

**RETURN TO DUTY (RTD) CHECKLIST**  
**(Personal Reasons Only-Over 30 days; NTE 1 Year)**

**TECHNICIAN INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Unit: \_\_\_\_\_ Pay Plan-Series-Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_ APT # \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Personal Email: \_\_\_\_\_

**INITIAL ELECTIONS/ACKNOWLEDGEMENTS:**

\_\_\_\_\_ I want to Return to Duty (RTD) starting on \_\_\_\_\_  
(DATE)

**FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB):**

\_\_\_\_\_ I do **NOT** have FEHB and/or I do not want FEHB  
\_\_\_\_\_ I **elect to reinstate** my FEHB. (only available if member terminated FEHB at LWOP) HRO will process the SF2810 effective my RTD date.  
\_\_\_\_\_ I **elect to reenroll** in FEHB. I understand I must make my election thru EBIS and action will be effective the beginning of the pay period after I submit my request.

**FEDERAL EMPLOYEE DENTAL & VISION INSURANCE PROGRAM (FEDVIP):**

\_\_\_\_\_ I do **NOT** have FEDVIP  
\_\_\_\_\_ I **have** FEDVIP. I understand I must coordinate with Benefeds to coordinate my premium payments or reenroll

**FLEXIBLE SPENDING ACCOUNTS:**

\_\_\_\_\_ I have reviewed my LES and I do **NOT** have FSAFEDS.  
\_\_\_\_\_ I understand that I must notify FSAFEDS immediately of the change in employment status. [(877) 372-3337].

**FEDERAL LONG TERM CARE INSURANCE PROGRAM:**

\_\_\_\_\_ I have reviewed my LES and I do **NOT** have FLTCIP  
\_\_\_\_\_ I understand that I must notify FLTCIP immediately of the change in employment status. [(800) 582-3337].

**FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE (FEGLI):**

\_\_\_\_\_ I do NOT have FEGLI.  
\_\_\_\_\_ I understand my FEGLI if terminated due to nonpay over 365 days will be automatically reinstated upon my RTD date.

**THRIFTS SAVINGS PLAN (TSP):**

I have a TSP Loan **YES or NO (CIRCLE ONE)**. If yes, my TSP Form 41 is attached.

**NATIONAL GUARD ASSOCIATION OF THE UNITED STATES (NGAUS) DISABILITY INSURANCE:**

\_\_\_\_\_ I am NOT enrolled in NGAUS Disability and/or Term Life Insurance.  
\_\_\_\_\_ I have attached an NG 76 for my enrollment in NGAUS Disability and/or Term Life Insurance.

**OFFICE OF WORKER'S COMPENSATION PROGRAM (OWCP):**

\_\_\_\_\_ I have an **OPEN / CLOSED** (Circle one) OWCP claim on file. Claim #: \_\_\_\_\_  
\_\_\_\_\_ I do not have/don't know if I have an OWCP claim on file.

**PLEASE READ AND INITIAL ALL STATEMENTS:**

\_\_\_\_\_ I understand that any allotments established on my technician pay will be automatically restored upon returning to a paid technician status.  
\_\_\_\_\_ I understand that if I have child support payments being taken from my technician pay they will resume.  
\_\_\_\_\_ I understand my elections.

\_\_\_\_\_  
(Technician Signature)

\_\_\_\_\_  
(Date)

**FOR THE SUPERVISOR (initial/sign)**

\_\_\_\_\_ I have reviewed and answered any questions related to my employees RTD request.

**SUPERVISOR NAME:** \_\_\_\_\_ **SUPERVISOR SIGNATURE:** \_\_\_\_\_