



## **ATTENTION: HEALTH BENEFITS ENROLLMENT OPPORTUNITY—DEADLINE APPLIES**

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

### **PSE Eligibility for FEHB Coverage**

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

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

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

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

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

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

### **Qualifying Life Event**

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

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

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

### **How to Enroll**

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

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

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

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

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

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

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

### **Dual Enrollment**

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

### **Effective Date of Coverage**

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

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

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

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

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

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

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

### **Insufficient Pay for Premium Deductions**

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

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

Attachments

**I. Purpose**

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

**II. Instructions and Information**

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

**A. Definitions**

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

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

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

**B. IRS Restrictions on Reducing Health Benefits Coverage****Pretax**

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

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

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

**After-tax**

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

**C. Pretax Treatment May Reduce Social Security Benefits.**

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

**D. How to Use This Form****Use this form to:**

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

**Do not use this form to:**

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

**E. Effective Date of Election or Waiver**

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

**F. Privacy Act Statement**

Your information will be used to administer your compensation and payroll request. Collection is authorized by 39 USC 401, 1001, 1003, and 1005.

Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit [usps.com/privacypolicy](http://usps.com/privacypolicy).

**III. Application**

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

**A. Participant Information**

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

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

**B. Begin Pretax Treatment**

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

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

Initials \_\_\_\_\_

**C. Waive Pretax Treatment**

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

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

**D. Authorization**

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

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

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

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

1. Your signature (Do not print.)	2. Date (MM/DD/YYYY)
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**E. Mail Form to:** HRSSC, COMPENSATION & BENEFITS, PO BOX 970400, GREENSBORO NC 27497

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

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

**Remarks:**