

Thrift Savings Plan (TSP) Contributions under USERRA

I (print full name) _____, SSN _____, have been restored to my civilian position in accordance with USERRA, 38 U.S.C. Chapter 43. I understand I may elect to make up TSP contributions for all or part of the period of my military status and that I have 60 days upon return to duty to make a TSP contribution election.

For Civil Service Retirement System (CSRS) Employees: I understand if I contributed to TSP while on active duty military service, I am entitled to make up contributions only.

For Federal Employees Retirement System (FERS) Employees: I understand if I contributed to TSP while on active duty military service, I am entitled to make up contributions, agency matching contributions and the agency automatic 1% contribution.

_____ I contributed to my uniformed service TSP account while on active duty and understand the amount of those contributions may affect the amount of my makeup contributions. I am requesting matching contributions in the amount I contributed to TSP while on active duty military, plus the Agency's automatic 1% contribution(if under FERS).

OR

_____ I did not contribute to my uniformed service TSP account while on active duty military. (If under FERS, I am requesting the Agency's automatic 1% contribution)

AND (if applicable)

_____ I elect to have my lost earnings placed into the "G" Fund.

OR

_____ I elect to have my lost earnings placed into the funds in effect at the time contributions would have been made if I had remained in civilian service or pay status.

AND

_____ I elect to initiate makeup contributions in the amount of _____% or \$_____ per pay period for the period of time I was on active duty military. I understand my makeup contributions will be invested according to the contribution allocation in effect at the time the contributions were posted. I also understand I cannot exceed the annual elective deferral limit.

_____ I elect to have my lost earnings placed into the "G" Fund.

OR

_____ I elect to have my lost earnings placed into the funds in effect at the time contributions would have been made if I had remained in civilian service or pay status.

Employee Signature

Date

For Consolidated Benefits Use Only

Employee Name:	
SSN:	
POI:	
Period of Military Service:	
Civilian Base Pay:	
Agency Contact Name:	
Agency Contact Phone:	