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Speak with a member services representative for details!
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OPEN SEASON: FAQs. In the first installment of our annual Open Season Report, we answer some of our members’ most frequently asked questions.

THE CURIOUS CASE OF THE COMMISSIONED CORPS. U.S. Public Health Service Commissioned Corps officers perform work similar to that of civilians but get different benefits. There’s the rub.

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ON THE COVER
Illustration by Bill Pragluski, Critical Stages, LLC
National Active and Retired Federal Employees Association

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ANSWERING THE CALL

I’d like to thank NARFE members for their dedicated grass-roots advocacy over the past few months. I know we ask for a lot of your time. And I imagine there are some of you who may be feeling a little fatigued at this point from all we ask you to do – make phone calls, send letters, set up meetings – to make sure that members of Congress hear from federal employees and retirees on issues important to us.

Please know that without your calls, letters and meetings, the pay and benefits cuts that the federal family has incurred could have been much worse.

Unfortunately, however, our fight continues. We’ve got a recipe for disaster ahead, as you will read in this issue.

This month or next, when the deadlines for raising the federal debt limit and passing appropriations bills for the new fiscal year can be extended no further, we’ll see a spending showdown. This time, veteran Congress watchers say that the congressional brinksmanship may, indeed, result in a government shutdown.

The shutdown speculation is just one more source of needless stress for federal employees and retirees. Federal employees are fed up with pay freezes and furloughs. At the same time, they are fearful of something even worse down the road, as the budget battles rage. Retirees, too, are looking ahead with trepidation, alarmed at the possibility of lean years to come if the Chained CPI is adopted as the measurement for cost-of-living adjustments.

This is not the time to let fatigue hold us back. It’s time to rally, as NARFE members always have, in defense of our pay and benefits. For more than 90 years, NARFE members have provided the “tireless advocacy” that we so proudly claim in our slogan. We need you now, more than ever, to continue our fight on Capitol Hill and Pennsylvania Avenue. In the weeks ahead, we will be reaching out and asking again for your help. Please continue to answer the call.

NARFE’S Mission Statement

To support legislation beneficial to current and potential federal annuitants and to oppose legislation contrary to their interests.

To promote the general welfare of current and potential federal annuitants by advising them with respect to their rights under retirement laws and regulations.

To cooperate with other organizations and associations in furtherance of these general objectives.
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A bill introduced in the Senate would make radical changes to long-standing benefits programs for hundreds of thousands of current, former and future postal workers, as well as millions of other federal workers and retirees.

On August 1, Sen. Thomas R. Carper, D-DE, introduced the Postal Reform Act of 2013, S. 1486, with the cosponsorship of Sen. Tom Coburn, R-OK. Carper is the chairman and Coburn is the ranking member of the Senate Homeland Security and Governmental Affairs Committee, which has jurisdiction over the U.S. Postal Service (USPS).

According to a NARFE analysis of the bill, S. 1486 would:

• Undermine the integrity of the Federal Employees Health Benefits Program (FEHBP) for all federal employees and retirees, causing an increase in premiums;
• Threaten the availability of the FEHBP for future postal retirees;
• Reduce substantially workers’ compensation insurance benefits for federal and postal employees and retirees; and
• Allow for the elimination of the Federal Employees Retirement System (FERS) defined-benefit annuity for future postal workers.

NARFE strongly opposes the bill.

Legislative Details

The bill would force the postal unions to bargain with the USPS to create a separate postal health benefits plan for current postal employees, with the ultimate outcome of negotiations subject to the decision of arbitrators. The health benefits plan could be offered within the FEHBP or outside of it. Because FEHBP coverage in retirement is contingent upon coverage as an active employee, the bill could result in future retirees not being covered by the FEHBP.

NARFE believes that removing all postal employees and future retirees from the FEHBP would destabilize the program, which could lead to loss of plan options and potentially higher premiums.

The bill also would provide additional plan options for Medicare-enrolled postal employees and retirees, placing individuals enrolled in those plans into a separate risk pool. According to analysis from the Office of Personnel Management (OPM), this would lead to an average increase in FEHBP premiums of 2 percent for all federal employees and retirees, and as much as a 35 percent increase for one plan. A similar provision was in last year’s Senate postal reform bill but was removed by a voice vote during Senate floor deliberations.

The same severe cuts to workers’ compensation benefits that were in last year’s Senate bill also are included in S. 1486. These provisions would reduce the basic federal workers’ compensation benefit by 25-33 percent for workers at or over retirement age and eliminate the supplemental benefit for injured workers with children or other dependents.

While there would be exceptions...
for permanently, totally disabled individuals currently receiving benefits, partially disabled individuals currently receiving benefits would see steep reductions in their basic compensation benefit.

Regarding retirement benefits, S. 1486 would eliminate the statutory guarantee of the FERS defined-benefit annuity for newly hired postal employees. While postal unions would retain the ability to bargain over retirement benefits, the provision would take away something that is currently provided by law and subject it to negotiations with the USPS.

With the support of Sens. Carper and Coburn, it is very likely that the bill will move out of committee and be considered by the full Senate. NARFE members should contact their senators to oppose S. 1486.

—BY JOHN HATTON, DEPUTY LEGISLATIVE DIRECTOR

STOP GOVERNMENT ABUSE, OR JUST STOP GOVERNMENT?

Just before its five-week summer recess, the House of Representatives targeted the federal workforce, approving several bills as part of “Stop Government Abuse Week.”

NARFE President Joseph A. Beaudoin wrote a letter to each representative, expressing his concern about the legislation and the constant attacks on federal workers. “The bills take cheap, rhetorical shots at the federal government and its workforce, instead of solving real policy problems, such as sequestration and the budgetary stalemate,” Beaudoin said. “We are disappointed that the House is wasting its time voting on bills with little chance of passage by the full Congress when serious budget issues remain unresolved.”

He added: “It is a bad sign for the country when members of the House view attacks on our nation’s public servants as a political win. Every day, millions of federal employees, including nearly 500,000 veterans, do important work on behalf of the United States. We should be applauding their efforts, not demeaning them.”

H.R. 2879, the Stop Government Abuse Act, passed the House 239-176. The repackaged bill would cap bonuses and other performance awards for federal employees at a maximum of 5 percent of salary through the end of fiscal year 2015; allow political appointees to place senior officials on unpaid leave at their discretion; and permit U.S. citizens to record telephone conversations with federal employees, usurping many state laws.

While NARFE opposes many provisions of the bill, it is particularly concerned with the provision to limit performance awards. “By limiting the ability of federal managers to reward good performance, the bill runs counter to the common-sense notion that individuals respond to positive incentives,” Beaudoin said.

It is unlikely the bill will be taken up in the Senate.

To send a letter to your representative about H.R. 2879, go to the NARFE Legislative Action Center at www.narfe.org. Enter your ZIP code, and the system will locate your representative and provide the appropriate letter, either telling the representative to stop targeting the federal workforce or thanking the representative for standing up for the federal community.

Many NARFE members already have taken this opportunity to thank their representative for his or her opposition to the bill, or to ask for an explanation for his or her support of the bill.

—BY JASON FREEMAN, LEGISLATIVE STAFF ASSISTANT

ADVOCACY ACTION

Watch for NARFE’s coupon campaign in the press.

NARFE Headquarters thanks all NARFE members who sent coupons for the media campaign surrounding the Chained CPI. See the November issue of narfe for coverage of the campaign.

—BY JASON FREEMAN, LEGISLATIVE STAFF ASSISTANT
MYTH vs. REALITY

**MYTH:** Federal employees enjoy “generous, taxpayer-funded health insurance.”

**REALITY:** Like most American workers, federal employees pay a share of their health insurance premiums, and their employer, the government, pays a share. The government’s share of premiums paid is set by law. For most federal employees and annuitants, the government contribution equals the lesser of: 72 percent of the weighted average of premiums in effect each year for self-only and family coverage in the entire Federal Employees Health Benefits Program, or 75 percent of the total premium for the particular plan an enrollee selects. In private industry, the employer share of self-only premiums averages 79 percent, according to the Bureau of Labor Statistics (BLS) National Compensation Survey, March 2013. For family coverage in the private sector, the employer share averages 68 percent, according to the BLS.

NARFE IS POLITICAL, NOT PARTISAN

Almost anybody you ask will tell you that Congress is getting more partisan, and political campaigns are getting more personal. But, as they participate in grass-roots advocacy, NARFE members should remember that NARFE is political, not partisan. This is a small, yet important, distinction. The reality is that NARFE members must meet and talk to the elected officials on both sides of the aisle who can influence decisions on federal earned retirement and health benefits.

**NARFE members must meet and talk to elected officials on both sides of the aisle.**

NARFE’s excellent reputation on Capitol Hill is boosted by the fact that the Association is a nonpartisan organization. Members of Congress know that NARFE is an honest broker, delivering unbiased positions. That gives the Association’s legislative representatives at NARFE Headquarters access. That message must be echoed at home by NARFE’s grass-roots advocates.

While NARFE remains a nonpartisan organization, this does not mean that it does not recognize that elected officials have party affiliations. Narfe magazine identifies the party membership of members when they are discussed in the magazine, but it is for informational purposes. Knowing that members of Congress are increasingly voting along party lines, we will highlight members who cross the aisle on votes because, in today’s political climate, that is not always an easy thing to do.

NARFE-PAC, the Association’s political action committee, gives to both sides of the aisle and does not consider party affiliation when making decisions. The first and last question asked is how the member of Congress has voted on and talked about NARFE issues.

It is vital that NARFE members speak to their elected officials on issues of concern, regardless of the official’s party. Members of Congress are responsible to their constituents; therefore, they must hear from you.

In 2012, 90 percent of representatives in the House and 91 percent of senators were re-elected. This means that NARFE members often have to attend events for elected officials who do not belong to the same party as they do. NARFE members cannot only speak with legislators who share their party affiliation. That is a luxury NARFE cannot afford, considering the ongoing attacks against federal employees, retirees and survivors.

NARFE is a nonpartisan organization, and it is important that our members are nonpartisan as well when working in NARFE’s behalf. Remember: The issues that NARFE faces impact people regardless of their political party.

—BY SARAH WEISSMANN, GRASS-ROOTS PROGRAM MANAGER
The law will allow federal employees to cut back on their hours without fully retiring and provide “managerial flexibility” in this time of “austerity budgeting,” NARFE said. “Instead of losing valued employees, agencies will be able to retain them part time and benefit from their ability to mentor junior employees, including their replacements.”

NARFE joined more than 230 individuals or organizations that submitted comments to OPM on the proposed rules, released in June. OPM has said it hopes that phased retirement will be implemented by the end of the year.

NARFE took issue with only a handful of provisions:

• While the proposed rules treat phased retirees as full-time employees for the purposes of participating in the Federal Employees Health Benefits Program (FEHBP) and the Federal Employees’ Group Life Insurance Program (FEGLI), they do not address participation in other benefit programs including the Federal Employees Dental and Vision Insurance Program (FEDVIP), the Federal Long Term Care Insurance Program and Flexible Spending Accounts. NARFE said OPM should make it clear that phased retirees will be able to participate in these programs.

• The proposed rules do not address Thrift Savings Plan (TSP) participation. NARFE said OPM should make it clear that phased retirees will continue to receive appropriate agency matching contributions to their TSP accounts.

• The proposed rules require the phased retiree to spend at least 20 percent of his or her time mentoring. However, they give the agency the discretion to decide the types of mentoring activities and how to ensure this requirement is being fulfilled. NARFE said it allows too much leeway for agencies to waive the mentoring requirement. Given the federal government’s current limited use of mentorship programs, NARFE said agencies should be given less, rather than more, flexibility in avoiding mentorship requirements.

• Eligibility is limited to Civil Service Retirement System (CSRS) employees with 30 years of service and age 55 or older, or employees with 20 years of service and age 60 or older; and Federal Employees Retirement System (FERS) employees with 30 years of service and at or over their minimum retirement age, or employees with 20 years of service and age 60 or older. NARFE said eligibility should be extended to as many retirement-eligible employees as possible.

NARFE also expressed concern that FERS retirees would not receive an annuity supplement, if eligible, under the regulations and that the retirement computation for CSRS Offset employees is not addressed. To see the full statement, go to www.narfe.org.

—BY JESSICA KLEMENT, LEGISLATIVE DIRECTOR

NARFE’S ‘TICKER’ TALLIES LOSSES

MORE THAN 82,000 FEDERAL EMPLOYEES retired between January and August — 30 percent more than last year, according to Office of Personnel Management data. To illustrate the effect on the government, NARFE posted a “ticker” at www.narfe.org that counts the days of institutional experience lost through retirements. NARFE asks: “Why are we losing waves of valuable federal workers in 2013? Could it be because of proposals in Washington that freeze federal worker pay year after year, furlough workers and threaten to tear down the benefits that federal workers earn?”
With only a few days left before fiscal year (FY) 2013 ends on September 30, it appears next to impossible for the House and Senate to agree to a compromise on the 12 annual appropriations bills necessary to fund the government in FY 2014, absent a compromise on the starting point.

The House and Senate have both passed budget resolutions to guide FY 2014 decisions, but House leaders have refused overtures from the Senate to sit down to compromise on those blueprints. Add to that the prospect of a public debt limit set to be reached some time later this fall, and we are left with a recipe for a fiscal and political disaster.

On top of all that, more than a few Republican lawmakers have said they would let the government shut down at the start of the fiscal year October 1 rather than agree to fund implementation of the Affordable Care Act ("Obamacare"), set to begin in earnest with the launch of health insurance exchanges in October in anticipation of coverage beginning in the new year.

At this point, the likely short-term outcome is a temporary continuing resolution to fund government activities for the first few months of the fiscal year — presumably until a potential budget deal that also raises the public debt limit is agreed upon near Thanksgiving.

—BY ALAN LOPATIN, LEGISLATIVE COUNSEL

The likely short-term outcome to the budget stalemate is a temporary continuing resolution.

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OPM CLARIFIES ACA EFFECT ON CONGRESS, STAFF

For months, there has been uncertainty about the effect the Affordable Care Act (ACA) will have on health insurance coverage for members of Congress and their staffs. Many of the questions that have been looming over Capitol Hill have now been answered, thanks to a regulation published August 7 in the Federal Register by the Office of Personnel Management (OPM).

Members of Congress and their personal office staff will leave the FEHBP and secure their health insurance through the exchanges, but they will continue to receive their government contribution.

The proposed regulation, which will become effective after a 30-day comment period, is intended to provide administrative guidance for an ACA provision authored by Sen. Charles E. Grassley, R-IA, requiring members of Congress and their staffs to purchase health insurance through the plans created by the ACA or offered through the exchanges established by the law.

Under OPM’s proposed regulation, members of Congress and their personal office staffs will leave the Federal Employees Health Benefits Program (FEHBP) and secure their health insurance through the ACA-established exchanges, but they will continue to receive a government contribution toward their premiums similar to the FEHBP’s “Fair Share” formula.

Members and congressional office staffers who retire from service on the Hill while enrolled in exchange plans will be eligible for retiree coverage but would continue to receive their coverage through the state exchanges rather than the FEHBP.

Under the proposed OPM regulation, employees of congressional committees and leadership offices, along with others working on Capitol Hill – but not in members’ personal offices – will continue their participation in the FEHBP.

The potential impact of the OPM regulation on staffing remains unclear. Long-time employees of rep-
OPEN SEASON: FEDVIP OFFERS NEW DENTAL, VISION PLANS FOR 2014

This year’s Federal Benefits Open Season, November 11-December 9, features four new dental plans and one new vision plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP).

The Office of Personnel Management (OPM) recently announced that it awarded contracts under FEDVIP to 10 dental insurance carriers and four vision insurance carriers with coverage beginning January 1, 2014. FEDVIP provider contracts run for seven years, although benefits and premium rates are negotiated each year. The plans announced by OPM will be available until 2020. One dental plan that had been available, GHI, no longer will be offered.

The 10 dental plans available starting in 2014 are: Aetna, MetLife, United Concordia, GEHA, Blue Cross Blue Shield (New), Delta Dental (New), Triple S, Dominion Dental (New), Humana, and Emblem Health (New).

The four vision plans available under the program starting in 2014 are: Aetna (New), Blue Cross Blue Shield, VSP, and United Healthcare.

During Open Season, federal employees, retirees and survivors can enroll, change or cancel an existing enrollment in dental and vision plans under FEDVIP. Premium rates should be available from OPM by early October.

—BY FEDERAL BENEFITS SERVICE DEPARTMENT

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### NARFE BILL TRACKER

**THE NARFE BILL TRACKER IS YOUR MONTHLY GUIDE TO THE CONGRESSIONAL LEGISLATION THAT NARFE IS FOLLOWING. CHECK BACK EACH ISSUE FOR UPDATES.**

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<th>ISSUE</th>
<th>BILL NUMBER / NAME / SPONSOR</th>
<th>WHAT BILL WOULD DO</th>
<th>LATEST CONGRESSIONAL ACTION(S)</th>
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<td><strong>DEFERRED ANNUITIES</strong></td>
<td>H.R. 26: Deferred Benefits Adjustment Act of 2013 / Rep. Nydia M. Velázquez, D-NY</td>
<td>Provides for the indexation of deferred annuities, including survivor annuities, and for individuals becoming subject to the Federal Employees Retirement System by election. Terminates the entitlement of a survivor who remarries before age 55 (currently, who remarries at any age) to an annuity based on the service of a deferred annuitant who dies before establishing a valid claim for a Civil Service Retirement System annuity.</td>
<td>Referred to the House Committee on Oversight and Government Reform</td>
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<td>H.R. 249: Federal Employee Tax Accountability Act of 2013 / Rep. Jason Chaffetz, R-UT</td>
<td>Makes any person who has a “seriously delinquent tax debt” (an outstanding tax debt for which a notice of lien has been filed in public records) ineligible for federal employment or to continue serving as a federal employee.</td>
<td>Approved by the House Committee on Oversight and Government Reform on 3/20/13 Failed to pass the House on 4/15/13</td>
</tr>
<tr>
<td><strong>TAX DELINQUENCY</strong></td>
<td>H.R. 517: To provide that four of the 12 weeks of parental leave made available to a federal employee shall be paid leave / Rep. Carolyn B. Maloney, D-NY</td>
<td>Allows federal employees to substitute any available paid leave for any leave without pay available for either the birth of a child or placement of a child with the employee for either adoption or foster care. Makes available four administrative weeks of paid parental leave in connection with the birth or placement involved.</td>
<td>Referred to the House Committee on Oversight and Government Reform</td>
</tr>
<tr>
<td><strong>PAID PARENTAL LEAVE</strong></td>
<td>H. CON. RES. 25: Fiscal year 2014 Budget Resolution / Rep. Paul D. Ryan, R-WI</td>
<td>Among other things, reduces the federal workforce by 10 percent through attrition and increases the amount that federal employees contribute toward their retirement.</td>
<td>Passed the House on 3/21/13</td>
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*narfe, April, p. 9*

*narfe, July, p. 11*
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<tr>
<th>ISSUE</th>
<th>BILL NUMBER / NAME / SPONSOR</th>
<th>WHAT BILL WOULD DO</th>
<th>LATEST CONGRESSIONAL ACTION(S)</th>
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<tr>
<td></td>
<td><strong>H.R. 1367:</strong> FEHBPPrescription Drug Integrity, Transparency, and Cost Savings Act / Rep. Stephen F. Lynch, D-MA Cosponsors: 3 (D)</td>
<td>Provides the Office of Personnel Management greater oversight authority over the prescription drug contracting and pricing methods of the Federal Employees Health Benefits Program (FEHBPP). It requires that pharmacy benefit managers, who currently contract with individual insurance plans to provide FEHBPPrescription drug benefits, return 99 percent of all rebates, market share incentives and other monies received from pharmaceutical manufacturers for FEHBPP business and caps prescription drug prices paid by the FEHBPP.</td>
<td>Referred to the House Committee on Oversight and Government Reform narfe, June, p. 9</td>
</tr>
<tr>
<td><strong>HEALTH CARE</strong></td>
<td><strong>H.R. 1780:</strong> To provide that the only health plans that the federal government may make available to the president, vice president, members of Congress and federal employees are those created under the Patient Protection and Affordable Care Act or offered through a health insurance exchange / Rep. Dave Camp, R-MI Cosponsors: 22 (R)</td>
<td>Removes federal employees from the Federal Employees Health Benefits Program (FEHBPP) and places them in the health exchanges created under the Affordable Care Act.</td>
<td>Referred to the House Committees on Oversight and Government Reform, Energy and Commerce, and Administration narfe, July, p. 15</td>
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<td><strong>H.R. 1795:</strong> Social Security Fairness Act of 2013 / Rep. Rodney Davis, R-IL Cosponsors: 65 (D), 23 (R)</td>
<td>Repeals both the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP).</td>
<td>Referred to the House Committee on Ways and Means</td>
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<td><strong>S. 896:</strong> Social Security Fairness Act of 2013 / Sen. Mark Begich, D-AK Cosponsors: 8 (D), 3 (R), 1 (I)</td>
<td></td>
<td>Referred to the Senate Finance Committee</td>
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(continued on p. 16)
The Office of Personnel Management (OPM) now says it hopes to clear up the backlog of federal retirement claims by March 2014. At a February 2012 congressional hearing, former OPM Director John Berry had said he hoped to eliminate the backlog by July 2013.

The agency’s efforts to whittle down the backlog have been stymied by sequestration’s mandatory budget cuts, which ended the agency’s use of overtime to process claims, and a wave of new retirements.

Data released August 5 by OPM revealed that the inventory of unprocessed claims at the end of July was 25,601. That is down considerably from the 44,679 claims inventory in July 2012.

In congressional testimony in May, NARFE President Joseph A. Beaudoin applauded OPM for tackling the problem head on and criticized the “arbitrary” budget cuts that slowed the progress OPM had made in eliminating the backlog.

OPM releases a status report on retirement processing on the fifth day of every month. Go to www.opm.gov/retirement-services and click on “Retirement Processing Status” in the right panel.

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### NARFE BILL TRACKER (continued from p. 15)

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>BILL NUMBER / NAME / SPONSOR</th>
<th>WHAT BILL WOULD DO</th>
<th>LATEST CONGRESSIONAL ACTION(S)</th>
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<tr>
<td>POSTAL REFORM</td>
<td><strong>H.R. 630:</strong> The Postal Service Protection Act / Rep. Peter DeFazio, D-OR</td>
<td>Eliminates the future retiree health benefit prefunding requirement, protects six-day mail delivery and prevents the closure of rural post offices.</td>
<td>Referred to House Committees on Oversight and Government Reform and Judiciary</td>
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<td>Cosponsors: 160 (D), 7 (R)</td>
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<td><strong>S. 316:</strong> The Postal Service Protection Act / Sen. Bernie Sanders, I-VT</td>
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<td>Referred to the Senate Committee on Homeland Security and Governmental Affairs</td>
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<td>Cosponsors: 30 (D)</td>
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<td><strong>H.R. 2748:</strong> Postal Reform Act / Rep. Darrell Issa, R-CA</td>
<td>Moves the U.S. Postal Service to five-day mail delivery, removes protections for injured workers and eliminates to-the-door delivery in favor of cluster boxes.</td>
<td>Approved by the House Committee on Oversight and Government Reform on 7/24/13</td>
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<td>Cosponsors: 2 (R)</td>
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<td>narfe, September, p. 20</td>
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<td><strong>S. 1486:</strong> Postal Reform Act / Sen. Tom Carper, D-DE</td>
<td>Threatens integrity of the Federal Employees Health Benefits Program by removing postal workers and retirees, cuts workers’ compensation benefits, eliminates Federal Employees Retirement System pension for new hires.</td>
<td>Referred to Senate Committee on Homeland Security and Governmental Affairs</td>
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<td>Cosponsors: 1 (R)</td>
<td>See story, p. 6</td>
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### OPM MOVES GOAL POST ON RETIREMENT BACKLOG

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OPM releases a status report on retirement processing on the fifth day of every month. Go to www.opm.gov/retirement-services and click on “Retirement Processing Status” in the right panel.
If you are considering personal sound amplification, you probably know that louder isn’t always better. If it were, you could just get one of those ear horns that were popular back in the 19th Century... as long as you weren’t concerned with your appearance. Fact is, human conversation - the main reason people get amplification, occupies a relatively small range in the overall sound spectrum. Sound quality and speech intelligibility are much more important than sheer volume. That’s why the sound engineers behind the Perfect Choice HD™ focus on optimal listening in challenging situations. The latest algorithms are running on advanced processors that are super small, yet super powerful. Best of all, Perfect Choice HD™ is comfortable and discreet. The lightweight case (you can choose between Silver and Beige) nestles behind your ear. The clear hearing tube (good luck spotting it in the picture to the right... look closely, it’s there) is connected to a flexible tip that fits comfortably into your ear canal. No one needs to know you are using it, and no one needs to know it didn’t cost you thousands of dollars. The unit comes pre-programmed and is ready to use right out of the box, so it’s the hassle-free choice that you can begin enjoying immediately.

**Why Perfect Choice HD is the best choice!**

<table>
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<th>Feature</th>
<th>Benefit</th>
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<tr>
<td>Lightweight / Inconspicuous</td>
<td>Less than 1 ounce</td>
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<tr>
<td>Sound Quality</td>
<td>Excellent - Optimized for speech</td>
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<tr>
<td>Test and Fitting Required</td>
<td>No</td>
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<tr>
<td>Free Batteries for Life</td>
<td>Yes, ask for details</td>
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<tr>
<td>One-on-One Personal Set Up</td>
<td>Free</td>
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<tr>
<td>Friendly Return Policy</td>
<td>60 Days</td>
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Why spend another day wondering if amplification is right for you. Perfect Choice HD™ comes with our exclusive home trial - if you are not completely satisfied simply return it for a refund of the product purchase price. Call now, you’ll be glad you did... and so will your friends and family.

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- Outdoor conversations
- Lectures
- Sermons
- Meetings
...and other times where you need to turn up the volume

Personal Sound Amplification breakthrough

Our sound engineers understand acoustics so you can understand conversations.

Perfect Choice HD™ features world-class processors for natural sound quality in a wide spectrum of listening situations.

Superior engineering makes it better
- Mosaic™ multi-layered noise reduction accentuates voices and seeks to lower general background noise from the environment.
- Advanced adaptive feedback suppression delivers high-quality sound even in demanding situations. Reducing feedback while delivering high-frequency gain is the hallmark of a professional grade personal amplifier.
- Expansion feature automatically acts to further reduce low-level noise while in particularly quiet environments.
- Wide Dynamic Range Compression brings soft voices into focus and reduces unexpected loud sounds so it can be worn all day long. It automatically changes, in real time to optimally fit your environment.

Perfect Choice HD® is not a hearing aid. If you believe you need a hearing aid, please consult a physician.
You are referring to a provision of the Affordable Care Act that excludes members of Congress and some of their staff from participating in the FEHBP after 2013.

Members of Congress made the decision strictly for political reasons, and now they and their staff must choose health plans offered through health insurance exchanges. (See story, p. 11.)

However, the rest of the federal workforce and retirees still will be eligible to elect and continue to be enrolled in the FEHBP. The government share of the total premium still will be based upon the current “Fair Share” formula, which provides an average of 72-75 percent of health care premiums, with enrollees responsible for the remainder.

As with any law, regulations have to be written to provide guidance on how to execute the law.

The proposed regulations on the Federal Employee Phased Retirement Act were published by the Office of Personnel Management (OPM) in the Federal Register on June 5. As usual, there was a 60-day comment period provided for interested parties to give input and suggestions.

NARFE took advantage of the comment period and submitted comments and questions that we thought were relevant and helpful. (See story, p. 9.)

The comment period ended on August 5. OPM estimates it will finish reviewing and making necessary changes to the regulations by December. Until this is done, agencies have no guidance on how to implement the provisions of the law.
WHY SALARY INFO IS USED FOR ANNUITY?

**Q** How many years of salary information are needed to determine the amount of my federal annuity?

**A** The Office of Personnel Management (OPM) uses three consecutive years of service to compute your high-three average salary. For most people, the high-three covers the last three years of service because the majority of employees receive their highest salaries then. However, OPM will look at your entire work record and use any consecutive three-year period that produces the highest salary.

**FERS FORMULA**

**Q** I am under the Federal Employees Retirement System (FERS) and am using the following formula to estimate my annuity: 1.1% X High-3 Average Salary X Length of Service. Has this formula changed?

**A** There has not been a change in the way the Office of Personnel Management (OPM) computes your annuity since FERS was implemented. Retirees who have 20 or more years of creditable service and are at least age 62 when they retire receive 1.1% X High-3 Average Salary X Length of Service. Retirees with fewer than 20 years of creditable service receive 1% X High-3 Average Salary X Length of Service.

**ANNUITY SUPPLEMENT IS NOT ENTIRE BENEFIT**

**Q** I took a Voluntary Early Retirement. Since I was covered under the Federal Employees Retirement System (FERS), I was entitled to the FERS Annuity Supplement when I reached my minimum retirement age at 56. I did have several years of employment prior to being placed under FERS, which will be used in the computation of my Social Security benefit. To date, though, I have not received my full Social Security benefit.

**A** Most retirees are not entitled to their full Social Security benefit for their supplement. The FERS Annuity Supplement is payable to those individuals who have at least one year of FERS service and is based only on FERS service. If you worked outside of the government and paid into the Social Security fund or had military service before going to work in a FERS position, those years will not be used in the computation of your supplement.

**USING IRA DISTRIBUTIONS FOR CHARITABLE GIVING**

**Q** I read in your magazine that higher-paid individuals making more than $170,000 annually may have to pay more for their Medicare Part B premiums than others. It stated that the usual payment is $104.90 per month but could go up as high as $335.70. I am married and file a joint tax return on which I report annual income of more than $170,000. I’m curious about how much others — in all income brackets — pay for their Medicare premiums.

**A** You can find the premiums on the Medicare website at www.ssa.gov/pubs/EN-05-10536.pdf. But here is the basic information on Medicare Part B: Individuals with a Modified Adjusted Gross Income (MAGI) of $85,000 or less, and married currently taking required minimum distributions from my Thrift Savings Plan (TSP) account. Can I get a TSP distribution for this purpose, and is there a tax advantage in doing this?

**A** A qualified charitable distribution (QCD) is for IRAs only. However, anyone who meets certain requirements can have an IRA, and a great number of federal employees have established IRAs either from contributions over the years and/or from rolling over their Thrift Savings Plan accounts.
couples with a MAGI of $170,000 or less, pay the standard Part B premium. For 2013, that is $104.90 a month.

Individuals with a MAGI above $85,000 up to $107,000, and married couples with a MAGI above $170,000 up to $214,000, pay the standard premium plus $42 a month.

Individuals with a MAGI above $107,000 up to $160,000, and married couples with a MAGI above $214,000 up to $320,000, pay the standard premium plus $104.90 a month.

Individuals with a MAGI above $160,000 up to $214,000, and married couples with a MAGI above $320,000 up to $428,000, pay the standard premium plus $167.80 a month.

Individuals with a MAGI above $214,000, and married couples with a MAGI above $428,000, pay the standard premium plus $230.80 a month.

CSRS OFFSET BENEFITS AND SURVIVOR BENEFITS

Q My husband had CSRS Offset coverage under the Civil Service Retirement System (CSRS). When I turned 60, I was informed that because I was a widow at age 60, I would receive Social Security benefits and that my annuity would be reduced by the amount of my Social Security benefit until I applied for coverage under my own Social Security record. Has this changed?

A No, it hasn’t changed. At age 60, you were eligible for a survivor benefit. Survivor annuities from the Office of Personnel Management (OPM) are subject to offset based on the Social Security survivor benefits attributable to the CSRS Offset service. The spousal survivor offset applies when the survivor is eligible for both a CSRS survivor benefit and a Social Security survivor benefit.

However, there is no offset to your survivor annuity if you are eligible for your own Social Security benefit.

IS NEW BENEFICIARY DESIGNATION REQUIRED?

Q I filed a designation of beneficiary for my federal life insurance many years ago. I named my four brothers to receive the benefit. Now, I have only one brother who is still living. Do I need to complete a new designation of beneficiary form?

A Unless you indicate otherwise on your designation of beneficiary, the Office of Federal Employees’ Group Life Insurance (OFEGLI) will distribute the beneficiary’s share equally among the surviving beneficiaries or entirely to the sole survivor. Therefore, if you want your sole living brother to receive all of your FEGLI insurance, you don’t need to submit a new form unless your brother’s address has changed.

ELECTRONIC VS. PAPER 1099-R TAX FORM

Q I received a notice from the Office of Personnel Management (OPM) that my 1099-R tax form no longer would be mailed to me, but would be available online. I don’t have a computer and don’t know what to do.

A OPM changed that guidance. OPM will continue to mail forms to you unless you contact it and ask that your 1099-R be sent to you electronically. (Instructions for receiving the form electronically appeared in the July issue of narfe magazine, p. 20.) This means that you will continue to have your 1099-R mailed to you, and you don’t need to do anything further.

WHEN TO ENROLL IN MEDICARE PART B

Q I am turning 65 in a few months and would like to know when my Medicare Part B will go into effect if I enroll prior to turning age 65.

A Individuals who are receiving a Social Security benefit are automatically enrolled in Part A and Part B and must contact the Social Security Administration (SSA) to decline the coverage if they desire to do so. Individuals who are not receiving a Social Security benefit must enroll in Part A and Part B on the SSA website, www.ssa.gov, or at their local Social Security office.

Most people take Part A, which covers hospitalization and is free. However, individuals who retired prior to 1983 are not entitled to free Medicare Part A unless they qualify on their spouse’s work record.

Part B covers other medical expenses such as doctors’ visits and costs $104.90 per month for the year 2013.

Federal retirees are not required to enroll in Medicare. When you first become eligible, you have seven months to enroll in Medicare Part B without
Experience Patriots Colony, a LifeCare retirement community exclusively for federal civil employees and military officers. Our location in the heart of the Historic Triangle offers cultural attractions, lifelong learning programs through the nearby College of William and Mary, and close proximity to several military bases.

Protect your future today by joining our Patriots Club Wait List, with a fully refundable deposit which entitles you to:

- Use of our state-of-the-art Fitness Center, pool, and Jacuzzi during selected hours each day
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- Annual complimentary overnight stays

Reserve your space today to enjoy our host of amenities, welcoming residents, and historic location.

Come spend two complimentary nights and experience our exceptional community.

Patriots Colony, sponsored by Riverside Health System, is a LifeCare and Residence and Services retirement community for federal civil employees (GS 7 and above), honorably discharged officers of the seven uniformed services, and their spouses.
penalty. This means that you have three months prior to your 65th birthday, the month of your 65th birthday and three months after your 65th birthday to enroll.

If you accept the automatic enrollment in Medicare Part B, or if you enroll in Medicare Part B during the first three months of your initial enrollment period, your medical insurance protection will start with the month you are first eligible. Otherwise:

- If you enroll in Part B the month you turn 65, coverage begins one month after you sign up;
- If you enroll one month after you turn 65, coverage begins two months after you sign up;
- If you enroll two or three months after you turn 65, coverage starts three months after you sign up;
- If you sign up during the January-March 31 general enrollment period, coverage begins July 1.

OPTING OUT OF MEDICARE PART B

I am a federal retiree who has continued with the Federal Employees Health Benefits Program (FEHBP) after retirement. I have coverage with BlueCross/BlueShield (BC/BS). When I turned 65, I enrolled in Medicare Part A and Part B. I am considering dropping Medicare Part B. If I stop Part B Medicare coverage, what — if any — effect would that have on my FEHBP coverage?

A Medicare Part A would be the primary payer for hospital stays, and BC/BS would be the secondary payer. BC/BS would continue to cover your other medical expenses as outlined in Section 9 of your plan brochure, and your coverage would not be reduced. However, if you drop Part B, BC/BS no longer will waive your calendar-year deductibles, your co-pays or your coinsurance amounts. If you drop Part B and decide to enroll again during one of the general enrollment peri-
Plan your next Adventure with other NARFE Members!

Dutch Windmills & Germany’s Highlights

Romantic Rhine River Cruise & Tour

14 Days  from $2199*

Departs: April 9; September 5 & 18, 2014

Start in the vibrant city of Berlin, Germany for a four-day tour including east and west Berlin; the Brandenburg Gate; Checkpoint Charlie; Potsdam; Dresden; Weimar and Frankfurt. You’ll visit the famed tudor style Castle Cecilienhof and see many historic sites. Then board the 4-Star TUI Allegra for your cruise of the beautiful Rhine Valley with highlights including Rüdesheim; the Loreley Passage, famous for its rock wall towering over the river; Cologne; Düsseldorf; Rotterdam; Amsterdam; Arnhem; Bonn, home of Beethoven and Frankfurt. Your tour will continue for two more days and nights visiting Heidelberg and Munich, with included sightseeing, before flying home from Munich.

On the September 18th departure date, enjoy a guided tour during the original Oktoberfest and meal at a traditional local brewery.

*Per person, based on double occupancy. Price based on outside porthole, upgrades available. Plus $299 tax/service/government fees. Add $300 for September 5 departure date and $500 for September 18 departure date. Airfare is extra.

Best of IRELAND

12 Days  from $1299*

Departs: May 8; July 17 & Sept. 4, 2014

Discover spectacular scenery and explore some of Ireland’s most intriguing cities. Start in historic Dublin with a city tour including the Bank of Ireland and St. Patrick’s Cathedral (the largest church in Ireland). Travel to Cork, stopping at the Rock of Cashel and Cobh along the way. Then visit Blarney Castle, and perhaps kiss “The Blarney Stone; Woollen Mill and Muckross House & Gardens en route to Killarney. Drive the “Ring of Kerry” offering stunning scenery, tour Burren Castle & Folk Park, built in 1425. Visit the Cliffs of Moher, Galway, the Connemara region, Kylemore Abbey and the Bundoran area. Enjoy a guided tour of Belleek Pottery, visit Ulster American Folk Park, & explore “The Giant’s Causeway.” Finally take a sightseeing tour of Belfast that includes the impressive Parliament buildings plus you will visit the newly opened “Titanic Belfast.” Tour includes 16 meals.

*Price per person, based on double occupancy. Plus $299 tax/service/government fees. Add $100 for July 17 departure date. Alternate departure dates available in 2014. Seasonal rates may apply. Airfare is extra.

Grand Alaskan Tour & Cruise

12 Days  from $1749*

Departs: June 12; July 10 & Aug. 21, 2014

Visit the Iditarod Headquarters where you will learn about the famous annual sled dog race and Talkeetna (made famous in the TV show Northern Exposure). Explore Denali National Park on a history tour that provides insight on the diverse native and early pioneer influences in and around Denali. See Alaska’s wildlife up close at the Wildlife Conservation Center and enjoy sightseeing tours in Anchorage, Seward, Vancouver, BC and Seattle. Your vacation also includes a seven night Holland America Line cruise on board the 5-STAR ms Oosterdam through the Gulf of Alaska and picturesque inside passage. Travel impressive Glacier Bay passing glaciers galore. Stop in Juneau, the state capital of Alaska; Haines, that borders 20 million acres of protected areas of wilderness and the world’s largest and the fishing village of Ketchikan.


For reservations & details call 7 days a week:

1-800-736-7300
ods held from January through March of each year, you would be subject to a 10 percent penalty for each 12-month period that you did not have Part B.

SURVIVOR WILL RECEIVE BOTH BENEFITS IN FULL

I am a Civil Service Retirement System (CSRS) retiree with a full survivor annuity benefit for my wife, who is receiving Social Security retirement income based on her earnings.

If I predecease her, will her Social Security retirement income be affected by the survivor annuity?

A

The Social Security Administration will not offset your wife’s Social Security benefit because she is receiving the full survivor benefit that you elected for her when you retired. In addition, her survivor benefit from the Office of Personnel Management will not be reduced. She will receive both benefits without reduction.

To obtain an answer to a federal benefits question, NARFE members should call 703-838-7760 and ask for the Federal Benefits Service Department; send your question by postal mail to NARFE Headquarters, ATTN: Federal Benefits; or submit it by email to fedbenefits@narfe.org.

Questions & Answers

NARFE Service officers are available to answer questions and to assist in helping with a variety of benefit matters. Check your chapter newsletter for the name and phone number of your service officer. For the nearest service officer, call NARFE (toll-free) at:

800-456-8410.

NARFE Service Centers also are available in some areas. Use the Service Center listings on the NARFE website.


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A Contract for Continuing Care. Not a Simple Rental Agreement.

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Our professional staff is available to help you choose a personal pathway to the lifestyle of your dreams.

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Please mention promotional code 47064.

© 2013. Button signal range may vary due to environmental factors. AutoAlert does not detect 100% of falls. If able, users should always push their button when they need help. Not to be combined with any other offer. No. 1 claim is based on number of subscribers.
THE CURIOUS CASE OF THE COMMISSIONED CORPS
Uniformal but Unarmed
Health Advocates Take Fire on Benefits ★★★★★★

By David Tobenkin

For many federal civil servants, no less than the public at large, the U.S. Surgeon General is a puzzling figure. Dressed in impressive uniformed regalia, many undoubtedly assume this figure – whether C. Everett Koop, who prepared an extensive report on AIDS and led public outreach on the then-taboo subject, or David Satcher, who promoted the role of schools in addressing youth sexual behavior and
sexual activities – is a member of the Army, Navy or another branch of the U.S. armed forces.

Not so. He or she, rather, heads the U.S. Public Health Service Commissioned Corps, a small, unarmed, but uniformed service with an unusual role in health-related fields. Numbering 6,700, the Corps includes professionals in 11 different health-related professions who work in 26 federal agencies. (A separate, smaller Commissioned Corps also works at the National Oceanic and Atmospheric Administration. See sidebar, p. 30.)

Often, Corps officers and civilian agency employees work side by side, frequently performing similar work; but when it comes to rights and responsibilities, as well as career tracks and benefits, there are significant differences between Corps officers and their civilian counterparts. Essentially, Commissioned Corps members are uniformed service officers who are entitled to benefits that are similar to military benefits, while their civilian counterparts are civilian employees earning civil service benefits. Several aspects of uniformed service compensation and benefits can be more generous, though they come with military-style expectations and obligations.

Those differences sometimes have led to tensions and – in an environment in which basic organizational and compensatory federal employment assumptions are being challenged – the Corps has taken fire, perhaps most surprisingly from the agency to which it reports, the Department of Health and Human Services (HHS).

In 2010, HHS issued a report, “A Review of the Management of the U.S. Public Health Service Commissioned Corps,” with a financial supplement that contained a benefit-by-benefit comparison of the cost of Corps officers versus civil service employees. Among the financial supplement’s conclusions were that it would save money – between 10 to 19 percent of total costs – to replace the Corps officers with civilian employees and that management should consider scaling down the size of the Corps.

Corps advocates returned fire in a May 2013 rebuttal report, “The USPHS Commissioned Corps: A Study on Value and Contributions to DHHS Mission and National and Global Health Priorities and Initiatives.” The report was sponsored by the PHS Commissioned Officers Foundation and conducted by the University of Maryland’s School of Public Health. The rebuttal report asserted that the HHS management review report was flawed, presented a skewed cost comparison, ignored the Commissioned Corps’ role in advocating public health and ignored various impediments that have hindered the Corps’ ability to achieve its mission.

CORPS DUTIES

The Corps’ services include providing direct clinical health care to vulnerable populations, such as long-term assignment to Native American reservations and short-term deployments to disaster areas such as those left by Hurricanes Sandy and Katrina. The Corps also does research, policy and administrative work in areas such as health research, food and drug regulation, epidemic control, public health promotion, and disease prevention programs.

Careers in the Commissioned Corps are often a contrast to civil service, where employees slowly advance along the General Service (GS) chain in the same agency and geographic location. To advance in their careers, Corps officers – there are no Corps enlisted personnel – are expected to pursue advanced degrees, move between different geographical locations and agencies, and deploy during health emergencies. Advancement depends on not just performing well but receiving awards.

Yet they work alongside civilian counterparts performing similar work and often report to the same supervisors, who are often civilian personnel. Critics have long claimed there is no sense in having two separate types of employees performing similar work, while Corps advocates say their common mission and diverse and extensive training allow Corps personnel to pursue a larger public health mission that more narrowly focused civilian employees rarely can.

A reorganization and a reorientation followed the HHS management review, and it introduced new challenges. The reorganization sought to streamline the administrative structure of the Corps, establish clear lines of reporting, and consolidate policy and operation functions, including an assigned duty, or billet, force management system. The reorientation also began a shift in Corps duties toward clinical services, which some
in the Corps fear will convert the Corps from a specialized group capable of taking a unique multidisciplinary role toward broad public health care challenges into a diffuse, unfocused source of medical and health care labor.

Still, some are doubtful that any serious reduction to, much less elimination of, the Corps will occur. “I came into the Corps in 1977, and they are always doing these reviews to examine the cost-effectiveness of the Corps,” says Rear Admiral Thomas McGinnis. A Corps officer assigned to the Department of Defense, McGinnis heads a pharmaceutical operations directorate responsible for overseeing the pharmacy components of military benefits under the TRICARE program. He also supervised an emergency deployment of 100 Corps officers in the wake of Hurricane Rita. “Then something major will happen like Hurricane Katrina, and the arguments to eliminate the Corps go away. Mobilizing thousands of people to take care of people is a daunting task.”

THE BENEFITS
A critical part of the debate engendered by the HHS management review concerns benefits and burdens.

The benefits of service in the Corps can be significant, though there are some hidden shortcomings as well. Essentially, Corps members receive compensation and benefits that differ little from officers in the other six U.S. uniformed services.

For all but the handful of top slots, the career march through the Corps can, depending on the position, start at the rank of ensign to lieutenant commander (O-1 or O-4, respectively), the equivalent of a GS-7 and GS-12, respectively, and rise to the equivalent of a Navy captain (O-6), the equivalent of a GS-15. Compensation includes basic pay (based on grade and length of service), tax-free housing, and meal allowances that vary by grade and number of dependents. These financial advantages can result in more take-home pay and significantly reduce Corps members’ overall income taxation. In addition, unlike in the GS system, base pay is not determined by location.

Corps officers are not eligible for overtime or standard service bonuses, regardless of weekend or overtime service. Signing and incentive special pays, some ranging into five figures, are made available to Corps officers. Likewise, certain civil service positions are also eligible for special bonuses and incentive pay.

The HHS management review found that a Corps officer would make $117,000 in salary in a given year, in contrast to $111,000 for a comparable civilian employee. A source close to the Corps maintained that such a comparison was inaccurate, because the level of education of the average Corps officer would be higher.

Advancement in the Corps is based on certain educational and service requirements, as well as time in service. By the same token, it is also competitive and highly evaluation-dependent, which is sometimes not the case in the GS system. Thus, even a mediocre rating can bar future advancement for Corps officers.

With respect to compensation, perhaps the most dramatic Corps-civil service difference is that Corps members receive full military pensions after 20 years of service without any employee financial contribution, unlike the 0.8-3.1 percent of salary charged Federal Employees Retirement System (FERS) participants and the 7-8 percent of salary charged against Civil Service Retirement System (CSRS) basic pay. Military pensions are calculated at a base level of 50 percent of pay, rising to 100 percent for 40 years of service, though Corps members are required to retire after 30 years.
The military pension is more generous than the annuity component of the FERS retirement package, which is based on 1 to 1.1 percent of the average of the highest three years of basic pay compensation multiplied by each year of service. Thus, after 20 years, an employee under age 62 would see a FERS annuity of roughly 20 percent of his or her high-three income, or $20,000 for an employee with a $100,000 benchmark salary. Even for employees under the more generous CSRS annuity, based on an annuity with a similar sliding scale but advancing ultimately from 1.5 to 2 percent of high-three, this would still only amount to $36,000 under the CSRS plan for those retiring at year 20, compared to $50,000 for Corps retirees.

Military pensions also can be enjoyed earlier, whenever the 20-year period of mandatory service is completed; whereas CSRS- and FERS-covered civil servants who wish to retire after 20 years of service with immediate, unreduced annuity benefits generally cannot do so before age 60. By any measure, this is an enormous advantage. Additionally, for Corps officers, there is no offset of earnings from further federal employment or from earning a second civil service pension. Generally under the law, post-retirement, full-time federal employment results in an offset of earnings by the amount of the annuity, unless there is an exemption under a dual compensation waiver authority.

The catch, however, is that Corps personnel who fail to work the full 20 years and meet mandatory service obligations receive nothing. Thus, while there is no mandatory service obligation, unlike tours of duty for military services, the 20-year pension requirement acts as a pair of giant golden handcuffs.

Some say that given the many health care professionals who are fiercely sought by the private health care industry, such benefits are necessary to lure highly qualified people into these federal positions and keep them there. “The Commis-
sioned Corps has been essential to the recruitment of highly trained and credentialed medical, dental, nursing and scientific staff,” says Francis Heron, a recently retired program consultant and civil service manager in the Philadelphia regional office of HHS’ Health Resources and Services Administration. Heron also suggests that low civil service salaries for such in-demand positions should be increased to expand the supply of talent.

To round out compensation, Corps officers, like civil servants, can contribute to the Thrift Savings Plan; but, unlike their FERS civilian counterparts, they receive no matching payment. In addition, both Corps officers and FERS civil servants receive Social Security benefits, unlike CSRS civil servants.

The HHS management review found that annual retirement benefits of $38,000 for the Corps officer exceeded the $24,000 retirement annuity for civilian employees in comparable positions.

With respect to health benefits, the basic military TRICARE Prime managed-care plan is provided free of charge to Corps officers and remains free in retirement, save for a relatively nominal annual enrollment fee for officers and their families. The TRICARE Extra preferred provider option and TRICARE Standard fee-for-service plan add more options but require enrollees to bear some charges.

Corps officers’ absence of health care premiums for TRICARE Prime is also a significant advantage over their civil service counterparts, who pay 8.3 percent of each paycheck to health care costs and continue paying in retirement, according to a 2012 Congressional Budget Office estimate. The government’s share of premiums ranges from 72-75 percent, which is similar, in some respects, to the TRICARE Extra and TRICARE Standard requirements. Nonetheless, the financial supplement to the HHS management review found annual health care costs for Corps officers and civil service employees to be similar, roughly $10,000 each.

The Corps also enjoys certain dependent care advantages. Corps officers are entitled to six weeks of paid maternity leave, compared to 12 weeks of unpaid leave for civil service employees under the Family and Medical Leave Act. Many Commissioned Corps officers also are eligible for the Montgomery GI Bill or the Post-9/11 GI Bill, which pay much of the educational and housing costs of an undergraduate or graduate education or a wide variety of other educational options. This benefit can be passed to dependents as well.

The HHS management review also found administrative costs for Corps members to be $4,000 per year, compared to $2,000 per year per each civil service employee.

NOAA Corps members receive benefits similar to those of Public Health Service Commissioned Corps members and other uniformed services. In addition, like other uniformed services governed by Title 37, they receive added pay for duty at sea and for diving, and they get aviation career incentive pay when performing those duties.

Some have criticized their commissioned officer status, contending that civilians in the Military Sealift Command and other crews aboard NOAA vessels and elsewhere in NOAA perform similar functions without more generous uniformed service benefits. A NOAA spokesperson notes that NOAA Corps officers have to be operational their entire careers, as they do not have land-based career paths and that, on average, NOAA Corps officers spend more time at sea than the other naval services.

THE BURdens

Corps officers hasten to add that these benefits are commensurate with the rigorous entry qualifications, personal sacrifices and demanding work.

To receive a commission, Corps members must be under age 44, pass a physical examination, and possess at least a bachelor’s degree and professional certification. (Most positions require a master’s degree or higher.) There is no overtime for Corps members, and some must work weekends and holidays without compensation. They also lack collective bargaining rights, must
wear uniforms, maintain strict grooming standards, and must salute officers and observe other military formalities. Corps members must be willing to be deployed domestically (and sometimes internationally) during health crises, such as storms, floods and other natural disasters, or to areas stricken by epidemics.

To advance in the Corps, deployments and relocations are necessary. For the more than 40 percent of Corps officers who serve in the Indian Health Services or the Federal Bureau of Prisons or other such challenging posts, work can mean service in remote locations or under hardship conditions. These may include managing the care of HIV/AIDS patients in prison facilities or providing medical care on remote and impoverished Indian reservations.

With exceptions, Commissioned Corps officers have little say in their choice of postings, and the round-the-clock demands placed on them can be taxing, note observers. “[Their] 24/7 obligations have been used abusively at times by our agency, such as requiring physicians to put in dangerously extended hours in the emergency department,” says an Indian Health Services doctor, whose job is a civil service position.

**CIVIL SERVANT / COMMISSIONED CORPS RELATIONSHIPS**

Commissioned Corps members and civil service employees who work beside them were asked in a *narfe* magazine questionnaire emailed to NARFE members for their insights into relations between members of the two groups. Though the answers of the 50 respondents ranged across the spectrum, many reported little tension between them and a mutual respect for their differences.

Some civilian employees say they did not feel Commissioned Corps members were receiving inordinate benefits. “Personally, I feel the Commissioned Corps folks deserve whatever benefits/pay they get, because at any time they could be mobilized to go anywhere for a disaster,” says one HHS civil service employee.

However, a considerable number of civil service employees or retirees express some level of resentment at the Corps’ perceived better benefits for performing similar jobs. The level of criticism ranged from mild irritation to vehement criticism on the part of a few. Among those on the far end is Rob Montague, a former HHS Office of Civil Rights investigator and a National Treasury Employees Union chapter president until retiring under CSRS in 2001. “Commissioned Corps officers cannot be RIFed or laid off; and if their job disappears, they keep the same salaries and benefits even if they are assigned to a job that would be low-graded for a civilian,” says Montague, who advocates abolishing or drastically reducing the Corps.

“This is untrue,” says a Corps spokesperson. “In fact, the Corps has specific policies for reductions in strength (RIS) and reductions in force (RIF). The Corps was RIFed after the shutdown of the Public Health Service hospitals. As for salaries and benefits on reassignment, unlike our civil service counterparts, our pay is tied to our commission, not our assignment. The much more common scenario is that the Corps officer is performing in a higher billet but receiving only the pay of the lower rank that they hold. The General Schedule (GS) employee would be paid at the higher level.”

Some civil service respondents to the NARFE survey question the prevalence of deployment obligations. Several long-time Commissioned Corps officers interviewed say they had been deployed only a handful of times. Some say such obligations can be avoided, particularly where there are young families. A Corps spokesperson says that the average number of deployment days per officer from 2000 to the present is 30. She says, however, that 25 percent of all officers must be prepared to deploy in as quickly as four hours.

The last word on the comparability issue goes to Corps officer McGinnis, who says that he has had first-hand experience, given that his wife was a Federal Communications Commission attorney who recently retired as a GS-15, Step 10. “Over the years, she made more than me on salary scale until I was in the Corps for a long time,” McGinnis says. “Early on, the salaries are less in the Commissioned Corps. Eventually, it evened out. Also, if I retire and die tomorrow, my family gets nothing because the annuity ends. She has a lot in [her] TSP, in part because her agency contributed a significant amount of money; so my son and I can live comfortably on it. I think her retirement benefits are as good as mine will be.”

—DAVID TOBENKIN IS A FREELANCE WRITER BASED IN THE GREATER WASHINGTON, DC, AREA.
$8,440 for an Ounce of Silver Bullion? Impossible!

10 years ago I'd have called you crazy to make such a prediction. Yet today it's a fact. Now our deal with a $4 billion precious metals wholesaler nets you a great deal for America's hottest ounce of silver!

It wasn't more than 13 years ago that we met with former U.S. Mint Director Donna Pope. She spoke with pride about what she considered to be her greatest achievement as Director under President Reagan: Creation of the American Eagle silver and gold bullion coin programs, the first of their kind in our nation's history.

The purpose of these coins was to give people the opportunity to own physical silver and gold in a form certified for weight and purity by the U.S. Mint. While the bullion coin program was a signal success, nobody took into account the profound effect it would have on the collector market.

Silver Eagles = Today's Morgan Dollars
In the 1800s and early 1900s, the U.S. Morgan Silver Dollar was struck year upon year at various mints and circulated at face value. Their core value was in their precious metal content. However, in top grades, Morgan Silver Dollars can sell today for tens and even hundreds of thousands of dollars each!

For the same reason, many collectors today see the Silver Eagle series as a literal “ground floor” opportunity to acquire the top-grade coins as they are released. They started submitting Silver Eagles to the leading independent coin grading services, such as Numismatic Guaranty Corporation (NGC), praying that the coins would come back with the highest possible grade: Mint State 70 (all Uncirculated coins are graded on a point system from a low of 60 to a high of 70, with 70 representing flawless perfection). Of all the Silver Eagles produced by the U.S. Mint in 2012, less than one out of every 482 earned the NGC MS70 grade!

MS70 = $$$$$!
In the rarified atmosphere of MS70, Silver Eagles have soared to market prices that I can only characterize as surreal. Consider this: MS70 Silver Eagles have been selling for truly stratospheric prices. Here are just a few eye-popping examples:

1996 MS70 Silver Eagle $4,560 (NGC population: 278)
1988 MS70 Silver Eagle $2,630 (NGC population: 176)
1994 MS70 Silver Eagle $1,660 (NGC population: 130)
2000 MS70 Silver Eagle $8,440 (NGC population: 86)

Of course, the population of these MS70 coins is smaller because they are examples of the finest coins.

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I was thrilled to lock up a guaranteed supply of Perfect Gem MS70 2013 Silver Eagles from a primary distributor. Moreover, every coin is certified and encapsulated by NGC, one of the top two firms for grading coins.

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No one can predict the future value of any coin, of course. Markets and prices go up and down. But because of our industry-leading status, you can take advantage of our “bolt of lightning” deal on these Perfect Gem MS70 2013 Silver Eagles at the blowout price of only $89.95 each. Or buy more and save even more: buy FIVE for $84.95 each or buy TEN for only $79.95 each.

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All appointments must be scheduled through TruHearing. MemberPlus Membership fee waived through 12/31/2014 (a $108 value).

* Price shown does not include cost of comprehensive hearing exam. Examination and testing for prescribing of hearing aids is covered under the Service Benefit Plan. The Insured may need to submit for reimbursement. Service Benefit Plan members get the TruHearing MemberPlus membership fee waived through December 31, 2014. $108 is the regular yearly cost for the TruHearing MemberPlus membership. Must be a Service Benefit Plan member to access TruHearing MemberPlus discounted pricing. State and local taxes and/or fees may apply. Prices and products subject to change.

§ The Service Benefit Plan will pay a hearing aid benefit up to $2,500 total every 3 calendar years for adults age 22 and over, and up to $2,500 total per calendar year for members up to age 22. Do not rely on this communication piece alone for complete benefit information. All benefits are subject to the definitions, limitations, and exclusions in your Service Benefit Plan brochure. The Blue365® Discount Program offers access to savings on items that you may purchase directly from independent vendors, which may be different from items covered under your Service Benefit Plan or any other applicable federal healthcare program. For hearing aids, acupuncture, chiropractic and vision services, you must exhaust your Service Benefit Plan benefits first. To find out what is covered under your policy, contact the Service Benefit Plan. The products and services described herein are neither offered nor guaranteed under any local Blue company’s contract with the Medicare program. In addition, these items are not subject to the Medicare appeal process. Any disputes regarding these products and services are not subject to the Service Benefit Plan’s Disputed Claims process. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither the Service Benefit Plan, BCBSA, nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. The Service Benefit Plan reserves the right to change, modify, or terminate any item and vendors made available through Blue365, at any time.

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$1,700
$4,200

Phonak
Bolero Q50
or
Virto Q50
– Pair
Phonak
Bolero Q50
or
Virto Q50
– Pair
$2,190
$2,500

Service Benefit Plan hearing benefit (up to $2,500) §
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For full list of over 90 models visit www.truhearing.com

TruHearing is an independent company providing discounts on hearing aids.
The 2013 Federal Benefits Open Season runs from Monday, November 11, through Monday, December 9. During this time, changes may be made in the Federal Employees Health Benefits Program (FEHBP), the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS).

At press time, official announcements regarding next year’s benefits and premiums, and changes to the Open Season process were not available for inclusion in this month’s report.

The Office of Personnel Management (OPM) will not release information about benefits or premiums for 2014 until it completes negotiations with all participating plans. After the changes for 2014 are announced by OPM, this information will be included in the November and December issues.

WHAT WE KNOW SO FAR
In its spring “call letter” to health insurance plans participating in the FEHBP, OPM said it is emphasizing the following performance areas in 2014:

- Improving the delivery of prescription drug benefits;
- Enhancing wellness programs;
- Advancing quality of care; and
- Encouraging Medicare suboption pilots.

OPM also said all carriers must cover screening for all adults for obesity and referrals for behavior change interventions for adults, with no cost-sharing.

Last year, FEHBP carriers were required to provide a summary document detailing information about benefits and coverage. For 2014, the summary must include answers to the questions “Does this coverage provide Minimum Essential Coverage?” and “Does this coverage meet the Minimum Value standard?”

CHANGES YOU CAN MAKE
FEHBP: Individuals already enrolled in the FEHBP may change plans, options, type of enrollment (self-only or family) or make any combination of these changes during Open Season.

Annuitants and survivor annuitants who suspended FEHBP coverage to enroll in TRICARE, TRICARE-For-Life, the Uniformed Services Family Health Plan, a Medicare Advantage HMO plan, CHAMPVA, Medicaid or as a Peace Corps volunteer may re-enroll in the FEHBP.

Eligible active employees who are not enrolled may enroll or re-enroll during Open Season.

Annuitants who are not enrolled generally may not enroll or re-enroll.

FEDVIP: Eligible employees, annuitants, survivors and those receiving workers’ compensation benefits may enroll or, if already enrolled, change plans, options, type of enrollment or make any combination of these changes. This also is the only time you can voluntarily cancel your FEDVIP enrollment, which continues from year to year.

FSAFEDS: Federal employees may sign up for flexible spending accounts (FSAs), which allow you to set aside pretax money for certain health and dependent care. Enrollment in FSAFEDS does not carry over from year to year; employees must re-enroll each year.
**Are there any provisions under the Affordable Care Act, popularly known as “Obamacare,” that will affect my health insurance benefits for 2014?**

No. Unless you are a member of Congress or a member’s employed staff, there will be no changes to your FEHBP plan or costs that are a result of the health care reform act’s provisions that kick in for 2014.

Beginning January 1, members of Congress and their staffs may obtain health insurance only through plans that are created by the law or those offered through the state exchanges.

The other major provisions of the law that are effective January 1, 2014, are the individual mandate and certain significant taxes and fees imposed on employers. These will not negatively affect FEHBP plans or enrollee costs.

**Will my current health plan continue to participate in the FEHBP?**

Don’t assume that FEHBP plans remain participants or have the same coverage every year. The FEHBP frequently adds new plans and drops others, particularly health maintenance organization (HMO) plans. In addition, medical expenses covered by a plan this year may not be covered next year and vice versa.

HMO plans might change the area of coverage, dropping some ZIP codes and adding others. You also will need to know if your HMO plan has split into two separate plans, with separate premiums and areas of coverage. This could result in the enrollee being automatically enrolled in the new plan, unless you make an Open Season election to stay with your original plan.

The best way to stay on top of upcoming changes is to read the information available to you from your health plan and from OPM. Keep your mailing address current with both the plan and OPM so the information you request arrives in a timely manner.

Remember, health plans in the FEHBP are no longer required to automatically mail you their plan brochure for the new year. You can view plan brochures online at www.opm.gov/healthcare-insurance/healthcare/plan-information, or call your plan using the information on the back of your health plan ID card.

**What should I do if I don’t understand something in a plan’s brochure?**

Don’t ignore plan features that are unclear to you. Contact the FEHBP carriers directly to clarify plan features and eliminate future misunderstandings. This is very important whenever a plan offers a new option or a new benefit. The telephone numbers can be found at the OPM website listed in the previous answer.

**Am I correct in believing that OPM’s online comparison chart gives me all of the information I need to select a health plan that best meets my needs and the needs of my family?**

The comparison chart available online at OPM’s website provides a good summary of the plans available to you and the services the plans pay for. Even so, OPM cautions you not to rely exclusively on the comparison chart or hearsay about health plans. Do an independent review of your family’s and your health care needs – and how well individual plans meet those needs. Be sure to review your plan brochure and the brochure of any other plan that you are interested in for upcoming changes. Compare the benefits offered with your health care needs and those of your covered family members.

**Are there other aspects of health plans’ day-to-day business that I need to consider when choosing a plan under the FEHBP?**

Don’t forget to check the plans’ records of service and reimbursement, and the availability of preferred provider organizations (PPOs) in your area for contract year 2014. Remember, a plan’s PPOs can also change from one year to the next; and, if you use a nonpreferred provider, it will cost you more in co-pays and/or coinsurance. Also be sure to read and understand the plans’ coordination of benefits policy if you have other insurance coverage such as Medicare or TRICARE.

**Is it true that the safest way to select a health plan is to go by the least expensive premium available to you?**

Don’t figure the cost of a health plan on premium rates alone. Keep in mind that premiums are only one aspect of your health care costs; benefits are equally important.

Review deductible, coinsurance and co-payment features. Some plans have separate deductibles for “major medical” and specialized-care expenses. Some plans may...
substitute coinsurance for co-payments. Carefully review health plans’ “catastrophic protection limits” and which of your out-of-pocket costs count toward those limits.  

If Medicare (Parts A and B) is your primary insurer, review your FEHBP plan brochure to see if the plan waives or discounts any of your deductibles, coinsurance or co-payments. (Coinsurance is a percentage of costs; a co-payment is a flat amount.)

If prescription drug coverage is a major part of your health care, you should look at a plan’s out-of-pocket expenses for generic, brand name and specialty drugs. You also should pay attention to the difference in amounts and costs for ordering drugs by mail vs. using a local retail pharmacy.

Evaluate each plan in light of your past medical history and your medical needs for the coming year. Also make the same considerations for your eligible family members.

Are there other cost-related factors that I need to consider when making a decision about a health plan? Don’t forget to consider a plan’s catastrophic coverage feature – a limitation on the maximum out-of-pocket expenses that you might have to pay in a calendar year. Also, be sure you understand what counts as an out-of-pocket expense. All out-of-pocket expenses do not count toward the catastrophic protection limit. Consumer-driven health plans and high-deductible health plans (HDHPs) tend to have higher catastrophic protection limits, along with lower monthly premiums.

How would an HDHP/HSA or HDHP/HRA help the FEHBP member?

HDHP stands for high-deductible insurance plan. Monthly premiums for HDHPs may be lower than traditional fee-for-service or HMO plans.

Anyone enrolled in an HDHP may be eligible for a health savings account (HSA) or a health reimbursement account (HRA). (Medicare-eligible enrollees cannot open an HSA.)

The combination of an HDHP and HSA or HRA provides insurance coverage and catastrophic coverage, and a tax-advantaged way to save for future medical expenses. It provides you greater flexibility and discretion over how to use your health care dollars.

However, HDHP coverage may not be appropriate for retirees or those with higher annual health care costs. And, if you or a member of your family gets very sick, you would have to meet your health plan’s catastrophic protection limit, which could be as much as $10,000 out-of-pocket in a calendar year.

Reminder for employees: If you are enrolled in a Flexible Spending Account under the FSAFEDS Program, you must re-enroll in FSAFEDS each year to participate. Enrollments do not carry over from year to year.

My health plan will continue to participate in the FEHBP next year. What do I have to do if I want to stay with my present enrollment? Don’t do anything if you are satisfied with your present health insurance coverage. Your present coverage is automatically continued unless you make a change, or unless your plan or option is terminated.

For retirees and survivor annuitants: If your monthly health benefits premiums for 2014 are more than your monthly annuity, and you do not change to a less costly plan or option during the Open Season, OPM will send you instructions on what you must do. One option is to keep your current plan but pay the premiums directly to OPM instead of having them deducted from your annuity.

My health plan will not be participating next year. What happens if I do not change to another plan before Open Season ends? If your current plan will not be participating in the FEHBP in 2014, you may elect a new health plan during the Open Season.

For active federal employees: You must elect a new health plan, or you will not have any FEHBP coverage in 2014.

For retirees and survivor annuitants: OPM will enroll you automatically in BlueCross/BlueShield (Standard) if your plan is leaving the FEHBP for contract year 2014 and you do not choose a new plan. If your plan terminates the option of the plan in which you are enrolled for 2013, OPM may enroll you in the plan’s other option if it is approximately equivalent to the option being terminated and you do not choose a new plan for 2014.

—FEDERAL BENEFITS SERVICE DEPARTMENT

Open Season Information will be posted at www.opm.gov/healthcare-insurance/healthcare. This site will provide links to 2014 health plan brochures before Open Season begins. OPM’s Open Season package will give other sources for information.
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This Wallet Will Make You Money

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GIVING THE GIFT OF A
ROTH IRA TO A CHILD

Would you like to give your child or grandchild a head start in life and reduce his or her tax bill at the same time? Then you should consider the gift of a Roth individual retirement account (IRA). Roth IRAs are terrific investment vehicles, particularly for children, who are likely in a 0 percent tax bracket. Contributions to Roth IRAs are made with after-tax dollars, but unlike traditional IRAs, distributions are tax-free once the Roth IRA owner reaches age 59½ and has had a Roth IRA opened for at least five years.

The benefits of starting a Roth IRA as a youngster can be tremendous. Obviously, there is the advantage of tax-free compounding over decades; but a Roth IRA can teach kids the importance of saving and spark their interest in acquiring financial literacy.

Not everyone qualifies for a Roth IRA, however, so you need to first make sure your youngster is eligible if you are considering giving such a gift. For starters, the child must have earned income – interest on savings accounts and allowance for chores don’t count. When a youngster is old enough to work in the “real world,” the opportunities to make money are numerous; but the younger the child is, the harder it will be for him or her to qualify – though not impossible. For example, younger kids can earn money from mowing lawns, baby-sitting, or working in their parent’s trade or business. I remember spending many nights stuffing and sealing envelopes for my dad’s company – not to mention the Saturdays I spent as his office’s cleaning crew.

Whatever the child’s income source, it is important to keep careful records as proof that the minor is performing legitimate work and for a reasonable wage. Assuming your youngster meets the earned income requirement, he or she may contribute 100 percent of this after-tax income up to the 2013 limit of $5,500. It’s unlikely a younger child will make too much money to qualify; but in case you are thinking about establishing a Roth IRA contribution for an adult child, there are income limits that must be met as well.

The child’s own money needn’t be used for the Roth IRA contribution, so you can gift the Roth IRA contribution to him or her. Perhaps you can even entice the child or children with the promise of matching every dollar they earn with a dollar gifted to them as a contribution to their Roth IRAs. For example, let’s assume your grandchild earns $2,000 over the summer and either spends the money as he or she normally would, or perhaps saves it for college. You could make a $2,000 “matching” contribution to his or her Roth IRA. Bear in mind, however, that contributions cannot exceed earned income, so your grandchild couldn’t contribute both his or her $2,000 in earnings and your $2,000 gift.

Roth IRA owners must be 59½ and have had a Roth IRA opened for at least five years to receive the full, tax-free benefits of Roth IRAs. Otherwise, any distribution of earnings will be subject to income taxes and a 10 percent penalty if the distribution occurs before the qualifying age. However, Roth IRA owners can always withdraw their contributions income-tax and penalty-free. So, while Roth IRAs are retirement vehicles, they can be used for much more.

Furthermore, there are
exceptions that permit the distribution of earnings without incurring the 10 percent early distribution penalty and, in some cases, income taxes. For example, the 10 percent early distribution penalty is avoided when the money is used to pay for qualified higher education expenses. In this case, any distribution of earnings will be taxable, but not subject to the 10 percent early distribution penalty.

There is also an exception for first-time homebuyers, which not only permits them to withdraw up to $10,000 out of their Roth IRA penalty-free but tax-free as well.

Before giving the gift of a Roth IRA, be sure to check with your tax adviser regarding any gift tax implications, the income tax rules for minors and any reporting requirements. The gift of a Roth IRA can provide a child with a head start to meeting his or her long-term and intermediate-term goals. And the benefits of learning the value of a dollar at an early age will certainly pay dividends over the child’s life.

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FINANCIAL TOOLS
NARFE offers an online retirement calculator and other financial planning tools. Find out more at www.narfe.org/federalbenefits.

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VISITORS MARKETING TEAM

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GUARDING THE PILLARS: INCOME, HEALTH SECURITY

When what we don’t know exceeds what we do know, it is prudent to pay close attention and be prepared to act quickly. Here’s some of what we do know:

1. On September 9, Congress returned from the five-week summer congressional recess; and
2. The fiscal year ends September 30; and
3. The House has passed four of 12 appropriations bills for the next fiscal year, the Senate none.

In the short term, only a continuing resolution (CR) will prevent a government shutdown, though some in Congress are eager to use a shutdown to win policy outcomes or to pin blame on opponents. If a CR is enacted, a crisis is averted – but only temporarily. There may even be a number of CRs, which is nothing short of serial brinksmanship.

The next crisis-in-waiting involves the debt ceiling. Despite a sudden burst of government receipts from the housing sector, the federal government’s borrowing limit will bring the prospect of default at some point in the fall. The Department of the Treasury can delay this day of reckoning only so long.

Avoiding a government shutdown and a first-ever government default will prompt renewed discussion of a “grand bargain” to cover spending, taxing and borrowing. Having gotten close in the past, negotiators for the House and Senate, together with the White House, might agree to a deal no one likes in whole but is better than the alternative – shutdown and/or default. NARFE is concerned that the Chained CPI, which NARFE opposes for its potential to severely reduce retiree cost-of-living adjustments (COLAs), would be included in the grand bargain. Just as worrisome is the use of savings from the Chained CPI for other uses. One has already been proposed: sparing the Department of Defense from sequestration. Bottom line: Income security – provided by an accurate and timely COLA – is under attack.

NARFE’s second pillar – health security – is also in play. There are two groups seeking to disaggregate the risk pool of the Federal Employees Health Benefits Program (FEHBP):

1. The Postal Service wants to have its own health insurance plan for its more than one million employees and retirees; and
2. Legislation in the House (H.R. 1780) would remove all federal employees from the FEHBP, assigning them to plans that will come available as part of the Affordable Care Act.

How should we prepare for such simultaneous or sequential threats? Remember some history and prepare for individual and collective action. It is instructive to recall that in 1993, amid a clamor for deficit reduction, the Clinton administration’s budget reconciliation brought three years of COLA delay, which was not across the board. Only military retirees and civil service annuitants had their COLAs delayed for three months each year. Social Security benefits were neither diminished nor delayed. (I worry that some COLAs still are more equal than others.)

The grass-roots action portion of being prepared includes:

1. Calling the Legislative Hotline (877-217-8234) weekly to listen to the latest news (or making sure your email address is in your record so we can deliver it to you electronically);
2. Using the Legislative Action Center, http://capwiz.com/narfe/home/; and, most importantly,
3. Continuing to seek opportunities to meet face-to-face with members of Congress.

The stakes are high with both pillars under attack. Respected congressional expert Norm Ornstein, writing in National Journal, concluded his recent column by saying: “It will probably take some kind of shutdown to provide the excuse, and the jolt, to pull a deal together. And we can’t discount the possibility of real and extended chaos.”

By Christopher Farrell, Legislative Representative
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THRTSAVINGS PLAN MONTHLY RETURNS

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THIS CHART is provided as a service to NARFE members who enrolled in the Thrift Savings Plan while employed by the federal government. Retirees are not eligible for enrollment. These returns are net of the effect of accrued administrative expenses and investment expenses/costs. Percentages in () are negative. Source: TSP

G Fund: Government securities (specially issued to the TSP)
F Fund: Government, corporate and mortgage-backed bonds
C Fund: Stocks of large- and medium-size U.S. companies
S Fund: Stocks of small- to medium-size U.S. companies (not included in the C Fund)
I Fund: International stocks of 21 developed countries
L Fund: Invested in the G, F, C, S and I Funds (The proportion of L Fund balance invested in each of the individual TSP funds depends on the L Fund chosen.)

MOST FUNDS FELL IN AUGUST ON FEARS ABOUT FED POLICY

All of the funds except the G Fund declined in August. The F Fund is the worst-performing fund for the year, as interest rates on 10-year Treasury bonds have risen from 1.75 to 2.78 percent this year. In fact, 10-year Treasury rates were at 1.63 percent on May 2, so they have risen 70 percent in just four months. The C and S Funds declined the most since May of 2012, when they fell 6.01 and 6.99 percent, respectively. Fears that the Federal Reserve will stop stimulating the economy were the main cause.

—By Tracey Ray, Chief Investment Officer of the Thrift Savings Plan

COUNTDOWN TO COLA

The Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) increased 0.04 percent in July. To calculate the amount of the 2014 cost-of-living adjustment (COLA), the indices of July, August and September 2013 will be averaged and compared with the 2012 third-quarter average of 226.936. That percentage increase, if any, determines the COLA. The July index of 230.084 is up 1.39 percent from the base.

Benefits awarded under the Federal Employees’ Compensation Act (FECA) to individuals suffering work-related injuries or illnesses are adjusted according to each calendar year’s percentage change in the CPI-W. July’s index is 1.86 percent higher than the December 2012 base index of 225.889.

The CPI represents purchases of food and beverages, housing, apparel, transportation, medical care, recreation, education and communication, and other goods and services. Included are various government fees, such as water charges, auto registration fees, and sales and excise taxes.

<table>
<thead>
<tr>
<th>MONTH</th>
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<th>Monthly % Change</th>
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EMAIL: ajrodgers@tds.net

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Lakewood, CO 80227

Your charitable contribution is tax-deductible to the fullest extent allowed by law.

Please check appropriate box(es). To make credit-card contributions, call 800-338-0755. Scholarships are available to children, grandchildren and great-grandchildren of federal civilian retirees and current federal employees who are NARFE members.

□ NARFE-FEEA Disaster Fund Amount: $______________
□ NARFE-FEEA Scholarship Fund Amount: $______________

Name: ________________________________
Address: __________________________________________
City: ___________________________ State: _______ ZIP: _______
The redesign of narfe magazine won an Award of Excellence in the “Best Redesigns” category in the 2013 APEX Awards for Publication Excellence, administered by Communications Concepts, Inc., of Springfield, VA. This is the 25th annual APEX competition.

The new look was designed by Bates Design of Rockville, MD, working with the narfe magazine staff, Margaret M. Carter, editor; Donna J. St. John, former assistant editor; and Toni Vallario, editorial administrator. Consultant Lou Ann Sabatier contributed to the underpinning content strategy. The first redesigned issue was January 2013.

“We are very pleased to be providing an award-winning magazine to NARFE members,” said NARFE President Joseph A. Beaudoin. “The magazine’s new design is fresh, modern and appealing. We are very pleased to have received this recognition.”

In 2004, NARFE’s monthly magazine, then known as Retirement Life, won an APEX award in the “Most Improved Magazines & Journals” category following a 2003 redesign.

For chapter photos, see our Out and About Photo Gallery at www.narfe.org/narfemagazine.

SILVER CIRCLE DONORS UPDATE

As of August 15, NARFE’s Silver Circle donation program stands at $127,023. The program gives members a vehicle to donate to the Association beyond the norm.

Donors of $25 or more are listed in narfe magazine and receive a Silver Circle pin. Donors of $1,000 or more have their names engraved on the Wall of Fame at NARFE Headquarters.

Donors from April 16-August 15 are listed here with their chapter numbers. Two qualify for the Wall of Fame donation program of $25 or more are listed in narfe magazine and receive a Silver Circle pin. Donors of $1,000 or more have their names engraved on the Wall of Fame at NARFE Headquarters.

Donors from April 16-August 15 are listed here with their chapter numbers. Two qualify for the Wall of Fame.
Three Easy Ways To Join

1. Complete this application and return by mail with your payment.
3. Call 800-627-3394, Monday through Friday, 8 a.m. to 5 p.m. ET.

Who Should Join?
If your future security is tied to federal retirement benefits — federal retirees, current employees, spouses, and individual survivors — you are welcome to join NARFE.

NARFE MEMBERSHIP APPLICATION

☐ YES. I want to join NARFE.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Full Name ________________________________________
Street Address ____________________________________
Apt./Unit ________________________________________
City _______________________ State _____ ZIP ________
Phone (__________) _______________________________
Email____________________________________________

I am a (check all that apply)
☐ Active Federal Employee
☐ Active Federal Employee Spouse
☐ Annuitant
☐ Annuitant Spouse
☐ Survivor Annuitant

☐ Please enroll my spouse

Spouse's Full Name ________________________________
Spouse's Email ____________________________________

NARFE respects the privacy of our members. Personal information is used to provide content and relevant communications to our members, and will not be sold or rented to third parties without your express permission.

Choose Your Membership Type

☐ eNARFE Chapter Online Membership – $40
NARFE’s electronic chapter. Receive narfe magazine by mail each month, and all other communications by email and on eNARFE.org. Get important updates and legislative action alerts, and have access to the eNARFE blog.

OR

☐ Local Chapter Close-to-Home Membership – $40*
Affiliation with the NARFE chapter closest to your home. Receive narfe magazine each month; attend meetings, often with invited speakers; network; and get involved in grass-roots lobbying efforts.

Chapter Affiliation: Chapter # __ __ __ __ (if known, otherwise enroll me in the chapter closest to my ZIP code).

*First-year dues. Subsequent years, $40 plus local chapter dues.

PAYMENT OPTIONS

☐ Check, Money Order or Bill Pay (Payable to NARFE)
☐ Bill me (NARFE membership will start when payment is received.)
☐ Charge my: ☐ MasterCard ☐ VISA
☐ Discover ☐ American Express

Card No. _________________________________________
Expiration Date _________ /_________
  mm             yyyy
Name on Card _____________________________________
Signature _________________________________________
Date _____________________________________________

MAY WE THANK SOMEONE? If applicable, please provide the name, membership and chapter number of the member who introduced you to NARFE:

Recruiter’s Name ________________________________
Recruiter’s Membership ID _________________________
Recruiter’s Chapter Number _________________________

MAIL THIS APPLICATION TO NARFE Member Records / 606 N. Washington St. / Alexandria, VA 22314-1914
NARFE’s Dues Withholding Program

What is dues withholding?
It is a dues-payment method that gives NARFE members (retirees) the option of having their annual NARFE membership dues deducted from their annuities on a monthly basis.

How does it work?
One-twelfth of your total dues is automatically deducted from your monthly annuity. Your monthly deduction is determined by the following formula:

\[
\text{Total Monthly Deduction} = \frac{\text{National dues} \div 12}{} + \frac{\text{Chapter dues} \div 12}{}
\]

Advantages
- Save 15% off your annual membership dues!
- Sign up your spouse and double your savings!
- You’ll never get another dues reminder from us!
- Your monthly payment is affordable and convenient!
- You may cancel your dues withholding at any time!

Application process
It takes 60-90 days to process your application. Once the process is complete, you will receive a special membership card distinguishing you as a NARFE dues-withholding member.

To learn more about dues withholding, call 800-627-3394. Retirees, spouses of retirees and annuitant survivors are eligible for dues withholding.

NARFE Dues Withholding Application for Retirees

☐ YES. I want to enroll in NARFE’s Dues Withholding Program
(Annual dues of $34 plus Chapter dues of record to be withheld annually.)

Social Security Number (9-digit number)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Full Name _______________________________________________________
Street Address ____________________________________________________
Apt./Unit_________________________________________________________
City _____________________ State _____ ZIP ______
Phone (__________) ______________________________
Email ___________________________________________
Date of Birth _________ /_________ / ____________________
                      dd               mm             yyyy

Civil Service Annuity Number

C S ______________________________
(Include prefix, CSA or CSF)
(Include any applicable suffix)

NARFE Membership ID _____________________________________________
NARFE Chapter Number_____________________________________________

☐ YES. I Also Authorize My (NARFE Member) Spouse’s Dues To Be Withheld From My Annuity. (Additional annual dues of $34 plus Chapter dues of record to be withheld annually.)
If YES, enter spouse’s information below.
Spouse’s Name ___________________________________________________
Spouse’s Membership ID ____________________________________________

Authorization (Withholding will begin in 60-90 days). No payment should be forwarded with application.

I authorize the United States Office of Personnel Management to make appropriate deductions from my annuity payments, not to exceed the amount certified by the National Active and Retired Federal Employees Association as the amount of dues for which I am annually obligated, in accordance with elections I make below, and to pay the deducted sum to the National Active and Retired Federal Employees Association (NARFE). This authorization shall also apply to any and all dues changes certified by NARFE membership in accordance with elections I make below: Please allow 60-90 days for processing.

I understand that this authorization shall be valid until NARFE receives and processes my written notice of cancellation in accordance with its agreement with the Office of Personnel Management and that any disputes regarding this authorization shall be a matter between NARFE and myself. I hold the Office of Personnel Management harmless for any erroneous allotment deduction made pursuant to this authorization.

__________________________ ______________________________
Signature of Annuitant or Survivor-Annuitant Date

Dues payments and gifts or contributions to NARFE are not deductible as charitable contributions for federal income tax purposes.

MAIL THIS FORM TO: NARFE, ATTN: Member Records, 606 N. Washington St., Alexandria, VA 22314-1914
www.narfe.org     800-627-3394     rr@narfe.org

Do not send money with this form

DW-2 (08/12)
“TV Ears saved our marriage!”
- Darlene and Jack B., CA

**Doctor Recommended** TV Ears has helped millions of people with hearing loss hear the television clearly without turning up the volume! With TV Ears wireless technology, you set your own headset volume and tone, while family members set the television volume to a pleasant level or mute the volume altogether. Imagine watching television with your family again and hearing every word clearly... as thousands of our customers have said, “TV Ears has changed our lives!”

The **New and Improved TV Ears 5.0 System**, with our proprietary Voice Clarification Circuitry®, increases word discrimination so television dialog is clearer and understandable while background noise is reduced. With 125 Decibels of unparalleled volume, even the most demanding customer will hear television dialog clearly. Now with more power, angled foam ear tips, a Snap-Fit headset charging mechanism, improved tone adjustment, stronger bow arms, and improved styling, the TV Ears 5.0 is our best system ever. This is why TV Ears has earned the trust of audiologists and doctors nationwide.

From George Dennis, founder of TV Ears, Inc. “Driven by my personal understanding of the impact that hearing loss has on a family, I set out to create a product to relieve one of the most frustrating aspects of hearing loss... watching television. Put on TV Ears and enjoy television once again!”

#1 Dr. Recommended TV Headset. “My wife and I have used TV Ears almost daily for the past ten years and find them an invaluable help in our enjoyment of television—we would not be without them. As a retired otologist, I heartily recommend TV Ears to people with normal hearing as well as those with hearing loss.” - Robert Forbes, M.D., California

Hear television dialog clearly without disturbing others with loud TV volume!

“Now my husband can have the volume as loud as he needs and I can have the TV at my hearing level. “TV Ears” are so comfortable that Jack forgets he has them on! He can once again hear and understand the dialog.”
- Darlene & Jack B., CA

**Risk Free Trial.** TV Ears 5.0 Analog comes with a 30-day risk free trial. If you’re not completely satisfied, return it for a full refund of the purchase price.

**TV Ears 5.0**********$129.95
**Special Offer**
SAVE $50 Now!******$79.95 + s&h

For fastest service, call toll-free between 6am and 6pm PST Monday through Friday.

1-800-379-7832
or visit www.tvears.com

Please mention Promotion Code 35166

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NARFE MEMBER PERKS are designed to provide NARFE members with a quality option in their search for commonly used products and services. NARFE makes no guarantee on any products and services listed, and encourages its members to shop and compare before making a decision on any financial matter.

CREDIT UNION

NARFE Premier Federal Credit Union
800-328-1500
www.NARFEpremierfcu.org

As a member of NARFE, you have the privilege of joining NARFE Premier Federal Credit Union, which has been serving members since 1935. We offer extensive services at competitive rates to members nationwide. Your savings are federally insured to at least $250,000 and backed by the full faith and credit of the United States Government. For more information, call the number above, email jparish@narfepremierfcu.org or visit the website.

INSURANCE

NARFE Insurance Services
800-233-5764
www.narfeinsurance.com

Designed and administered by Marsh U.S. Consumer, a service of Seabury & Smith, Inc., exclusively for NARFE members: Senior Whole Life, Term Life, Medicare Supplements, Hospital Income Plan, Short Term Recovery Insurance, Pet Insurance, Accidental Death & Dismemberment, Cancer Care, Enhanced Dental Insurance and Long Term Care. Go to the website for more information on these programs.

GEICO
800-368-2734

NARFE members with good driving records may be eligible for quality automobile insurance from GEICO. Ask about the NARFE discount available to members in many states. Call today for your free, no-obligation rate quote. Be sure to mention that you’re a NARFE member!

• Discount amount varies in some states
• Discount not available in all states or in all GEICO companies
• One group discount applicable per policy.

Federal Long Term Care Insurance Program
800-LTC FEDS
www.LTCFEDS.com

Make long-term care insurance part of your retirement plan. With benefits designed specifically for the federal family, the Federal Long Term Care Insurance Program offers a smart way to help protect savings and assets, and remain independent should you need long-term care services someday. Start planning for the future. Visit www.LTCFEDS.com today.

HOtELS

Choice Hotels International
800-258-2847
www.choicehotels.com

With 6,000 hotels in the United States and throughout the world, Choice Hotels® offers something for everyone. Join the Choice Privileges® rewards program and earn points with every qualifying stay toward free nights, Airline Rewards, gift cards and more. As a NARFE member, receive 20% off your next stay at participating hotels when you use Special Rate ID 00801967. This offer is subject to availability and cannot be combined with any other offer. Advance reservations required.

Wyndham Hotel Group
877-670-7088

As a member of NARFE, you will receive up to 20% off the “Best Available Rate” at participating locations. Call and give the agent your special discount ID number, 8000002694, at time of booking to receive discount. Whether you are looking for an upscale hotel, an all-inclusive resort or something more cost-effective, we have the right hotel for you... and at the right price. So start saving now. Call our special member-benefits hotline 877-670-7088 and reserve your room today at one of these fine hotels: Wyndham Hotels and Resorts® Days Inn®, Ramada Worldwide®, Super 8®, Wingate By Wyndham®, Baymont Inns and Suites®, Hawthorn Suites® By Wyndham, Microtel Inns and Suites®, Howard Johnson®, Travelodge® and Knights Inn®.

VACATION RENTALS

Government Employees Travel Opportunities®
877-867-3639
www.getravelop.com/narfe

Offers government employees, retirees and their families 7-night stays for only $349 on accommodations worldwide. Book online and save on your next vacation stay.

CAR RENTALS

Alamo

Drive Happy® with Alamo® where NARFE members receive year-round discounts. Call 1-800-462-5266 and reference Contract ID 262544.

National

You Drive A Hard Bargain. Receive up to 20% off rentals at National Car Rental. To make a reservation call National Car Rental at 1-800-CAR-RENT® and reference Contract ID 5282909.
EMERGENCY SERVICES

MASA
800-423-3226

Medical Air Services Association has been the industry leader in prepaid emergency assistance services for more than 30 years. NARFE members have experienced MASA’s “peace of mind” services since 2001. Now NARFE members are entitled to even more: air ambulance transportation, helicopter transportation, ground ambulance, vehicle return, mortal remains transport, and much more!

Call MASA Today. It Could Save Your Life!

HEARING BENEFITS

TruHearing
877-360-2442

Two discount programs to choose from:

ValueAdd® or MemberPlus®. Similar to a warehouse membership, MemberPlus saves hundreds more for a $108 yearly membership. MemberPlus also includes:

- 45-day, money-back guarantee on membership fee and all purchases
- 48 batteries, 3-year warranty, and one-time loss and damage for 3 years (small manufacturer deductible applies) on each purchased hearing aid
- Guest membership for up to four extended family members (siblings, parents, etc.) for only $79 each
- Combine with an existing health plan hearing benefit to maximize savings

Visit TruHearingMemberPlus.com for more information, or call 877-360-2442, Mon-Fri, 9 a.m.-9 p.m. ET.

HEALTH SCREENING

Life Line Screening
800-324-9906

Life Line Screening, America’s leading provider of community-based preventive health screenings, will conduct the following screenings using state-of-the-art ultrasound technology in your neighborhood:

1. Stroke/Carotid Artery
2. Abdominal Aortic Aneurysm
3. Atrial Fibrillation
4. Peripheral Arterial Disease

You will receive a confidential written report within 21 days. Life Line Screening and NARFE encourage you to share these test results with your doctor. All four screenings cost just $135. To schedule an appointment, please call the number above and give the operator code number BKHN075 or visit the website. Coverage may vary and may not be available in all states.

EDUCATION

Ivy Bridge College
877-615-9246

Want to earn your associate’s degree before you transfer to a four-year school? Ivy Bridge College offers a variety of degree programs that will help put you on the right track. No matter which program you choose, an education with Ivy Bridge will provide you with a solid foundation for a rewarding future. NARFE members and their families can enjoy an exclusive 5 percent savings on tuition at Ivy Bridge, a unique online institution that provides a highly supported pathway to a bachelor’s degree. To learn more, call or visit the website.

NOT A MEMBER?

GO ONLINE: It’s easy to join online at www.narfe.org. Click “Join NARFE.”

TURN TO PAGE 47: Fill out the Membership Application and mail it to NARFE to receive all the perks of being a NARFE member.

CALL (TOLL-FREE) 800-627-3394.
FIRST COP ON THE FOOD BEAT

In this circa 1911 photo, Food and Drug Inspector John Earnshaw examines food products in an open air market. Earnshaw was one of the original federal food and drug inspectors hired by the Bureau of Chemistry in the Department of Agriculture following enactment of the 1906 Pure Food and Drugs Act. The inspectors, predecessors to today’s Food and Drug Administration, enforced the new law, which banned food that was “filthy, decomposed or putrid” from interstate commerce.

PHOTO COURTESY of Cindy Lachin and Suzanne Junod, U.S. Food and Drug Administration History Office; in collaboration with the Society for History in the Federal Government (SHFG), bringing together government professionals, academics, consultants, students and citizens interested in understanding federal history work and the historical development of the federal government. Website: http://shfg.org/shfg/.

DID YOU KNOW?

The Food and Drug Administration, under the Department of Health and Human Services, today oversees products that account for about 25 percent of every consumer dollar spent, according to www.fda.gov. These include human and veterinary drugs, biological products, medical devices, our nation’s food supply, cosmetics, and products that emit radiation.
A cell phone and medical alert service all in one.

Now, the original easy-to-use Jitterbug® is also your own mobile medical alert device. Why pay for an expensive, home-based emergency system and a separate cell phone when the Jitterbug does it all at a fraction of the cost?

SAFER You just never know when a situation will arise when you need help. You could call a family member or a friend, but they may be unavailable, unqualified to help or unable to locate you. With 5Star Urgent Response® on the Jitterbug, your phone becomes a mobile medical alert device. It’s no wonder 5Star® is the preferred choice of renowned safety expert John Walsh. Just press 5 and then * to speak immediately with an NAED Certified Response Agent. Using patented GPS, these Agents will quickly determine your location, evaluate your situation and get you the help you need. At only $24.99 per month, you’ll save hundreds of dollars per year compared to our competitors’ separate phone and medical alert services.

SMARTER Most cell phones need to be recharged nearly every day. That’s why the Jitterbug comes with the longest-lasting battery on the market. With up to 25 days of standby time, you won’t have to worry about running out of power when you need it most.

EASIER The Jitterbug Plus features a backlit keypad with big buttons and large legible numbers, while the improved speaker ensures all your conversations will be loud and clear. So you’ll never find yourself fumbling to make a call or struggling to hear what people are saying.

With Jitterbug®, there are no contracts, no cancellation fees, and you get the support of award-winning, 100% U.S. Based Customer Service, available 24/7. Call the toll-free phone number below to order your Jitterbug today.

SAVE $35 per month with the Jitterbug Freedom 24 Plan.

To order or learn more, call 1-888-810-8532 or visit www.jbugdirect.com Please mention promotional code 47062.
Comfortable “Relaxed-Fit” Jeans with all the traditional features for under $15 per pair. That’s Amazing! Look at what you get:

- 360º of stretch comfort waist
- Soft & durable 12-ounce cotton denim
- 5 pockets, riveted stress points
- Post button closure & solid brass zipper
- 100% Easy wash & wear

Hurry — this low price won’t last!
Order Now!

WASHED BLACK
1E
LIGHT BLUE
Ø8
MEDIUM BLUE
5A
INDIGO
15
VINTAGE GREY
VG

WHAT WAIST?
What Inseam?
How Many?
7WH–Ø3L3X

100% Satisfaction Guaranteed or Full Refund of merchandise purchase price.

Visa    MC   AmEx   Discover®

Check here for Protection Plus! (X57)
Expedites replacement of items lost in transit.
Add $2.95 to protect your entire order.

For Faster Service Call: 1-800-543-4810 or visit www.Haband.com/bestdeals