Visitor Pass that allows them unescorted access during normal business hours to HST's customer service areas (1st floor and the Foggy Bottom) and the 3rd floor Ralph Bunche Library, SA-1's Office of Retirement (GTM/RET) and the Office of Medical Services (MED) suites and service areas. Retiree ID holders who wish to visit offices in other parts of HST or SA-1 must obtain a visitor badge from a building access receptionist and may then proceed unescorted during normal business hours.

Please forward any inquiries or requests for Retiree ID cards to gtm_retiree_badge@state.gov or by calling 202-261-8960 and leaving a message. GTM/RET will coordinate completion of the DS-1838 form with the retiree. GTM/RET will certify the retiree's status, sign it electronically and send the form to the Diplomatic Security Identification Services (DSIS) SA-9 office, after which the retiree may proceed to the SA-9 ID Unit (located at 2025 E Street, NW, Suite SE1051, Washington, D.C.) for their previously scheduled appointment to apply for the Retiree ID card.

Important Note: You must make an appointment with DSIS prior to contacting GTM/RET. GTM/RET cannot forward the approved DS-1838 to DSIS unless you already have the DSIS appointment scheduled.

Retiree ID Services Appointment Scheduling

Applicants may schedule their own appointments through the ID Services Appointment System by contacting the ID Customer Service Center via email at idservicescsc@state.gov or by calling (202) 647-1775.

When applying at the SA-9 ID Unit, two valid forms of identification are required. Preferred forms of identification are a U.S. passport and a state driver's license. Other acceptable forms of identification are listed on DHS Form I-9 – Employment Eligibility Verification (found on <http://www.uscis.gov>). The badge must be applied for within ten days after the GTM/RET retirement counselor certifies the DS-1838.

The SA-9 ID Unit is open Monday through Friday excluding holidays, from 9:00 a.m. to 4:00 p.m., for service by appointment only. Applicants with appointments must arrive no earlier than 10 minutes prior to their appointment to avoid overcrowding in the DSIS lobby. Applicants will not be processed until their scheduled time.

Expired, Lost, or Damaged Retiree ID

Questions related to expired, lost, or damaged IDs and questions about other approved forms of identification should be referred to the DS ID Customer Service Center at 202-647-1775 or 1-888-671-3747 or via email at: idservicescsc@state.gov.

Note: For non-Career Ambassadors, please email Edward Capers, Jr., directly at CapersE@State.gov to coordinate. The same process applies above once you have the form. This can be done at a future date for Ambassadors when in the DC area.

REPORT CHANGES IN MARITAL STATUS

All annuitants (retirees, their survivors, and former spouses) must keep the Department informed of changes in marital status (death of spouse, divorce, or marriage/remarriage) by notifying the HR Service Center and providing appropriate documentation. **Delays in reporting changes in marital status to the HR Service Center will delay, or in some cases permanently prevent, the benefits adjustment.** For example:

- Spouses who divorce may be entitled to continuation of health coverage through the Federal Employees Health Benefits (FEHB) Program.
- An annuitant who had elected a survivor annuity for a spouse and whose marriage terminates by death or divorce, may be entitled to an increase in annuity, effective the first of the month after the month in which the marriage terminated. If the marriage was terminated by divorce, the former spouse may qualify for part of the annuity and/or survivor benefits.
- An annuitant under FSPS who marries after retirement may elect a survivor annuity for his/her spouse, **provided the election is made** using DS 5071 or DS 5072 within two years of marriage. The election of a survivor annuity can be made effective after nine months of marriage, but the reduction in the retiree's annuity becomes retroactive to the commencing date of the annuity *or* the last date a reduction was in effect for a prior spouse.
- Interest on any retroactive reductions is also charged. The retroactive amount is paid by a monthly deduction from the employee's annuity.
- Surviving children who are receiving annuity benefits lose their eligibility for annuity benefits upon marriage, as well as upon reaching age 18, or age 22 if an unmarried, full-time student.
- Loss of annuity entitlement due to remarriage may also affect eligibility for continuation of FEHB.

DISABLED CHILDREN

An annuitant's unmarried child who is incapable of self-support because of a permanent disability that began before age 18 is eligible to receive a life-time survivor annuity and to retain coverage under the FEHB program. Eligibility must be documented by a Certificate of Incapacity issued by the Department of State's Office of Medical Services (MED). That certificate is issued at age 26 to enable the child to continue coverage under a FEHB plan.

If you have an unmarried, permanently disabled adult child aged 26 or older, please e-mail HRSC@state.gov or call 1-866-300-7419 and ask GTM/RET to review your OPF to verify that it contains a Certificate of Incapacity. If it does not, you can send GTM/RET your copy of the Certificate of Incapacity (if you have one) or GTM/RET will direct you to MED's Domestic Programs Division to have a new Certificate of Incapacity issued.

FSPS DISABILITY RETIREMENT

If you retired under a FSPS disability retirement and you are under the age of 62, it is required that you submit the initial Social Security award or denial letter to GTM/RET. If you were awarded Social Security disability benefits and a Cost-of-Living Adjustment (COLA) and is applied to your monthly amount, you must also submit your Social Security COLA notice whenever it increases your monthly social security payment. Failure to do so may result in an overpayment of your Foreign Service annuity.

REPORT DEATHS OF ANNUITANTS, SURVIVORS, AND FORMER SPOUSES IMMEDIATELY

You can help your loved ones by giving them a copy of this information and retaining this document with your insurance policies, retirement records, and other important papers. By doing this, you will provide an invaluable service to your survivors or the executor/personal representative who will handle your estate.

In the event of the death of an annuitant, survivor or former spouse, please immediately notify:

Human Resources Service Center (HRSC)

Phone: 1-866-300-7419 (Toll free)
1-843-308-5539 (Outside the U.S.)

Fax: 1-843-202-3807

E-mail: HRSC@State.gov

Mailing Address: U.S. Department of State
HR Service Center – Annuitant Services
1999 Dyess Avenue, Building E
Charleston, SC 29405

The person reporting the death by telephone, e-mail or letter should include the full name of the deceased annuitant, date of birth, date of death, address, Social Security number and relationship of the person who may be entitled to survivor benefits. The HRSC will then inform the caller of the documents required to confirm eligibility for entitlements and the Office of Retirement (GTM/RET) will calculate any applicable survivor benefit. Annuity Pay Processing (CGFS/ANP) will initiate and process the annuity payments. Please prepare for the possibility of a 60 to 90-day delay in receiving your first annuity payment. The sooner the persons entitled to benefits forward those required documents, the sooner the benefits can be paid. The Department's goal is to issue the first survivor annuity payment within 45 days of receiving the required documentation in the HRSC. However, just as the process of retiring is complicated and takes time, the process of establishing a survivor annuity is complex. Please prepare for a 2 to 3 month gap in annuity payments while the survivor annuity is established.

- **Obtain certified copies of the annuitant's death certificate and transmit one with the application for death benefits.** Certified copies will also be required for FEGLI, each private insurance policy and any other claims submitted by the survivor, executor, or personal representative. If other documentation is needed, it will be specifically requested. This may include copies of marriage certificates, birth certificates, divorce decrees, death certificates of deceased children or spouses, court orders for name changes, or other documents to establish identity and/or relationship.
- **Complete and return the application for death benefits form** that the HR Service Center provided to the survivor, beneficiary, executor or personal representative. Once the HR Service Center has received the completed forms and a certified copy of the death certificate, the documentation will be forwarded to the Office of Retirement (GTM/RET) which will confirm eligibility and calculate any applicable survivor benefits. Finally, the Annuity Pay Processing Branch (ANP) will initiate the payments. Please note, a W-4P or W-9 form must be submitted with the application for death benefits package before any payments can be issued.

- **File a Claim with Federal Employees Group Life Insurance (FEGLI).** If the deceased annuitant had FEGLI coverage, the HR Service Center will certify the date of death and notify the Office of Personnel Management (OPM), the FEGLI administrator. OPM will send the appropriate claim forms and instructions to the designated beneficiary (or beneficiaries) listed in the annuitant's official insurance file. If the survivor has not received the letter of instruction and the claim forms from OPM within five weeks of the date of death of the annuitant, he/she should write directly to: Office of Personnel Management, Attention: Retirement Services, P.O. Box 45, Boyers, PA 16017. Please include the annuitant's full name, the date of birth, the retirement system name (FSRDS or FSPS), and the annuitant's identification number which is prefaced by the letters "CSI-." This annuitant's ID number can be found on the insurance certification document received from OPM after retirement or by contacting the HR Service Center.
- **Continue Federal Employees Health Benefits (FEHB) Coverage.** Eligible survivors may continue the deceased annuitant's FEHB health insurance coverage provided that:
 - The annuitant was enrolled under self plus one or self and family coverage at the time of death; and
 - At least one family member is entitled to an annuity.
- **Return any un-cashed annuity checks to:**

U.S. Department of State
Global Compensation – Funds Control
P.O. Box 150008
Charleston, SC 29415-5008

- **Reclamation of Funds:**

Payments issued via EFT (electronic funds transfer) past the date of death will be recalled electronically and returned to the Department. Annuity Pay Processing will reconcile the annuity account and determine any applicable payments that are due to the beneficiary.

KEEP YOUR RECORDS UPDATED VIA ANNUITANT EXPRESS

If you have any changes to your annuity account, you will need to provide the new information to the Department of State. The best way to do so is via Annuitant Express on www.employeeexpress.gov, which is available 24/7 from any internet-accessible computer. You can update your annuity account to change your mailing address, direct deposit, federal and state tax withholdings, and financial allotments. Additionally, you can view and print your monthly annuity statements and annual Form 1099-R. **Note:** You cannot use Annuitant Express to change your state of residence or email address. These changes must be submitted via e-mail (AnnuityPaySupport@state.gov) or mailed to the Annuity Pay Processing Branch (ANP). Email address changes must be submitted on a document with either the annuitants' signature or the POAs (Power of Attorney). When submitting a direct deposit change via email or mail, you must also include either a voided check or an SF-1199 form with appropriate signatures from the banking or financial institutions. You may have **up to three allotments**. The accounts must be maintained at a domestic financial institution. This does not include charities, garnishments, court orders, union or other organizational dues. Please mail any changes to:

U.S. Department of State
Payroll Customer Support/ANP
2010 Bainbridge Avenue
North Charleston, SC 29405

Following your retirement, the Office of Personnel Management (OPM) should have mailed you a password to access Annuitant Express. This is not the same account or log-in information that you used as an active employee. To log into Annuitant Express, go to www.employeeexpress.gov and select your Sign-in-Method. After you enter your verification information, you will be asked to enter the security code. The security code will be sent to your current valid email listed in Annuitant Express or, if you don't have an email, the security code will be mailed to your current address listed in Annuitant Express and you will have 30 days to use this security code. Enter your Social Security number as your log-in ID and the password you received from OPM. (You can *change* your password the first time you log-in.) When asked to identify your agency, select "Foreign Service Annuitants" not "Department of State" or any other Foreign Affairs agency.

If you did not receive your password or if you forgot your password or login ID, go to the log-in screen of www.employeeexpress.gov and click on "Forgot login ID or password?" Follow the prompts to request a new password or log-in ID from OPM. Your mailing address must match the address on record with the Annuity Pay Processing Branch (ANP). For annuitants with an email address on file with ANP, OPM can email a temporary password and log-in. Your email address must match the one on record with ANP for your temporary password to be emailed.

Reemployed annuitants (WAE) should go to www.employeeexpress.gov and select their Sign-in-Method. After you enter your verification information, you will be asked to enter the security code. The security code will be sent to your current valid email listed in Annuitant Express ending with .gov; or, if you don't have a government email, the security code will be your current address listed in Annuitant Express. This will provide access to your Earnings & Leave Statements, but not your monthly Annuity Statements. Reemployed annuitants need two separate accounts to access annuity information and active (reemployed annuitant) salary information at the same time.

Annuitants needing assistance using Annuitant Express should contact the Employee Express Help Desk by sending a detailed e-mail message to EEXHelp@opm.gov with the following information: Your name (last, first, middle); your affiliation ("Foreign Service Annuitant"); your daytime phone number; and a detailed description of your problem.

UNDERSTAND THE TAX TREATMENT OF YOUR ANNUITY

If you have tax questions that go beyond the following basic information, please contact the Internal Revenue Service (IRS) or a tax advisor since State Department offices may not give tax advice.

- **Income Tax Liability:** Foreign Service annuitants and their survivors must pay federal income tax on annuity benefits except for the portion attributable to the mandatory contributions that you made to your retirement system, known as the tax-free portion. Employees who were members of the Foreign Service prior to September 25, 1975, and who retired on disability, are not subject to federal income tax. State and local taxation of federal annuities varies by jurisdiction.
- **Tax-Free Portion:** Because you have already paid taxes on that portion of your annuity attributable to your mandatory contributions, that amount is not subject to further taxation. For those employees who retired in 2012 and going forward, the amount of retirement contributions as well as the taxable amount of the annuity will be provided on the 1099-R. If your retirement date was prior to 2012, you should have received a letter detailing the total amount that you contributed to your retirement system. You can calculate the taxable amount of your annuity each year by plugging the total amount of your retirement contributions into the worksheet included in the instructions to IRS Form 1040 or Form 1040A, or in IRS publication #721, "Tax Guide to U.S. Civil Service Retirement Benefits." Those documents are available at www.irs.gov. Alternatively, you can use the Office of Personnel Management's online calculator at https://apps.opm.gov/tax_calc/index.cfm. Once you have calculated the tax-free portion of your monthly annuity, you can annualize that number to determine the tax-free portion of your annuity during the tax

year. The amount you can deduct the first year you are retired will be prorated according to the number of months you are in retirement status. You continue deducting the annualized amount each tax year until you have deducted the full amount that you have contributed to the retirement system. The amount you deduct only changes if a life event, such as death or divorce, changes your provision for a survivor annuity.

- **Withholding Taxes:** Annuities are subject to mandatory Federal tax withholding. State tax withholding is optional. For more information, contact AnnuityPaySupport@state.gov or call 1-877-865-0760. You may alter your Federal or state withholding rates at any time via the Annuitant Express website at www.employeeexpress.gov. Changing your state of residence cannot be completed using Annuitant Express and must be submitted via e-mail (AnnuityPaySupport@state.gov), or mail to the Annuity Pay Processing Branch (ANP).
- **Form 1099-R:** Annuitants are sent a 1099-R tax document by mail every year, by January 31. This document contains information on the total amount of annuity payments that you received during the preceding tax year and the amount that was withheld for taxes. Most 1099-R tax documents are also available on the Annuitant Express website at www.employeeexpress.gov after January 31. If you do not have access to a computer or if your 1099-R is not available on Annuitant Express, you may contact Payroll Customer Support at 1-877-865-0760 or AnnuityPaySupport@state.gov.
- **Lump-Sum Payments:** A lump sum payment for unused annual leave is treated as a salary payment. It is taxable as wages in the tax year during which you receive it. Federal and any state withholding tax will be deducted from your lump-sum payment. Any questions regarding the calculations should be directed to AnnuityPaySupport@state.gov or 1-877-865-0760. Please note the Annuity Pay Processing Branch (ANP) does NOT issue these payments.
- **Excess Contributions:** For FSRDS members with over 35 years of service, a refund of “excess” contributions made after completing the maximum length of service is not taxable; however, any interest earned on these contributions is taxable in the tax year it is distributed unless you roll it over to a traditional IRA or another qualified retirement plan.
- **Thrift Savings Plan (TSP):** All withdrawals from your TSP account (except for any Roth TSP amounts) are taxed as ordinary income when you withdraw them, since neither those contributions nor their earnings were included previously in your taxable income. How much and how often you choose to withdraw from your TSP account determines when you must pay income taxes on your withdrawals. Roth TSP contributions and associated earnings are not subject to taxes as long as five years have passed since January 1 of the year you made your first Roth TSP contribution and you are age 59 1/2 or older, permanently disabled, or deceased. For more information, go to www.tsp.gov.

STATE MAGAZINE

State Magazine is a digital-only multimedia publication available online and via mobile app on web-enabled mobile devices. Distribution of a print version of the magazine has been discontinued. The digital publication can be accessed at <https://statemag.state.gov/> and through the Apple App Store and Google Play. Readers may direct questions about the publication to statemagazine@state.gov.

FOREIGN SERVICE NATIONAL (FSN) EMERGENCY RELIEF FUND

The Foreign Service National Emergency Relief Fund was established to respond to crises following natural disasters, civil unrest, and targeted attacks or “in the line of duty” incidents. It is one of almost 90 Gift Fund programs managed by the Office of Emergencies in the Diplomatic and Consular Service (M/EDCS) and is one of the two Gift Fund programs that exist solely to assist employees. Funding for this program is not appropriated and is sustained solely by private contributions. The donations are tax deductible and since there are no administrative costs, 100% of all contributions are allocated for disbursement directly to Locally Employed (LE) Staff. Contributions to the Fund can be made by Civil Service, Foreign Service, LE Staff and private sector individuals. Donations can be made via the following:

- Secure on-line electronic donations can be made directly from your bank account or by credit/debit card to www.pay.gov.
- Checks may be sent to the Department’s Gift Fund Coordinator’s Office M/EDCS, Rm. 7427-B, 2201 C Street NW, Washington DC 20520. Please make checks payable to the U.S. Department of State, designation for the “FSN Emergency Relief Fund”.
- DOS, LE Staff, and overseas American employees of other federal agencies currently being paid by State can make contributions by payroll deduction.

AMERICAN FOREIGN SERVICE ASSOCIATION (AFSA)

Stay with AFSA in Retirement

Become an AFSA member in retirement! While dues are considerably less, you’ll continue to receive top member benefits including AFSA’s daily Media Digest, *The Foreign Service Journal*, retirement benefits counseling, and invitations to AFSA programs. You will also receive AFSA’s bi-monthly Retirement Newsletter and our annual Directory of Retired Members. Your membership also supports AFSA’s outreach and advocacy work for the Foreign Service.

Please note, AFSA membership does not simply rollover. To continue being an AFSA member and have AFSA dues automatically deducted from your annuity, you must complete Standard Form 1187A. This form is available by request at: member@afsa.org. Retired members can also pay dues annually. To learn more about member benefits and how to join visit: <https://afsa.org/retired-membership> or email member@afsa.org.

SENIOR LIVING FOUNDATION

By Paula S. Jakub, RHU

Executive Vice President, American Foreign Service Protective Association &
Executive Director, Senior Living Foundation of the American Foreign Service

As people live longer, they encounter a myriad of challenges, from coping with chronic health issues to meeting the demands of everyday life. Members of the Foreign Service community are no exception. The Senior Living Foundation of the American Foreign Service exists to assist retired Foreign Service annuitants and spouses – including survivors or divorcees – in their later years by providing financial and non-financial assistance.

For more than three decades, the Foundation has built a tradition of taking care of our own. In that time, the Foundation has provided guidance and support to more than 1,700 people and distributed more than \$6 million in grants. This support, available thanks to the generosity of our donors, makes a real difference in the quality of life for this special group of people.

When a member of our community approaches the Foundation, our process is professional, compassionate, and above all, confidential. A social worker with extensive Foreign Service experience reviews each case to determine eligibility for support based on demonstrated need and the Foundation's guidelines. Next they identify the best resources available for the individual.

Some examples of monthly grants include covering the costs of:

- Deductibles and copayments on health coverage;
- Home Health Care expenses;
- Prescription medication costs;
- Assisted Living expenses;
- Basic living expenses such as utility bills; and
- Meal delivery services

Also the Foundation provides some one-time grants. Examples include:

- Professional care manager assessments;
- Durable medical equipment, such as grab bars, walkers and chairlifts
- Medically necessary dental work

Even if a person doesn't need financial assistance, the Foundation can make a difference. Non-financial assistance includes:

- Identifying appropriate home health care services;
- Providing information about assisted living facilities in a retiree's area; and
- Helping a family make long-term planning decisions, often with the assistance of an Aging Life Care Expert familiar with access to local resources.

The Foundation has become a vital part of the Foreign Service family and every member of the Foreign Service should want to share in our important mission of "taking care of our own". We are extremely grateful for the support of so many of you – the grassroots of the Foreign Service. The need for our services will continue to grow as more people experience the hard realities of growing older and economic inflation. We may be able to help you – or someone you know – with information, resources or financial assistance. For more information, please contact:

Senior Living Foundation of the American Foreign Service
1620 L Street NW, Suite 800 Washington, DC 20036
Phone: (202) 887-8170 Fax: (202) 872-9320
E-Mail: info@SLFoundation.org



2022 Combined Federal Campaign Annuitant Pledge Form Department of State



Thank you for participating in the 2022 CFC!

The Combined Federal Campaign (CFC) makes it easy to support your favorite causes. The CFC has a charity for any cause you want to support.

You will find enclosed the Department of State CFC Annuitant Pledge Form. Please fill out this form and return back to the CFC Processing Center. There are several options for returning the form to the CFC Processing Center. Please select the method that works best for you from the list below. **All forms *Must* be returned *No Later Than* January 11, 2023.**

WHO: Annuitant, Survivor, Former Spouse

WHAT: Annual opportunity to give in support of your favorite causes

WHY: Local, national and international charities depend on your generosity

HOW: Complete the pledge form and return to one of the locations listed under Return Form below

WHEN: Now through January 11, 2023

Instructions For Filling Out DoS CFC Annuitant Pledge Form

- 1) Fill out form by entering requested data
- 2) Select charity, charity code and monthly contribution amount. Please visit <https://cfcgiving.opm.gov/offerings> for a full list of eligible charities.
- 3) Calculate sections 1-4 (if applicable)
- 4) Sign under Authorization (signature required for annuity deduction only)
- 5) Return Form To:

Monthly Annuity Deduction

CFC Processing Center
P.O. BOX 7820
Madison, WI
53707-7820

1X Check or Money Order

CFC Processing Center
P.O. BOX 7820
Madison, WI
53707-7820

For questions regarding CFC contributions contact cfc@state.gov. For questions regarding payroll deductions please contact payhelp@state.gov

"Giving is not just about making a donation. It's about making a difference."



2022 Combined Federal Campaign

Annuitant Pledge Form

Department of State



All paper pledge forms should be submitted to the CFC Processing Center at P.O. Box 7820 Madison, WI 53707-7820 no later than January 11, 2023 to allow time for processing. Keep a copy of this form before submitting. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge. Please fill in with black ink. Sections marked with * are mandatory. For questions regarding CFC charities and contributions, please contact cfc@state.gov. For questions regarding payroll deductions please contact payhelp@state.gov. ***Please note that refunds are not available if you choose to cancel donations during the deduction period.***

Donor Information

| | | | |
|--------------------------|--|-------------------------|--------------------------|
| Primary Email Address * | | Secondary Email Address | |
| | | | |
| First Name * | | Last Name * | |
| | | | |
| Home Address * | City * | State * | Zip Code * |
| | | | |
| Social Security Number * | Contribution Type * | | Primary Contact Number * |
| | <input type="radio"/> Annuity Deduction <input type="radio"/> Check <input type="radio"/> Cancel Donations | | |

| 1. Monthly Deduction \$ _____ | 2. Total Gift \$ _____ (multiply amount per deduction by 12 to determine your total annual gift) | 3. Additional Contributions <input type="checkbox"/> (to select more than five charities check this box and use an additional form with new charity code/s and amount/s) | 4. Charity Designation Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. Please visit https://cfcgiving.opm.gov/offering for a detailed list of eligible charities. The monthly deduction in Section 1 must match the total monthly contribution below. If you wish to select more than five charities, please copy the original form and include additional charity contributions. <table border="1"><thead><tr><th>CFC Charity Code</th><th>1X OR Monthly Amount</th></tr></thead><tbody><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td><input type="text"/></td><td>\$ <input type="text"/></td></tr><tr><td colspan="2">TOTAL 1X OR MONTHLY CONTRIBUTION: \$ <input type="text"/></td></tr></tbody></table> | CFC Charity Code | 1X OR Monthly Amount | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | TOTAL 1X OR MONTHLY CONTRIBUTION: \$ <input type="text"/> | |
|--|---|--|--|------------------|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|---|--|
| CFC Charity Code | 1X OR Monthly Amount | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | \$ <input type="text"/> | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | \$ <input type="text"/> | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | \$ <input type="text"/> | | | | | | | | | | | | | | | | | | |
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| <input type="text"/> | \$ <input type="text"/> | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | \$ <input type="text"/> | | | | | | | | | | | | | | | | | | |
| TOTAL 1X OR MONTHLY CONTRIBUTION: \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| Authorization (Annuity Deduction Only) I choose annuity deduction as my payment source. I hereby authorize Department of State Payroll during 2023 to deduct the amount(s) shown in Section 1 above from my annuity pay on a monthly basis. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize Department of State to pay CFC the total monthly contribution outlined in Section 1 and Section 4 of this form. I understand that this authorization may be revoked by me in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I choose to cancel my monthly contributions, I will update the contribution type by checking the cancel donations box and submit an updated copy of this form to the CFC Processing Center at P.O. Box 7820 Madison, WI 53707-7820. SIGNATURE _____ DATE _____ | | | | | | | | | | | | | | | | | | | |

Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S.C. 552a(e)(3), this Privacy Act Statement informs you why DoS, under regulatory guidance of OPM, is requesting information on this form.

AUTHORITY:

DoS is authorized to collect the information on this form based upon OPM governance and the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2018), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

PURPOSE:

The information you provide is primarily collected and used by DoS to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate. All donations to the CFC are anonymous.

ROUTINE USES:

The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction.

CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:

Providing this information, including your SSN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction.

POINTS OF CONTACT

THE RETIREMENT NETWORK (RNet)

RNet is the Office of Retirement's internet site providing information, including reemployment, FEHB comprehensive Foreign Service retirement system information, annuitant forms.

HUMAN RESOURCES SERVICE CENTER (HRSC)

If questions remain after consulting this newsletter and the RNet internet site, you can contact a Department of State human resources specialist. As part of the Department's shared services initiative to improve operations, your initial point of-contact is the Bureau of Global Talent Management's HR Service Center in Charleston, South Carolina. The HR Service Center can quickly answer most retirement-related inquiries. If a question is complex, it will be forwarded to a GTM/RET retirement counselor for response.

Bureau of Global Talent Management's Human Resources Service Center (HRSC)

Phone: 1-866-300-7419 (Toll free)
1-843-308-5739 (Outside the U.S.)

Fax: 1-843-202-3807

E-mail: HRSC@State.gov

Mailing Address: U.S. Department of State
HR Service Center – Annuitant Services
1999 Dyess Avenue, Building E
Charleston, SC 29405

ANNUITY PAY PROCESSING BRANCH (ANP)

The Annuity Pay Processing Branch (ANP) is responsible for establishing the payment of your Foreign Service annuity and assisting you with keeping your annuity pay record accurate. Additionally, Annuitant Express can be used to update your pay record, access your 1099-R, adjust your Federal and/or state tax withholdings, and view your monthly annuity statements. Inquiries can be e-mailed to AnnuityPaySupport@state.gov or, faxed to 843-308-5471 or you may call us at: 1-877-865-0760.

STATE MAGAZINE AND USAID PUBLICATIONS

The State Magazine and AID Newsletter are digital publications. If you have questions, please contact the publication office directly:

State Magazine
GTM/SMG
2401 E Street, NW
SA-1, Room L-317
Washington, DC 20522
Email: statemagazine@state.gov
Website: <https://statemag.state.gov/>

AID Newsletter
Information Center
U.S. Agency for International Development
Ronald Reagan Building
Washington, DC 20523-1000
Email: open@usaid.gov
Website: <https://www.usaid.gov/news-information/newsletter>

CONTACT INFORMATION FOR OFFICES AND OTHER AGENCIES

BENEFEDS

- *Enrollment in Dental and Vision Insurance*

Phone: (877) 888-3337

Website: www.benefeds.com

Mail: P.O. Box 797
Greenland, NH 03840-0797

Office of Personnel Management (OPM)

Phone: (888) 767-6738

TTY: (202) 606-2532

E-mail: retire@opm.gov

Website: www.opm.gov

Mail: 1900 E Street, NW
Washington, DC 20415

Office of Retirement (GTM/RET)

- *Foreign Service Retirements*
- *Survivor and Former Spouse Benefits*
- *Annuity Adjustments*
- *Advisory/Counseling*
- *Retirement Policy Interpretation/Guidance*

Phone: (202) 261-8960

Fax: (202) 261-8988

E-mail: HRSC@state.gov

Website: <https://rnet.state.gov>

Mail: 2401 E Street NW
Room H-620, SA-1
Washington, DC 20522

American Pay Processing Branch (CGFS/GC/PPR/AME)

- *Issuance of final salary*
- *Lump sum payment/annual leave*
- *Notification of retirement to TSP*
- *W 2, Annual Tax Report/Salary*

Consolidated American Payroll Division

Phone: (877) 865-0760

E-mail: AnnuityPaySupport@state.gov

Social Security Administration (SSA)

Phone: (800) 772-1213

Website: www.ssa.gov

ANNUITY PAY PROCESSING BRANCH (CGFS/GC/PPR/ANP)

- *Delay or non-receipt of annuity check*
- *Address, bank, tax withholding changes*
- *1099-R – Tax report FS Annuity*
- *Annuity verification Letter*
- *REA salary/annuity limitation audit*
- *Amount of retirement contributions*
- *Refund of excess-15 year contributions*

Hours: 8 a.m.–5 p.m. EST, Monday – Friday

Toll free: (877) 865-0760

Fax: (843) 308-5471

E-mail: AnnuityPaySupport@state.gov

Mail: U.S. Department of State
Global Financial Services/ANP
2010 Bainbridge Avenue, Building C
North Charleston, SC 29405

Travel and Transportation

- *Shipment of household effects*

Phone: (202) 472-8480/8481

Fax: (202) 472-8451

Toll free: 1-800-424-2947

E-mail: TransportationQuery@state.gov

Thrift Savings Plan (TSP)

Toll free: (877) 968-3778

International: (404) 233-4400

Fax: (866) 817-5023

Website: www.tsp.gov

Mail: Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238

Internal Revenue Service (IRS)

Website: www.irs.gov

For all new annuitants, we must have your personal contact information, including an e-mail address, for timely processing/receipt of your annuity. Also, to enhance our customer service outreach efforts, we would like all annuitants to provide an e-mail address to the Department, including to Payroll Customer Support (AnnuityPaySupport@state.gov).