



**The 2016 Foreign Service  
Annual Annuitant Newsletter**



**United States Department of State**

*Director General of the Foreign Service  
and Director of Human Resources*

*Washington, D.C. 20520*

November, 2015

Dear Foreign Service Annuitant,

I extend to you my warmest wishes, and I wish to particularly congratulate the Foreign Service members who retired in Fiscal Year 2015. Thank you for your service to our nation.

This 2016 edition of the Department of State Annual Annuitant Newsletter contains essential information for annuitants. Topics covered include health and life insurance, taxes, and survivor benefits. It also includes 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 begin on Monday, November 9 and end on Monday, December 14, 2015.

If you have questions that are not answered in the newsletter, you can find a wealth of information on the Office of Retirement's "RNet" internet site at <https://rnet.state.gov>. Resources available there include annuitant forms and a searchable database of frequently asked questions. Another online resource is the Annuitant Express website at [www.employeeexpress.gov](http://www.employeeexpress.gov). There you can print a copy of your Form 1099R, update your mailing address, change your federal or state withholding tax, among other self-service functions. This newsletter explains how to access that site.

If questions remain after consulting these resources, please contact our Human Resources Specialists in the Bureau of Human Resources' Service Center in Charleston, South Carolina. They can provide assistance regarding actions ranging from changing your health benefits provider to getting advice on what to do in the event of a change in marital circumstances (death of a spouse, marriage, divorce, etc.). If the issue is especially complicated, the HR Service Center will refer it to the Office of Retirement for resolution. You can contact the HR Service Center by telephone, e-mail, fax, or mail as explained in this newsletter.

Many retirees in the "new" FSPS retirement system 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 to the HR Service Center by Friday, January 8, 2016, otherwise their annuity supplement will be suspended. Form DS-5026 "FSPS Annuity Supplement Report" is included in this newsletter.

Finally, the Department will hold the 51<sup>st</sup> annual Foreign Affairs Day on Friday, May 6, 2016. As always, you are invited to attend its program of speakers, which is followed by a luncheon in the Benjamin Franklin Room for 250 attendees, on a first-come, first-served basis upon receipt of payment. If you would like to attend Foreign Affairs Day, please e-mail [foreignaffairsday@state.gov](mailto:foreignaffairsday@state.gov) or call 202-663-2363.

Sincerely,

A handwritten signature in cursive script that reads "Arnold A. Chacon".

Arnold A. Chacon

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## COST-OF-LIVING ADJUSTMENT (COLA) INFORMATION FOR 2016

The 2016 COLA increase will be announced in late October and will be available at <https://rnet.state.gov> under “What’s New.” For new retirees, the amount of the first COLA is prorated. The proration is based on the number of months from the date the annuity began through November 30, 2015.

## HEALTH BENEFITS OPEN SEASON IS NOVEMBER 9 TO DECEMBER 14, 2015

*The following information concerns annuitants with current Federal health benefits coverage. If you do not have Federal health benefits coverage, please disregard this information.*

The FEHB Open Season will be held from November 9, 2015 to December 14, 2015. 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 (see page 3) by December 14, 2015, to the HR Service Center as indicated below. We may accept and process a late election only if we determine that you were unable to submit a timely application for reasons beyond your control.

### Human Resources Service Center (HRSC)

#### Phone/Fax/E-Mail

1-866-300-7419 (Toll free)  
1-843-308-5539 (Outside the U.S.)  
1-843-202-3807 (Fax)  
[HRSC@State.gov](mailto:HRSC@State.gov) (E-mail)

#### Mailing Address

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

The Office of Personnel Management (OPM) is no longer producing the Guide to Federal Benefits. This will include both the printed and online versions. Nearly all of the information that was printed in the Guide to Federal Benefits is on OPM’s website: <https://www.opm.gov/healthcare-insurance>. Plan information on the Federal Employees Health Benefits (FEHB) Program can be found on OPM’s website at: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/>.

### NEW FEHB SELF PLUS ONE OPTION

As a result of the Bipartisan Budget Act of 2013, Self Plus One enrollment will be available during the annual Federal Benefits Open Season, which runs from Monday, November 9, 2015 through Monday, December 14, 2015. Self Plus One is a new enrollment type in the FEHB Program that allows enrollees to cover themselves and one eligible family member they designate to be covered.

Family member eligibility for a Self Plus One enrollment is the same as for a Self and Family enrollment. A family member eligible to be covered under a Self Plus One enrollment includes either a spouse OR a child under age 26. A child age 26 or over who is deemed incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

You can obtain additional information from the FEHB brochures ([www.opm.gov/FEHBbrochures](http://www.opm.gov/FEHBbrochures)) or on OPM’s website at: <https://www.opm.gov/healthcare-insurance/special-initiatives/self-plus-one/>.

## INSTRUCTIONS FOR COMPLETING THE SF 2809

### *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 insurance (private, state, Medicaid, CHAMPVA), check the box.
- Item 10.** 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.

Complete information for family members **only if your enrollment is for 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.

- Item 15.** Provide the code which indicates the relationship of each eligible family member to you.

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

### *Part G - Suspension.*

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 HMO 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

You can re-enroll in the FEHB Program if your other coverage ends. If your coverage ends **involuntarily**, you can re-enroll 31 days before through 60 days after loss of coverage. If your coverage ends **voluntarily** because you disenroll, you can re-enroll during the next open season.

You must submit documentation of eligibility for coverage under the non-FEHB Program and a Health Benefits Cancellation/Suspension Confirmation to the HR Service Center with your SF-2809.



Federal Employees  
Health Benefits Program

Form Approved  
OMB No. 3208-0103

### 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 Claim Number
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:  
 TRICARE  Other: Name of other insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

11. Name of family member (last, first, middle initial)	12. Social Security number	13. Date of birth (mm/dd/yyyy)	14. Sex <input type="checkbox"/> M <input type="checkbox"/> F	15. Relationship code
16. Address (if different from enrollee)		17. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		18. Medicare Claim Number
19. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 20 below. <input type="checkbox"/> No				

20. Indicate the type(s) of other insurance:  
 TRICARE  Other: Name of other insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

21. Email address (if home address is different from enrollee's) \_\_\_\_\_  
 22. Preferred telephone number (if home address is different from enrollee's) \_\_\_\_\_

23. Name of family member (last, first, middle initial)	24. Social Security number	25. Date of birth (mm/dd/yyyy)	26. Sex <input type="checkbox"/> M <input type="checkbox"/> F	27. Relationship code
28. Address (if different from enrollee)		29. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		30. Medicare Claim Number
31. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 32 below. <input type="checkbox"/> No				

32. Indicate the type(s) of other insurance:  
 TRICARE  Other: Name of other insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

33. Email address (if home address is different from enrollee's) \_\_\_\_\_  
 34. Preferred telephone number (if home address is different from enrollee's) \_\_\_\_\_

35. Name of family member (last, first, middle initial)	36. Social Security number	37. Date of birth (mm/dd/yyyy)	38. Sex <input type="checkbox"/> M <input type="checkbox"/> F	39. Relationship code
40. Address (if different from enrollee)		41. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		42. Medicare Claim Number
43. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 44 below. <input type="checkbox"/> No				

44. Indicate the type(s) of other insurance:  
 TRICARE  Other: Name of other insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

45. Email address (if home address is different from enrollee's) \_\_\_\_\_  
 46. Preferred telephone number (if home address is different from enrollee's) \_\_\_\_\_

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code  2A	2. Date of event  11 / 09 / 2015	<input type="checkbox"/> I do NOT want to enroll in the FEHB Program. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i>	

Part F - Cancellation of FEHB		Part G - Suspension of FEHB (Annuitants Former Spouses Only)	
<input type="checkbox"/> I CANCEL my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i>		<input type="checkbox"/> I SUSPEND my enrollment. <i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i>	

**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)  _ / _ / _
3. Email address	4. Preferred telephone number  ( )

**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)  01/01/2016	3. Personnel telephone number  (866) 300-7419
4. Name and address of agency or retirement system  U.S. Department of State                      HR Service Center Building E  1999 Dyess Avenue    Charleston, SC 29405		5. Authorizing official (please print)
7. Payroll office number  19-00-0001	8. Payroll office contact (please print)	6. Signature of authorized agency official
		9. Payroll telephone number  (800) 521-2553



United States Department of State  
 Human Resources Service Center - Annuitant Services  
 1999 Dyess Ave., Building E  
 Charleston, SC 29405  
 Email [HRSC@state.gov](mailto:HRSC@state.gov)  
 Phone 1-866-300-7419 Fax 1-843-202-3807

## Health Benefits Cancellation/Suspension Confirmation

Name (last, first, middle)
Street Address
City, State and Zip Code

Date
SSN or Employee ID No.

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits (FEHB) Program. Please read this form in its entirety and check only the **ONE** block that applies to you. Because annuitants who cancel their FEHB enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form to us at the above address indicating that you understand how your request will affect your future FEHB enrollment eligibility.

### **CANCELLATION**

**A.  I am cancelling my FEHB enrollment to be covered under a family member's FEHB enrollment.**

If you are cancelling your FEHB enrollment because you will be covered under your spouse's FEHB enrollment and your spouse is a Federal employee, please include a copy of your spouse's SF-2809, Health Benefits Registration Form, showing the change to a family enrollment.

Spouse's name (Last, first, middle)	Spouse's SSN
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If you cancel FEHB coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.

**Reenrollment Eligibility:** As long as you are continuously covered as a family member on your spouse's FEHB enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

**B.  I am cancelling my FEHB enrollment coverage for reasons other than described in block A above.**

We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.

**Reenrollment Eligibility:** If you check this block to cancel your FEHB enrollment, you will not be eligible to reenroll in the FEHB program. Additionally, if you cancel your FEHB enrollment, you and any family members covered by your enrollment will not be entitled to the free 31-day extension of coverage, to convert to an individual health benefits contract, or to enroll in Temporary Continuation of Coverage (TCC).

I certify that I have read and understand the information on cancelling FEHB coverage. I understand that if I checked block B, <b>I will never again be eligible</b> to enroll in the Federal Employees Health Benefits (FEHB) Program.		
Signature	Daytime Telephone No. (including area code)	Date

**SUSPENSION INFORMATION IS SHOWN ON THE REVERSE**

**SUSPENSION**

- A.  I am suspending my Federal Employees Health Benefits (FEHB) Program enrollment because I am enrolled in a Medicare Advantage health plan. Please note: Medicare Parts A and B are not the same as a Medicare Advantage health plan. You CANNOT suspend your FEHB enrollment if you are covered by Medicare Parts A and/or B only. Any Questions: Call Medicare at 1-800-633-4227.

Medicare Advantage health plans are Health Maintenance Organizations or Fee-For-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). If you are enrolled in a Medicare supplemental plan and are not sure if it qualifies as a Medicare Advantage health plan, call Medicare at the number shown above. To suspend your FEHB coverage for this reason, you must give us documentation that shows the effective date of your coverage. If we receive this form within 31 days before to 31 days after the effective date of your Medicare Advantage plan enrollment, we will suspend your FEHB coverage at the close of business the day before your Medicare Advantage health plan enrollment begins. Otherwise, we will suspend your FEHB coverage at the end of the month in which we receive your documentation.

- B.  I am suspending my FEHB enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), Peace Corps, or CHAMPVA. Please suspend my FEHB enrollment effective \_\_\_\_\_. (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)

To suspend your FEHB coverage for this reason, you must give us evidence of your eligibility for TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for TRICARE you must provide documentation that you have enrolled (or have applied to enroll and have been accepted) in the TRICARE program. Your documentation must show the effective date of your TRICARE coverage. A copy of the enrollment acceptance letter from your TRICARE plan will be sufficient if it shows the effective date of your coverage. To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHB to use TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Special note: If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, we will suspend your FEHB coverage on that date. Otherwise, we will suspend your FEHB coverage at the end of the month in which we receive your documentation.

- C.  I am suspending my FEHB enrollment because I am eligible for coverage under Medicaid or a similar state-sponsored program of medical assistance for the needy.

To suspend your FEHB coverage for this reason, you must give us evidence of your eligibility for Medicaid or a similar state-sponsored program of medical assistance for the needy. You may send us a copy of an enrollment card or a letter of eligibility which shows the effective date of your Medicaid or similar state-sponsored program coverage. If we receive this signed form and documentation within 31 days before to 31 days after the effective date of your Medicaid or similar state-sponsored enrollment, we will suspend your FEHB coverage at the close of business the day before your Medicaid or state-sponsored program coverage begins. Otherwise, we will suspend your FEHB coverage at the end of the month in which we receive your documentation.

**The following information applies to blocks C, D and E**

**REENROLLMENT:** You may voluntarily reenroll in the FEHB program during an annual open season. You will be sent an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under one of the programs mentioned in C, D, or E above, you can reenroll in the FEHB program effective the day after your coverage ends. You must provide evidence of your involuntary loss of coverage. Your request to reenroll must be received at the Human Resources Service Center (HRSC), Annuitant Services, 1999 Dyess Ave., Bldg. E, Charleston, SC 29405, within the period beginning 31 days before and ending 60 days after your coverage ends. **Otherwise, you must wait until open season**

I certify that I have read and understand the information on suspending FEHB coverage. I checked the block relating to my suspension, and I have enclosed the appropriate documentation.		
Signature	Daytime Telephone No. (including area code)	Date

## FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP)

The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers supplemental dental and vision benefits. It is available to annuitants regardless of FEHB status. 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>.

Eligible individuals may enroll during the upcoming **Open Season, November 9 through December 14, 2015**, 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. You must 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 14, 2015**. Phone hours are 9:00 a.m. to 7:00 p.m. EST Monday through Friday. You cannot enroll in, make changes, or cancel your FEDVIP enrollment using an SF 2809.

## 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 for reasons such as reaching age 26, and certain former spouses who would not otherwise be eligible to continue FEHB enrollment.

To acquire coverage, 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 (i.e., divorce or a child's 26th birthday). 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. For more information, please consult our website, <https://rnet.state.gov>. Under "Forms," you will find the SF 2809 you must complete to apply for TCC.

### LONG-TERM CARE INSURANCE

Long-term care (LTC) insurance 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. LTC insurance 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.

Further information, including current premiums, can be obtained by accessing the website: <http://www.ltcfeds.com/>. To speak to a certified long-term care insurance specialist, call: 1-800-LTC-FEDS/1-800-582-3337, TDD: 1-800-843-3557, 8 AM to 6 PM EST.

## 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.*

Effective January 1, 2016, FEGLI premium rates will change for some types of coverage as follows:

- Premium rates for Post-Retirement Basic Insurance with 50% Reduction and No Reduction will increase.
- Premium rates for older age bands of Options B and C will increase.

A notice describing these changes is available in the Federal Register (<https://federalregister.gov/a/2015-19398>). The FEGLI premium rates will be updated on the FEGLI web site ([www.opm.gov/insure/life](http://www.opm.gov/insure/life)) in January 2016.

If you were eligible to continue your FEGLI enrollment when you retired, you may have 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.] After you retire, your BIA does not change until you reach age 65. 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. In that case, you cannot make any changes in your coverage.

If you cancel your basic insurance (BIA) coverage, you will cancel all of your coverage. You must continue basic coverage to continue optional insurance coverage. When you retired, you could have had three options:

- Option A adds \$10,000 to your BIA.
- Option B adds up to five multiples of your salary on the date you retired rounded up to the higher thousand dollars.
- Option C adds 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 child.

If you do not know what type of coverage you have selected, you will find it indicated on your monthly annuity statement. Alternatively, you can send your query to the mailbox of the HR Service Center, [HRSC@state.gov](mailto:HRSC@state.gov), and they will look up your life insurance coverage.

### Your FEGLI Coverage After Age 65

The amount you pay for 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.

*Basic Insurance:* At retirement, you selected the BIA you wanted to continue after age 65. The choices were 75 percent reduction, 50 percent reduction or no reduction. If you elected 75 percent reduction, your BIA reduces by 2 percent of the pre-retirement amount 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.

*Option A:* At age 65, it will automatically reduce by 2 percent per month of the pre-retirement amount until it reaches 25% of the pre-retirement amount (\$2,500.00). There is no election for you to make for Option A.

*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 until the face value has reduced to zero. Under no reduction, the face value of those multiples of Option B and/or Option C coverage will not reduce at all.

**You may cancel or change a no reduction election to a full reduction at any time. However, you cannot change a full reduction election 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](http://www.opm.gov/forms/pdf_fill/sf2818.pdf).

## FSPS ANNUITY SUPPLEMENT EARNINGS REPORT

- 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 the chart below). The earnings test is similar to the one 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](http://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 1<sup>st</sup> of the year following the year of income reported. Refer to the chart below to find your MRA based on your year of birth.

If you were born...	Your MRA is...
Before 1948	55 years
1948	55 years and 2 month
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

- 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 telephone the HR Service Center at 866-300-7419 Monday through Friday between 8:00 AM and 5:00 PM, Eastern Time.
- VERY IMPORTANT** - In order for the Department of State to apply the earnings test to your annuity supplement, **you must submit this form by January 8, 2016**, starting the year after you reach your MRA. Submit the form even if you had no earnings for that previous year. **Your annuity supplement will be terminated if the FSPS Annuity Supplement Report is NOT received on time to establish your eligibility.**
- Please provide clear and legible information. Sign and send the form by one of the following methods:

**Mailing Address**

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

**Fax**

843-202-3807

**Scan/Email**

[HRSC@state.gov](mailto:HRSC@state.gov)

5. Retain copies of evidence supporting your claimed earnings in the event you are required to furnish documentation of earnings.

<b>How To Determine Which Income to Report</b>	
<p style="text-align: center;"><b>Include as earnings:</b></p> <ul style="list-style-type: none"> <li>▪ All wages from employment covered by Social Security.</li> <li>▪ Net Income from self-employment</li> <li>▪ All cash pay for agricultural work, domestic work in a private home, service not in the course of your employer's trade or business.</li> <li>▪ 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.)</li> <li>▪ All pay for work not covered by Social Security, if the work is done in the United States, including pay for:               <ul style="list-style-type: none"> <li>▪ Family employment</li> <li>▪ Work as a student, student nurse, intern, newspaper and magazine vendor,</li> <li>▪ Work for States or foreign governments or instrumentalities, and</li> <li>▪ Work covered by the Railroad Retirement Act.</li> </ul> </li> </ul> <p>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.</p>	<p style="text-align: center;"><b>Do not include as earnings:</b></p> <ul style="list-style-type: none"> <li>▪ Pensions or annuities paid as retirement income, including your FSPS benefit or any benefits received as a survivor.</li> <li>▪ Salary earned before retirement and/or lump-sum payment for annual leave upon retirement. This includes any separation incentives.</li> <li>▪ Distributions from our Thrift Savings Plan or Individual Retirement Accounts.</li> <li>▪ Unemployment compensation.</li> <li>▪ Gifts, insurance proceeds, inheritances, scholarships, alimony, capital gains, net business losses, prize winnings.</li> <li>▪ 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.</li> <li>▪ Rentals from real estate that cannot be counted in earnings from self-employment because, for instance, you were not a real estate dealer.</li> <li>▪ Interest and dividends not resulting from trade or business.</li> <li>▪ Pay for military training or for jury duty.</li> <li>▪ Payments by an employer which are reimbursement 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.</li> </ul>

## FSPS Annuity Supplement Report

Print Name Clearly	Employee ID or last four digits of SSN
Year of Income <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</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.)
- 
- Dollars*
*Cents*

**Warning:** Your earnings are subject to verification with the Social Security Administration's earnings 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	
<b>AUTHORITY</b>	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.
<b>PURPOSE</b>	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.
<b>USES</b>	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.
<b>DISCLOSURE</b>	The collection of this information is voluntary, however, failure to provide may result in benefits being denied.

## REEMPLOYED ANNUITANT (WAE) PROGRAM UPDATE

The new Centralized Reemployed Annuitant (WAE – When Actually Employed) Program is managed by the Bureau of Human Resources, HR Service Center. Annuitants interested in having their name added to the Global Registry should contact the HR Service Center (HRSC) at (866) 300-7419 or by sending an email to [HRSC@state.gov](mailto:HRSC@state.gov).

The central registry may be used by Bureaus and Offices within the Department to find potential candidates to fill Reemployed Annuitant (WAE) positions. However, having your contact information added to the registry does not guarantee or imply that you will receive employment. There are not enough Reemployed Annuitant (WAE) positions available to accommodate every annuitant seeking reemployment. Instead, the centralized program will increase a hiring manager’s pool of candidates. It is highly recommended that annuitants continue to network with Bureau Coordinators and/or hiring managers to increase their chances of reemployment.

The below resources can be found on the Retirement Network (RNet) website (<https://rnet.state.gov>) under the section “Reemployed Annuitant (WAE) Program.” Annuitants should check this section of RNet on a monthly basis to receive the most current program information.

Document Name	Description
Fact Sheet	Provides basic facts about the program to ensure annuitants understand what the program is about.
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 were created to automatically add the total hours for each month, and displays the total hours for the calendar year in red toward the top of the spreadsheet.
Out-Processing Checklist	Provides procedures to streamline the departure process for reemployed annuitants. The out-processing checklist should be submitted to your Bureau Coordinator prior to your departure.
Required Skills for Bureaus	Specific skills requested by Bureaus. The document only has skills for a few Bureaus 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 appointment, or a Presidential appointment (other than a part-time, intermittent or time-limited appointment 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) which re-employs an FSRDS or FSPS annuitant, must notify the State Department 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 the Office of Retirement, including salary reduction information.

## 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, "When Actually Employed (WAE)," appointment is an appointment without a regularly scheduled tour of duty.
- 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, usually for a period not in excess of one year, although some temporary appointments may exceed 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 on a WAE basis before you exceed your salary/annuity cap.

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.

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

\* 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 on a WAE basis and you do not abide by the limits on total compensation, your annuity may be suspended. Thus, you should monitor your earnings to ensure they do not exceed the limitations. Toward that end, you may contact the Payroll Customer Support to request a "salary/annuity limitation audit" by the Annuity Pay Processing Branch (ANP) via e-mail to [PayHelp@state.gov](mailto:PayHelp@state.gov). ANP will send you an audit report that lists your salary at retirement, your reemployment salary, and the amount you can earn each calendar year. If you exceed the cap, the excess payment may be deducted from your annuity payments.

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

# IMPORTANT INFORMATION FOR FOREIGN SERVICE ANNUITANTS

## APPLY FOR A RETIREE ID CARD

If you have frequent 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 which 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 as well as SA-1's Office of Retirement (HR/RET) and the medical (MED) suites and service areas. Retiree ID card holders may also sign in and escort their eligible family members. 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.

Retirees must complete Form DS-1838 at HR/RET, Room H-620, SA-1, 2401 E Street NW, Washington, D.C.. HR/RET welcomes walk ins Monday through Friday between 8:30 AM and 3 PM (go to the SA-1 ground floor DS guard desk and ask them to call an HR/RET employee to come down to escort you). A retirement counselor will sign the form to certify the retiree's status after which the retiree may proceed to the HST ID Unit to apply for the Retiree ID card.

When applying at the ID Unit in HST, 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 30 days after the HR/RET retirement counselor certifies the DS-1838.

The Diplomatic Security ID Unit in HST is located in Room B-266 and is open 9 AM to 4 PM, Monday through Friday, except holidays. 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.

## REPORT CHANGES IN MARITAL STATUS

All annuitants (retirees, their survivors, and former spouses) should keep the Department informed of changes in marital status (death of spouse, divorce, or marriage/remarriage) by notifying the HR Service Center and providing the appropriate documentation, if necessary. 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 one 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 FSRDS, the “old” retirement system, who marries after retirement and who had not declined to elect a survivor benefit for a spouse at retirement, may elect a survivor annuity for a spouse married after retirement, provided the election is made within one year of marriage. The election of a survivor annuity is effective after nine months of marriage, but the reduction in the retiree's annuity is effective after one year of marriage.
- An annuitant under FSPS, the “new” retirement system, who marries after retirement may elect a survivor annuity for a spouse married after retirement, provided the election is made within two years of marriage. The election of a survivor annuity is effective after nine months of marriage, but the reduction in the retiree's annuity is 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 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 unmarried Foreign Service 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 retain coverage under the Federal Employees Health Benefits program. Eligibility must be documented by a Certificate of Incapacity issued by the Department of State's Office of Medical Services. That certificate is typically issued between ages 18 and 22 to enable the child to continue coverage under a Federal Employees Health Benefits plan.

If you have an unmarried, permanently disabled adult child, please e-mail [HRSC@state.gov](mailto:HRSC@state.gov) or call 1-866-300-7419 asking for HR/RET to review your OPF to verify that it contains a Certificate of Incapacity. If it does not, you can send HR/RET your copy of that document (if you have one) or HR/RET will direct you to MED's Domestic Programs division to have a new Certificate of Incapacity issued.

## **REPORT DEATHS OF ANNUITANTS, SURVIVORS AND FORMER SPOUSES IMMEDIATELY**

Have you ever wondered what actions your survivors will need to take to begin to access survivor benefits under FSRDS or FSPS? If you are insured under the Federal Employees Life Insurance Program (FELI), do you know how your beneficiaries would collect on this insurance? Also, what about Federal Employees Health Benefits (FEHB) coverage for your survivor(s)?

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 be providing 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/Fax/E-Mail:**

1-866-300-7419 (Toll free)  
 1-843-308-5539 (Outside the U.S.)  
 1-843-202-3807 (Fax)  
[HRSC@State.gov](mailto:HRSC@State.gov) (E-mail)

#### **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 HR Service Center will then inform the caller of the documents required in order to confirm eligibility for entitlements and the Office of Retirement will calculate any applicable survivor benefit. The sooner that the person(s) entitled to benefits forwards those required documents, the sooner that benefits can be paid. The Department's goal is to issue the first survivor annuity payment within 45 days of receipt of the required documentation by the HR Service Center. While the Department's goal is to issue the first survivor annuity payment within 45 days of receipt of all required documentation by the HR Service Center, 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 – 3 month gap in annuity payments while the survivor annuity is established.

- **Return any un-cashed annuity checks to:**

U. S. Department of State  
Annuity Pay Processing Branch (ANP)  
P.O. Box 150008  
Charleston, SC 29415-5008  
(Telephone: 800-521-2553)

Payments issued via EFT (electronic funds transfer) past the date of death will be recalled electronically and returned to the Department.

- **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 change in name, or other documents which establish identity 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 which will confirm eligibility for entitlements and calculate any applicable survivor benefits. Finally, the Annuity Pay Processing Branch (ANP) will initiate the payments. Please note, a W4-P or W9 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 life insurance coverage, the HR Service Center will certify the date of death and notify the Office of Personnel Management (OPM), administrator of this life insurance program. OPM in turn will send the appropriate instructions and claim forms to the designated beneficiary (or beneficiaries) on record 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 the 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 (Foreign Service Retirement & Disability System or Foreign Service Pension System), and the annuitant's identification number which is prefaced by the letters "CSI-". This number can be found on the insurance certification document sent by OPM to the annuitant 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 and family coverage at the time of death; and
  - at least one family member is entitled to an annuity.

## **KEEP YOUR RECORDS UPDATED VIA ANNUITANT EXPRESS**

If you move to a new address or want to change where your annuity is electronically deposited, you will need to provide the new information to the Department of State. The best way to do so is via the Annuitant Express website at [www.employeeexpress.gov](http://www.employeeexpress.gov) which is available 24/7 from any internet accessible computer. There you can instantaneously update your annuity account to change your mailing address, modify your direct deposit account and routing numbers, change Federal and state tax withholdings, and modify financial allotments. Additionally, you can view and print your monthly annuity statements and annual Form 1099R. **Note:** When moving from one state to another, you should change your state of residence and your state tax withholdings. Changing from one state to another cannot be completed using Annuitant Express and must be submitted via e-mail (PayHelp@state.gov), fax (843-308-5494) or mail to the Annuity Pay Processing Branch (ANP).

After you retired, the Office of Personnel Management (OPM) mailed you a password to access Annuitant Express. This is not the same account that you used as an active employee. To log onto Annuitant Express, go to [www.employeeexpress.gov](http://www.employeeexpress.gov). Enter your Social Security number as your Login ID, then the password you received from OPM. [You can change your password the first time you log on. This password is not the same one you used to access your pay statements while you were employed.] When you are asked to identify your agency, you must select “Foreign Service Annuitants” not “Department of State” or any other Foreign Affairs agency.

Thereafter, if you forget your password or login ID, go to the login screen of [www.employeeexpress.gov](http://www.employeeexpress.gov) and click on “Forgot login ID or password?” Follow the prompts to request a new password or login 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 now email a temporary password and login. Your email address must match the address on record with the ANP for your temporary password to be emailed.

Reemployed annuitants (WAE) should select “Department of State” to access Earnings & Leave Statements and make changes to their WAE account. WAE’s may request a password be sent via e-mail if they have an e-mail address ending in “gov.” This password allows access to your Earnings & Leave Statements, but not your monthly Annuity Statements. Annuitants may have two separate accounts to access annuity information and active (WAE) salary information at the same time.

Annuitants needing assistance using Annuitant Express should contact the Employee Express Help Desk at 1-888-353-9450 Monday through Friday 7 a.m. to 7 p.m. EST. Hearing impaired annuitants may access the TDD by calling 478-757-3117 or 1-888-880-0412. You may also contact the Help Desk by sending a detailed e-mail message to [EEXHelp@opm.gov](mailto: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.

If you prefer to mail in a written request to update your annuity account, contact the Payroll Customer Support Desk at [PayHelp@state.gov](mailto:PayHelp@state.gov) or 800-521-2553 for instructions.

## 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). 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. If any forms need updating, please see the chart below for additional information.

FORM	PURPOSE	OBTAIN FORM FROM	SUBMIT ORIGINAL FORM TO
<b>DS-5002 Foreign Service Retirement System</b>	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.	<a href="https://rnet.state.gov">https://rnet.state.gov</a> Click on “Forms” and then click on “Retiree/Annuitant Information and Forms”	<b>Human Resources Service Center (HRSC)</b> 999 Dyess Avenue, Building E, Charleston, SC 29405  <b>For questions call, 1-866-300-7419</b>
<b>SF-2823 Federal Employees Group Life Insurance (FEGLI) Program</b>	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.	<a href="https://rnet.state.gov">https://rnet.state.gov</a> Click on “Forms” and then click on “Retiree/Annuitant Information and Forms”	<b>Office of Personnel Management (OPM)</b> 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 <a href="mailto:retire@opm.gov">retire@opm.gov</a> . You must indicate that you are a Foreign Service retiree.
<b>TSP-3 Thrift Savings Plan</b>	Payment of an annuitant’s TSP account balance as of the date of death.	<a href="http://www.TSP.gov/forms/formsPubs.shtml">www.TSP.gov/forms/ formsPubs.shtml</a>	<b>Thrift Savings Plan</b> P.O. Box 385021, Birmingham, AL 35238  For questions call, 1-877-968-3778.

If an annuitant fails to execute a designation of beneficiary form, the law provides for automatic payment of benefits by order of precedence: **(1)** if there is no beneficiary, to the surviving spouse, **(2)** if none of the above, to the child or children, **(3)** if none of the above, to the parents in equal shares or the entire amount to the surviving parent, **(4)** if none of the above, to the duly appointed executor or administrator of the estate, and **(5)** if none of the above, to such other next of kin as may be determined by the Secretary. Designation of beneficiary forms should be updated as personal situations change.

## UNDERSTAND THE TAX TREATMENT OF YOUR ANNUITY

If you have tax questions that go beyond the following basic information, please contact 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 a member 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 1099R. 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](http://www.irs.gov). Alternatively, you can use the Office of Personnel Management’s online calculator at [http://apps.opm.gov/tax\\_calc/index.cfm](http://apps.opm.gov/tax_calc/index.cfm). Once you have calculated the tax-free portion of your monthly annuity, you then 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 PayHelp@state.gov or call 800-521-2553. You may alter your federal or state withholding rates at any time via the Annuitant Express website at [www.employeeexpress.gov](http://www.employeeexpress.gov). Changing from one state to another cannot be completed using Annuitant Express and must be submitted via e-mail (PayHelp@state.gov), fax (843-308-5494) or mail to the Annuity Pay Processing Branch (ANP).
- **Form 1099-R:** Annuitants are mailed 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 1099R tax documents are also available on the Annuitant Express Web site at [www.employeeexpress.gov](http://www.employeeexpress.gov) after January 31. If you do not have access to a computer or if your 1099R is not available on Annuitant Express, you may contact the Payroll Office at 1-800-521-2553.
- **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 PayHelp@state.gov or 1-800-521-2553. Please note 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](http://www.tsp.gov).

## COMBINED FEDERAL CAMPAIGN



The 2015 Combined Federal Campaign (CFC) is underway. CFC has gone green and will not automatically mail CFC materials. Instead, you may request a paper pledge form and catalogue by providing your name and mailing address by calling 202-261-8181 or e-mailing [CFC@state.gov](mailto:CFC@state.gov). You can donate by check or money order payable to “Combined Federal Campaign” (annuity deductions for CFC are not possible) mailed by December 15, 2015 to the following address: Department of State, Combined Federal Campaign, HR/ER/WLD, Room H-236, SA-1, Washington, DC 20522-0102. Thank you for your continued support for the Combined Federal Campaign.



## STATE MAGAZINE

State Magazine has transitioned to 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 [state.gov/statemag](http://state.gov/statemag) and through the Apple App Store and Google Play. Readers may direct questions about the publication to [statemagazine@state.gov](mailto:statemagazine@state.gov).

# 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 personnel and spouses—including surviving or divorced spouses—in their later years by providing financial and non-financial assistance.

For more than two decades, the Foundation has built a tradition of taking care of our own. Last year, we provided over \$230,000 in grants—a level of intervention and financial assistance that was only a dream in our early days. This support 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 confidential. A social worker with extensive Foreign Service experience reviews each case to determine the best resources available for the individual. We intervene in many ways: covering the cost of prescription copayments for a retiree, helping the widow of an FSO pay for daily living expenses while waiting for her survivor benefit, and arranging for a companion for a Foreign Service widow who suffers from Alzheimer's Disease, to name only a few.

Monthly grants include:

- |  |   |
|--|---|
| <input type="checkbox"/> Deductibles and copayments on health coverage | <input type="checkbox"/> Home Health Care expenses              |
| <input type="checkbox"/> Prescription medication costs                 | <input type="checkbox"/> Transportation to medical appointments |
| <input type="checkbox"/> Health insurance premiums                     | <input type="checkbox"/> Utility expenses                       |

One-time grants include:

- Providing Geriatric Case Manager assessments;
- Purchasing durable medical equipment, such as grab bars, walkers, chairlifts; and
- Paying for medically necessary dental work.

Even if a person doesn't need financial assistance, the Foundation still is making a difference. Non-financial assistance through our Resource Center 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 a Geriatric Case Manager familiar with local resources.

The Foundation has become a vital part of the Foreign Service family. Every member of the Foreign Service should want to be a part of the Foundation. 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. 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**

1716 N Street, NW Washington, DC 20036

Phone: (202) 887-8170 Fax: (202) 872-9320

E-Mail: [info@SLFoundation.org](mailto:info@SLFoundation.org)

Website: [www.SLFoundation.org](http://www.SLFoundation.org)

## POINTS OF CONTACT

### THE RETIREMENT NETWORK (RNET)

RNet is the Office of Retirement's internet site providing a wealth of retirement related information, including comprehensive Foreign Service retirement system information, annuitant forms, and a searchable database of frequently asked questions. RNet is available at: <https://rnet.state.gov>.

### HUMAN RESOURCES SERVICE CENTER (HRSC)

If questions remain after consulting this newsletter and RNet internet site, you can contact a Department of State human resources specialist. As part of the Department's shared services initiative to improve management operations, your initial point-of-contact is the Bureau of Human Resources' 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 HR/RET retirement counselor for response.

After your inquiry has been answered, you may be given a Customer Satisfaction Survey. Please complete and return the survey to provide feedback to the office(s) that were involved in responding to your inquiry.

#### Human Resources Service Center (HRSC)

**Phone/Fax/E-Mail:**

1-866-300-7419 (Toll free)  
1-843-308-5539 (Outside the U.S.)  
1-843-202-3807 (Fax)  
[HRSC@State.gov](mailto:HRSC@State.gov) (E-mail)

**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 Retirement Accounts Division (RAD) is now the **Annuity Pay Processing Branch (ANP)**. This office is responsible for establishing your Foreign Service annuity and assisting you with keeping your annuity pay record accurate. Additionally, Annuitant Employee Express can be used to update your pay record, access your 1099R, adjust your Federal and/or State tax withholdings, and view your monthly annuity statements. Inquiries can be e-mailed to [PayHelp@state.gov](mailto:PayHelp@state.gov), faxed to 843-308-5471 or you may call us at 1-800-521-2553.

### STATE MAGAZINE AND USAID PUBLICATIONS

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

**State Magazine**

U.S. Department of State  
HR/ER/SMG, SA-44  
2401 E Street, NW  
SA-1, Room H-236  
Washington, DC 20522  
202-663-1688  
[statemagazine@state.gov](mailto:statemagazine@state.gov)

**USAID Front Lines & Other Publications**

U.S. Agency for International Development  
RRB, Room 6.10  
1300 Pennsylvania Avenue, NW  
Washington, DC 20523-6100  
Fax: 202-216-3035  
[frontlines@usaid.gov](mailto:frontlines@usaid.gov)

## CONTACT INFORMATION FOR OFFICES AND OTHER AGENCIES

### BENEFEDS

- Enrollment in Dental and Vision Insurance

**Phone:** (877) 888-3337  
**Mail:** P.O. Box 797  
Greenland, NH 03840-0797

### Office of Personnel Management (OPM)

**Phone:** (202) 606-1800  
**TTY:** (202) 606-2532  
**E-mail:** [retire@opm.gov](mailto:retire@opm.gov)  
**Website:** [www.opm.gov](http://www.opm.gov)  
**Mail:** 1900 E Street, NW  
Washington, DC 20415

### Office of Retirement (HR/RET)

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

**Phone:** (202) 261-8960  
**Fax:** (202) 261-8988  
**E-mail:** [HRSC@state.gov](mailto:HRSC@state.gov)  
**Website:** <https://rnet.state.gov>  
**Mail:** 2401 E Street NW  
Room H-620, SA-1  
Washington, DC 20522

### Payroll Office (CGFS/C/APPO)

- 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:** (843) 746-0538  
**Fax:** (301) 985-8584  
**Toll Free:** 1-877-865-0760  
**E-mail:** [PayHelp@state.gov](mailto:PayHelp@state.gov)

### Social Security Administration (SSA)

**Phone:** (800) 772-1213  
**Website:** [www.ssa.gov](http://www.ssa.gov)

### Annuity Pay Processing Branch (CGFS/C/PPR/ANP)

- Delay or non-receipt of annuity check
- Address, bank, tax withholding changes
- 1099R – Tax report FS Annuity
- Annuity verification Letter
- Monitoring WAE salary/annuity cap
- Amount of retirement contributions
- Refund of excess-35 year contributions

**Hours:** 8 a.m.–5 p.m. EST, Mon – Fri  
**Phone:** (843) 746-0538  
**Toll free:** (800) 521-2553  
**Fax:** (843) 308-5471  
**E-mail:** [PayHelp@state.gov](mailto:PayHelp@state.gov)  
**Mail:** U.S. Department of State  
Global Financial Services/ANP  
1969 Dyess Avenue Bldg 646B  
P.O. Box 150008  
Charleston, SC 29415-5008

### Travel and Transportation

- Shipment of household effects

**Phone:** (202) 663-0891  
**Fax:** (202) 663-0981  
**Toll free:** 1-800-424-2947  
**E-mail:** [TransportationQuery@state.gov](mailto:TransportationQuery@state.gov)

### Thrift Savings Plan (TSP)

**Toll free:** (877) 968-3778  
**Intern'tl:** (404) 233-4400  
**Fax:** (866) 817-5023  
**Website:** [www.tsp.gov](http://www.tsp.gov)  
**Mail:** Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238

*For all new annuitants, we must have your personal contact information to include an email address or it may delay processing/receipt of your annuity. Also, to enhance our Customer Service outreach efforts, we would like all annuitants to provide an email address to the Department to include HR Shared Services ([HRSC@state.gov](mailto:HRSC@state.gov)) and Payroll Customer Support ([PayHelp@state.gov](mailto:PayHelp@state.gov)).*

