**CLAIM FOR RETROACTIVE REIMBURSEMENT FOR FEHB**
**WHILE ON ACTIVE DUTY IN SUPPORT OF A CONTINGENCY OPERATION**
(*Complete one form for each period of service claimed)*

*Premiums deducted while in a pay status (annual leave, military leave, etcetera) will not be reimbursed.*

- ❑ All claimants must submit copies of military orders for service claimed.
- ❑ Claimants who made a payment directly to DFAS by check or money order must attach copies of cancelled checks, duplicate checks, or other supporting documentation.
- ❑ If the claimant is the survivor of a deceased employee, attach the SF 1153, "Claim for Compensation of Deceased Civilian Employee," and a certified copy of the death certificate.
- ❑ Former employees and survivors of deceased employees must provide information for Electronic Funds Transfer (EFT) to a bank or other financial institution:
  Financial Institution Routing Number_____ Account Number_____

| Claimant Name: (Last, First, MI) | Claimant SSN: | FEHB (3 character )Code : |
|---|---|---|
| Claimant Current Home Address: | | Daytime phone number: |
| Claimant is: ❑ Current employee<br>❑ Former employee | ❑ Survivor of deceased employee.<br>Name of deceased employee: _____<br>SSN of deceased employee: _____ | |
| Initial Date of Active Duty:<br>(mm/dd/yyyy) | Ending Date of Active Duty:<br>(mm/dd/yyyy) | Date Returned to Civilian Duty:<br>(mm/dd/yyyy) |
| FEHB premiums were:<br>❑ Withheld from salary after claimant returned to duty.<br>❑ Paid directly to DFAS by check or money order.<br>❑ Withheld from an award received while on LWOP.<br>Ending date of the pay period in which the award was paid: _____ (Attached copy of LES) | | |

**I certify that all statements made in this claim are true and correct to the best of my knowledge and belief.**

_____ _____
**Claimant Signature** **Date**

*Warning: It is a violation of law to make false or fraudulent claims against the United States or make false statements in connection therewith.*

**HUMAN RESOURCES ENDORSEMENT**

**To: DFAS**
The military orders for the claimant listed above have been reviewed and reflect that the claimant was on active duty with the military in support of a contingency operation and was enrolled in FEHB for the period(s) listed below. The claimant's OPF, or other official records, reflect that the claimant was a civilian employee of DoD at the time called to perform active duty for the period of service reflected in this claim.

**Line of Accounting (LOA):**_____

| **Date from:** (mm/dd/yyyy) | **Date to:** (mm/dd/yyyy) | **DoD Component the claimant was employed as a civilian during this period of service** | **Major Claimant (Code in Block 47 on SF 50) for this period of service** |
|---|---|---|---|
| | | | |
| | | | |

_____ _____
Human Resource POC Signature and Phone # Date