



The purpose of this newsletter is to keep Nashville District employees informed about personnel issues, concerns, and topics. You are encouraged to review the information and disseminate to your organization. If there are particular areas of interest that you would like to see addressed in future issues, an article of general interest, or general comments, please contact John Restey at 615-736-5538 or John.G.Restey@lrn02.usace.army.mil.

Upcoming Key Dates in HR

- **1 July-31 December 2002-----Long Term Care Open Season**
- **15 October-31 December 2002----TSP Open Season**
- **11 November-9 December 2002---FEHB Open Season**

General News:

DA Career Referrals Move to the Age of Resumix

The Department of the Army has announced continued plans to transition the Central Referral Office (CRO) processes to Resumix during FY03. This includes Career Programs currently using Easy ACCES as well as those who are using other central referral processes. Under the plan, the five (5) CONUS Civilian Personnel Operations Centers (CPOCs) will assume responsibility for issuing DA Career Referral Lists for career programs using Easy ACCES. The lists will be issued from their CPOC location.

The **West CPOC** will process career referral lists for positions in West, Korea and the Pacific Regions. The **Southwest CPOC** will process career referral lists for positions in the Southwest and Europe. The **Northeast, Northcentral and Southcentral CPOCs** will process career referrals for their Regions.

TSP Open Season Began 15 Oct and Will Run Through 31 Dec 02

The open season allows you to (1) *begin contributions* or (2) *increase/decrease contributions*. Contribution limits are now at 13 % for FERS and 8% for CSRS. (up to the IRS maximum of \$11,000 for 2002).

Effective Dates for Open Season Changes:

Changes made between 15 Oct and 30 Nov will be effective pay period beginning 1 Dec 02 (paydate 12-16-02)

Changes made between 1 Dec and 14 Dec will be effective pay period beginning 15 Dec 02 (paydate 1-9-03)

Changes made between 15 Dec and 28 Dec will be effective pay period beginning 29 Dec 02 (paydate 1-23-03)

Changes made between 29 Dec and 31 Dec will be effective pay period beginning 12 Jan 03 (paydate 2-6-03)

Making A TSP Open Season Change/Contacting The ABC-C:

If you would like to make a TSP Open Season change, (to enroll, increase your percentage or stop enrollment) you must contact the Army-Benefits Center-Civilian (ABC-C) at www.abc.army.mil <<http://www.abc.army.mil>> or toll-free at 1-877-276-9287. **Please do not submit a TSP-1 to your CPAC.** Army employees now make their TSP contribution changes electronically via the ABC-C. Employees are reminded that the ABC-C handles all benefit counseling and processing services. If you need to speak with a benefits counselor, you may do so by calling the toll-free number above, Monday through Friday, from 6:00 a.m. to 6:00 p.m. The ABC-C systems (web and phone) are available 21 hours a day, 7 days a week and enable employees to manage their own benefits by providing convenient, consistent and confidential services. Whether accessing the ABC-C from your computer or telephone, it is very important to read/listen to all information and exit the system properly in order to complete your transaction.

If you want to re-allocate the distribution of your funds, you would go into the TSP website (www.tsp.gov<<http://www.tsp.gov>>)

Within-Grade-Increase (WGI)

A within-grade-increase (WGI) is an increase in the employee's rate of basic pay by advancement from one step of his/her grade to the next after meeting requirements for length of service and satisfactory performance. Personnel actions affecting WGIs are generated automatically in the Civilian Personnel Operations Center unless the supervisor has identified a performance problem with the employee, in which case it may be postponed or withheld. Following are the waiting periods and the affects of nonpay status on waiting periods for GS and FWS employees.

Waiting Period for General Schedule (GS) (full-time) with a prearranged regularly scheduled tour of duty:

- **For advancement to steps 2, 3, and 4 - 52 calendar weeks;**
- **For advancement to steps 5, 6, and 7 - 104 calendar weeks;**
- **For advancement to steps 8, 9, and 10 - 156 calendar weeks.**

Waiting Period for Fed Wage System (WG/WS-full-time) with a prearranged regularly scheduled tour of duty:

- **For advancement to step 2, 26 calendar weeks in step 1;**
- **For advancement to step 3, 78 calendar weeks in step 2;**
- **For advancement to step 4 and 5, 104 calendar weeks in step 3 and 4, respectively.**

NONPAY STATUS may have a negative impact upon a waiting period. GS Employees with a prearranged regularly scheduled tour of duty:

Steps 1 through 3 are allowed two workweeks in a nonpay status;

Steps 4 through 6 are allowed four workweeks in a nonpay status; and

Steps 7 through 10 are allowed six workweeks in a nonpay status.

WG/WS Employees with a prearranged regularly scheduled tour of duty are allowed:

One workweek in the waiting period for rate 2;

Three workweeks in the waiting period for rate 3;

Four workweeks in the waiting period for rates 4 and 5.

Time in a non pay status in excess of the above will extend the waiting period by the excess amount.

Health And Benefits:

Five Steps to Safer Health Care

Medical error and patient safety are not well understood by most Americans. Every hour, many Americans die in a hospital due to avoidable errors, and other become disabled. Many patients get the wrong medicine, tests, and/or diagnosis. By asking questions, learning more, and understanding your risks, you can improve the safety of your health care, and that of your family members.

Step 1. Speak up if you have questions or concerns. Choose a doctor who you feel comfortable talking to about your health and treatment. Take a relative or friend with you if this will help you ask and understand the answers. It's okay to ask questions and to expect answers you can understand.

Step 2. Keep a list of all the medicines you take. Tell your doctor and pharmacist about the medicines that you take, including over-the-counter medicines such as aspirin, ibuprofen, and dietary supplements like vitamins and herbals. Tell them about any drug allergies you have. Ask the pharmacist about side effects and what foods or other things to avoid while taking the medicine. When you get your medicine, read the label,

including warnings. Make sure it is what your doctor ordered, and you know how to use it. If the medicine looks different than you expected, ask the pharmacist about it.

Step 3. Make sure you get the results of any test or procedure. Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected, in person, on the phone, or in the mail, don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.

Step 4. Talk with your doctor and health care team about your options if you need hospital care. If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results are often better at hospital doing a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow-up care, and be sure you understand the instructions.

Step 5. Make sure you understand what will happen if you need surgery. Ask your doctor and surgeon: Who will take charge of my care while I'm in the hospital? Exactly what will you be doing? How long will it take? What will happen after the surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia. Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.

[Long Term Care Insurance Open Season](#)

[ONE TIME DEAL](#)

Considering LTC insurance. You only have until 31 December to do so. According to the Office of Personnel Mgmt, there are no plans for annual open seasons. OPM first plans to evaluate this open season. So you really can't count on a future open season at any time soon. AND - there is no guarantee that any future open season will offer the abbreviated underwriting that is being offered during this open season for Federal/Postal employees, members of the uniformed services, and their spouses. If you elect not to apply for coverage during the current Open Season, you can still apply any time after the season ends. **However**, any applicants applying during a non-open season will be required to complete a full underwriting application and be subject to the full underwriting process. For more information on LTC insurance go to www.opm.gov.

For more information on 2002 Health Benefits Open Season:



[Panel OKs Pension Boost For Injured Federal Workers](#)

The Senate Governmental Affairs Committee has approved a bill that would make up a shortfall in retirement benefits faced by injured or disabled federal employees who

receive workers' compensation for at least a year. Sen. George Allen, R-Va., sponsored the bill after learning of the severe injuries suffered by Louise Kurtz, a civilian Army employee, during last year's terrorist attack on the Pentagon. Kurtz, a 14-year government worker who lives in Virginia, was burned over 70 percent of her body and lost her fingers and ears. She is covered by the Federal Employees Retirement System (FERS), which provides an annuity, Social Security benefits and earnings from the Thrift Savings Plan (TSP). Because Kurtz faces a lengthy absence from work, she is receiving workers' comp. But during this time that she's not working, she cannot contribute to Social Security or the TSP because those contributions are taken from an employee's wages, not from disability payments. The legislation would help make up the shortfall that would otherwise occur in the pensions of disabled or injured federal employees. Under Allen's bill, the contribution for the usual FERS direct benefit of 1 percent of employee pay would be temporarily doubled to 2 percent for the duration of the disability. **TAKEN FROM FEDONLINE.COM**

Food for Thought

“If you get to thinking you’re a person of some influence, try ordering somebody else’s dog around”

Will Rogers