

# United States Postal Service Non-Career Employee Benefits Handbook



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# 1. Welcome to the United States Postal Service

Welcome and congratulations on your appointment with the U.S. Postal Service®! At the Postal Service we are committed to equipping, empowering and engaging our employees so they can bring their best selves to work every day. As part of this commitment, we offer a comprehensive health plan, as well as the opportunity for additional benefits. The goal of this handbook is to guide you through the benefits selection process to help you choose the best options for you.

Please keep in mind that there are some deadlines you must meet in order to enroll in certain benefits. Make sure you take action in order to take full advantage of the benefits available.

If you need help with the benefits process, the **Human Resources Shared Service Center (HRSSC)** is always available to you at **1-877-477-3273, option 5;**  
**Federal Relay Service 1-800-877-8339**

*Again, welcome to your Postal Service team!*



**For Benefits information visit**  
**<https://liteblue.usps.gov/benefits>**

*This Handbook provides summary information about the benefits offered to most U.S. Postal Service non-career employees. In the case of a conflict, the terms of the respective bargaining unit agreement or particular benefit plan will govern.*



## 1.1 INTRODUCTION TO YOUR BENEFITS

More than 600,000 employees work at the Postal Service, and you now are part of an organization that is a household name and part of every community. It is important to the Postal Service that employee benefits are taken seriously, because your health, and that of your family, are important to us. The Postal Service is equipping, empowering and engaging employees for success, and these benefits will help you achieve that goal.

Your total compensation package at the Postal Service is more than just what you're taking home in your paycheck. Your employee benefits factor into your compensation package. Depending on your position, you may have access to health insurance and paid leave, and a myriad of other wonderful benefits. **Your benefits will be what you make of them.**

The Postal Service is committed to its employees. We hope your benefit options give you the flexibility you may need to create a work-life balance that sets you up for success for many years to come.

**Your goal when it comes to benefits is to choose the best options for you.**

***Do your research!***

**Evaluate what your benefit needs are and how to best meet those needs.**

## 1.2 BENEFITS & WELLNESS TEAM

The Benefits & Wellness Team's mission is to support the overall well-being of our employees and their families through awareness, education, and access to better options.



What you eat and how much you exercise is important, but wellness is so much more than that. Wellness is also about your physical and emotional

health, your sense of financial security, your connections with others and your community, and it's about how fulfilled you feel at work and in your work. Wellness is not about sacrificing in one area in order to succeed in another. It's about finding a balance between all of these dimensions – ***caring for the whole you.***

Through the work of the Benefits & Wellness team, the Postal Service offers many useful tools and resources for you and your family to stay well as a whole, so keep an eye out for upcoming programs and activities. Be sure to check us out at <https://liteblue.usps.gov/wellness>.

If you have any wellness ideas, questions, or suggestions, don't hesitate to reach out to us at [healthandwellness@usps.gov](mailto:healthandwellness@usps.gov).



### 1.3 ACCESSING YOUR BENEFITS

You must meet certain benefits deadlines – based on your enter-on-duty date – to be able to participate in the benefits outlined in this handbook. However, before you go to sign up for your benefits, make sure you have the necessary information including your **Employee Identification Number (EIN)**, **Self-Service Password** and **PIN**.

Your **EIN** and **Self-Service Password** grant you access to *Liteblue* (an employee benefits portal, including health insurance, payroll, leave and more) and *PostalEASE* to enroll in your employee benefits. The site also grants access to the *Net-to-Bank* portal where you can directly deposit your paychecks into a bank account of your choosing, as well as any allotments.

To access your pay information online, please visit: <https://liteblue.usps.gov> and select *ePayroll*.

Here is how to get your EIN, Self-Service Password and PIN:

**Employee Identification Number (EIN)**

- Provided at orientation in your orientation packet.
- Can be found on your Earnings Statement if you don't receive an orientation packet.

**PIN & Self-Service Password**

- Arrives via mail within two weeks of your start date.
- Use PIN to access *PostalEASE* via telephone.

Go to <https://ssp.usps.gov> to set up your Self-Service Profile and Self-Service Password for access to the *PostalEASE* website. Below is a chart that outlines the employee benefits and their deadlines for new employees. Make sure you keep track of what you've signed up for, and what still is on your checklist.

BENEFIT TYPE	ENROLL WITHIN	COMPLETED
USPS Health Benefits Plan (USPSHB)	60 days from enter-on-duty date. <sup>1</sup>	<input type="checkbox"/>
Federal Employees Health Benefits (FEHB)	60-days from date of eligibility (typically one year from enter-on-duty date, if you are reappointed). <sup>2</sup>	<input type="checkbox"/>
Federal Employees Dental and Vision Insurance Program (FEDVIP)	60-days from date you become eligible for FEHB. <sup>2</sup>	<input type="checkbox"/>
Flexible Spending Account (FSA)	60-days from date you become eligible for FEHB. <sup>2</sup>	<input type="checkbox"/>
Federal Long Term Care Insurance Program (FLTCIP) <sup>3</sup>	60-days from date you become eligible for FEHB. <sup>2</sup>	<input type="checkbox"/>

**Enrolling in benefits is easy!** Use your EIN and Self Service Password to log onto <https://liteblue.usps.gov>.

You may go to <https://liteblue.usps.gov/newhirebenefits> if you have questions concerning your employee benefits, or contact the **HRSSC** at **1-877-477-3273, option 5; Federal Relay Service 1-800-877-8339**.

*NOTE: Your enter-on-duty date can be found on your PS Form 50, Notification of Personnel Action, that you will receive in the mail.*

<sup>1</sup> Except Casuals, Assistant Rural Carriers (ARCs), and holiday term employees. Casuals will be notified by letter if they meet eligibility requirements. Holiday term employees and ARCs are not eligible.

<sup>2</sup> Casuals, ARCs, and holiday term employees are not eligible.

<sup>3</sup> Under FLTCIP, you have 60 days from your eligibility date to apply for coverage with an abbreviated underwriting; otherwise, you may apply at any time after your eligibility date.

## 2. BENEFITS OVERVIEW

# CIRCLE 'Round Your BENEFITS

HOW THEY FIT TOGETHER



For more information go to *Benefit Programs*, p.10.

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## 2.1 USPS HEALTH BENEFITS PLAN (USPSHB)

### ELIGIBILITY

Most non-career employees are eligible to enroll in the USPS Health Benefits (USPSHB) Plan after their enter-on-duty (EOD) date, *unless* you are a casual. Your EOD date is your hire date and is reflected on your PS Form 50, *Notification of Personnel Action*. You will receive your PS Form 50 in the mail.

### NEW HIRE ENROLLMENT OPPORTUNITY

You have 60 days from your enter-on-duty (EOD) date to elect coverage in the USPS Health Benefits Plan\*. Coverage will take effect the pay period after your enrollment is processed.

### PLAN PREMIUMS

The Postal Service makes a contribution towards the cost of your health insurance. Refer to <https://liteblue.usps.gov/uspsbhp> or Handbook EL-520, *Guide to USPS Health Benefits Plan* for premium rates and more!

### PLAN PERKS

The USPS Health Benefits Plan, which is administered by United Healthcare, offers several tools to aid you in achieving your best overall health.

Listed below are a few of the resources available to USPS Health Benefit Plan enrollees at no additional cost:

- **myuhc.com**® provides helpful resources, including a search tool to locate providers, information on your benefits, decision-making tools, and health and wellness information.
- **Health4Me Mobile App** provides instant access to your family's critical health information – anytime, anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a health care professional, **Health4Me** is your go-to resource.
- **myNurseline** provides access to registered nurses any time, day or night, to answer your health questions.
- **Rally**® is a digital health and wellness experience. With **Rally**®, you can measure your health, get personalized health tips, earn chances to win rewards for taking healthy actions, and get full access to your personal health records.
- **Digital Wallet Card** provides quick access to your benefit resources from your smartphone.

### HOW TO ENROLL

Once you have decided to enroll in the USPSHB Plan, access *PostalEASE* via the web at <https://liteblue.usps.gov>, using an Employee Self-Service Kiosk (available at some facilities), or by calling:

**Employee Service Line**  
**1-877-477-3273, option 1; Federal Relay Service 1-800-877-8339**

***We strongly recommend that if you are enrolling in either the Self Plus One or Self and Family coverage tier, that you use the web version of PostalEASE, and not the phone.***

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## 2.1 USPS HEALTH BENEFITS PLAN (USPSHB) *cont.*

### HOW TO ENROLL (*cont.*)

Use your **USPS Employee Identification Number (EIN)** and your **USPS Self-Service Password** to access *LiteBlue* and *PostalEASE* via the web.

Use your **USPS EIN** and current 4-digit **USPS PIN** to conduct self-service transactions on the telephone using the **Interactive Voice Response (IVR)** system.

**If you don't know your USPS Self-Service Password** or your **USPS PIN**, you can reset it using the Self-Service Profile (SSP) Application at **[www.ssp.usps.gov](http://www.ssp.usps.gov)** or via links provided on *Blue* and the *LiteBlue* logon page. The quickest way for your election to be processed is for you to use *PostalEASE*. However, if you are unable to use *PostalEASE*, you may also complete the *PostalEASE USPS Health Benefits Plan Worksheet* (available on *LiteBlue*) and mail it to the HR Shared Service Center at:

**HRSSC  
Compensation/Benefits  
PO Box 970400  
Greensboro, NC 27497-0400**

After your enrollment is processed, you will receive identification cards in the mail from UnitedHealthcare. Because the USPSHB Plan covers some preventive dental services, you will receive one card for your medical coverage and a separate card for your dental coverage. You will need to use these cards when you receive care from a provider.

### WHEN IS MY NEXT OPPORTUNITY TO ENROLL?

If you do not enroll within 60 days of the date you become eligible, you must wait until you have a qualifying life event (e.g., reappointment after a break in service of more than 3 days) or the next **Open Season** to enroll. Open Season begins each November and any election you make will not take effect until the following January.

### ADDITIONAL INFORMATION IS AVAILABLE AT *LITEBLUE*

Plan information for USPS Health Benefits Plan is available on *LiteBlue* at **<https://liteblue.usps.gov/uspsbhp>**. Employees may also request information concerning the USPS Health Benefits Plan by contacting the HRSSC.

Before you decide to enroll, read the **Summary of Benefits and Coverage**, which provides a helpful overview of what the USPS Health Benefits Plan covers and your share of health care costs. If you have questions relating to enrolling in benefits, please contact the **HRSSC at 1-877-477-3273, option 5; Federal Relay Service 1-800-877-8339**

For questions specific to USPS Health Benefits Plan coverage, you must contact *United Healthcare* for assistance at **1-888-496-6959**. Employees who are deaf or hard of hearing may call this number via 711, the **Telecommunications Relay Service (TRS)**.

\*Except Casuals.



## 2.2 CARING FOR YOUR HEALTH

Knowing your blood pressure, blood sugar, cholesterol, and body mass index (BMI) is important to effectively managing your overall health. These numbers can provide a glimpse of your health status and risk for certain diseases and conditions, including heart disease, diabetes, obesity, and more. By scheduling a regular check-up with your health care provider, you can find out what your numbers are now and determine if you need to make any changes to protect your health in the future.

## 2.3 HEALTH ASSESSMENTS

Once you “Know Your Numbers,” the next step is to complete a health assessment. The USPSHBP offers a free health assessment as part of Rally.

### Need a Doctor?

Most health plans have a “Find a Doctor” feature on their website. You can quickly search for an in-network health care provider near where you live or work using the “Find a Doctor” feature on myuhc.com.

### Preventive Care

Did you know that preventive care services are covered at no cost to you under your health plan when you see an in-network provider? Preventive services are those services you often receive during an annual exam and include:

- Tests to “Know Your Numbers”
- Cancer screenings
- Sexually transmitted diseases (STD) screenings
- Vaccinations (e.g., flu shot)

To find out what preventive services are appropriate for you, ask your doctor or visit: [www.cdc.gov/prevention](http://www.cdc.gov/prevention).

### Wellness Programs

In addition to a Health Assessment, you may have access to a number of Wellness Programs through your health plan, including weight management and programs for specific conditions like diabetes or hypertension. The USPSHBP offers Real Appeal, a free digital weight loss program that provides a fun and engaging way to lose weight and lead a healthier lifestyle. Certain requirements must be met to participate.

### HEALTHY NUMBERS\*

Blood Pressure	120/80 or less
Blood Sugar (fasting)	Less than 100
Total Cholesterol	Less than 200
Body Mass Index	18.5 – 24.9

### LEARN MORE

For information on your plan's Health Assessment, Wellness Programs, or 24/7 Support; visit <https://liteblue.usps.gov/healthtools>.

\* Source: Center for Disease Control

*This is general information and is not a substitute for advice from your health care advisor.*



## 2.4 GETTING THE RIGHT CARE

Effectively using your health coverage is about much more than seeing a doctor when you are sick— it's about managing your health and making appropriate health care choices so you stay healthy.

### 24/7 Support

*It is 2 a.m. and you or a loved one is in pain. Do you rush to the emergency room? Do you wait it out and try to get in to the doctor in the morning?* These decisions can be scary, but you don't have to make them alone. As part of your health plan, you may have access to a nurse-advice line that allows you to speak with a nurse 24 hours a day, 7 days a week, at no cost to you. They can help you assess your symptoms and determine the urgency of the situation.

### Your Primary Care Physician

When you or a loved one is ill or needs medical care, you want someone you know and trust to help. For routine, primary/preventive care, or non-urgent treatment, your doctor's office may be your best option for medical care. Your doctor knows you and your health history and has access to your medical records. You may also pay less out-of-pocket when you receive care in your doctor's office.

### Convenience Care Clinic

Sometimes you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a convenience care clinic. Convenience care clinics are often located in malls or some retail stores and offer services without the need to schedule an appointment. Services at the convenience care clinic may be provided at a lower out-of-pocket cost than an urgent care clinic visit. Services at a convenience care clinic are generally available to patients 18 months of age or older. Services that are available may vary per clinic.

### Urgent Care Clinics

Sometimes you may need medical care fast; however, a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for an urgently needed service. However, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care clinic. At an urgent care clinic, you can generally be treated for many minor medical problems faster than at an emergency room. Services that are available may vary by clinic. *If you choose to use an urgent care clinic, please make sure it is in-network by calling the toll free number on the back of your health insurance card.*

### Emergency Room

**HEAD TO THE NEAREST EMERGENCY ROOM** if you think you or your loved one may be experiencing an emergency medical condition, or **call 911**. An emergency medical condition is any condition (including severe pain) that you believe without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child.
- Serious impairment to your or your loved one's bodily functions.
- Serious dysfunction of any of your or your loved one's bodily organs or parts.

*If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, convenience care clinic or urgent care clinic.*

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## 2.5 HEALTH CARE KEY TERMS AND DEFINITIONS

**Catastrophic Limit:** The maximum amount of certain covered charges you have to pay out of your pocket during the year. Setting a maximum amount protects you. Separate limits are usually applied on a per person and per family basis.

**Coinsurance:** A variable dollar amount you pay as your share for services you receive, such as a doctor's visit. The amount you pay depends on the percentage required by your plan and whether or not you've met your calendar year deductible. For example, under the USPSHB Plan, you receive Plan Benefits for outpatient surgery from a Network provider. Since the Plan pays 70% after you meet the Annual Deductible, you are responsible for paying the other 30%. This 30% is your Coinsurance.

**Copayment:** A fixed dollar amount you pay to the provider, pharmacy, etc., each time you receive covered health care services. For example, you might pay a \$30 copay for an office visit with your Primary Care Physician (PCP).

**Deductible:** The dollar amount of covered expenses an individual or family must pay out of pocket before the health plan begins to pay benefits. There may be separate deductibles for different types of services. For example, a plan can have a prescription drug benefit deductible or an outpatient deductible separate from its calendar year deductible.

**Generic Drug:** A generic drug provides comparable effectiveness and safety to a brand name drug and usually costs less. A generic drug may have a different color or shape than its brand name counterpart, but it must have the same active ingredients, strength and dosage form (pill, liquid or injection).

**In-Network:** You receive treatment from the doctors, clinics, health centers, hospitals, medical practices, and other providers with whom your plan has an agreement to care for its members.

**Out-of-Network:** You typically pay more when you receive treatment from doctors, hospitals, and medical practitioners, other than those with whom the plan has an agreement. Some plans do not allow out-of-network services, in which case you will pay the full amount.

**Out-of-Pocket Costs:** Health care costs that you must pay because they are not paid for by insurance, such as deductibles, your share of coinsurance, copayments, and all non-covered expenses.

**Preventive Care:** Care to keep you healthy or to prevent illness, such as routine checkups and flu shots, and when applicable, some tests like a colonoscopy and mammograms.



*These are general definitions. Please refer to the health plan for specific information about your coverage.*

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## 3. BENEFIT PROGRAMS

### 3.1 FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)

The Postal Service participates in FEHB, which provides excellent coverage and flexibility. You will be eligible to participate in FEHB if you are reappointed after you complete 365 days of continuous service, with no more than a 5-day break in service. FEHB offers comprehensive health insurance coverage for you, your spouse, and your children under age 26. There are many plan types available, including Fee-For-Service, Health Maintenance Organizations (HMOs), and High Deductible and Consumer-Driven Health Plans. Electing pre-tax payment of premiums makes health insurance even more affordable.

### 3.2 FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

You will be eligible to participate in FEDVIP once you are eligible for FEHB, whether or not you elect FEHB coverage. While you pay the full cost, this group insurance offers excellent coverage and your premium contributions are not subject to taxes.

### 3.3 FLEXIBLE SPENDING ACCOUNTS

Employees eligible to participate in FEHB may also participate in the Flexible Spending Accounts (FSA) Program. You will be eligible to participate in the Flexible Spending Accounts (FSA) Program once you are eligible for FEHB, whether or not you elect FEHB coverage. Tax-free FSA contributions can be used to cover most out-of-pocket health care and dependent care (day care) expenses.

### 3.4 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)

You may apply for long term care insurance, which insures for the costs of receiving long-term care (for example, nursing home, assisted living, or in-home care), typically not covered by health insurance or Medicare. You will be eligible to participate in FLTCIP if you are eligible for FEHB. Once eligible you can apply at any time, but *must apply within the 60-day window for an abbreviated underwriting*. You pay the full cost for this insurance program. Visit the FLTCIP website ([www.ltcfeds.com](http://www.ltcfeds.com)) or call **1-800-LTC-FEDS (TTY 1-800-843-3557)** and choose **option 1**.

### 3.5 MILITARY LEAVE

Military leave is authorized absence from postal duties, without loss of time or performance rating, granted to employees who are members of the National Guard, including the D.C. National Guard, or Reservists of the armed forces.

The following components of the armed forces are qualifying for eligibility for military leave:

- The Army National Guard of the United States.
- The Army Reserve.
- The Naval Reserve.
- The Marine Corps Reserve.
- The Air National Guard of the United States.
- The Coast Guard Reserve.
- The Air Force Reserve.



Noncareer employees thus qualified are permitted to be absent but are not eligible for paid military leave or military LWOP and must use another type of paid leave or leave without pay. See **ELM 517** ([http://about.usps.com/manuals/elm/html/elmc5\\_007.htm](http://about.usps.com/manuals/elm/html/elmc5_007.htm)) for detailed information.

### 3.6 OTHER BENEFITS

Refer to your respective bargaining agreements for information regarding Annual and Sick leave.



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## LOOKING AHEAD

In addition to a number of the benefits provided to non-career employees, **bargaining unit career employees** receive:

- A generous Postal Service contribution towards the FEHB plan of their choice.
- Free Basic life insurance coverage and the option to purchase additional coverage for themselves and their family.
- Participation in the Federal Employees Retirement System, which provides a defined benefit (pension) and up to a 5% Postal Service contribution towards their Thrift Savings Plan.
- For full-time career employees, thirteen days of annual leave increasing to 20 days per year after 3 years of service, and 26 days after 15 years. They will also receive 13 days of sick leave per year. For part time employees, excluding rural carriers, annual and sick leave is prorated based upon hours in a pay status.
- Tax-free purchase of public transportation and parking, up to the IRS maximums, to reduce out-of-pocket transportation costs through our Commuter Benefits program.

As you continue your employment with the Postal Service, you may want to consider working towards a career appointment for even more benefits.

Benefits can change over time. Please visit <https://liteblue.usps.gov/benefits> for the most up to date information.



## 4. ADDITIONAL EMPLOYEE SUPPORT

### 4.1 HR SHARED SERVICE CENTER

The HRSSC is the processing site for all HR activities. Contact them with any questions regarding your Postal Service benefits at 1-877-477-3273, option 5; Federal Relay Service 1-800-877-8339.

HOURS OF OPERATION:  
Monday-Friday  
7 a.m. - 8:30 p.m. EST

*Note: Peak call hours for the Center are from 10 a.m. - 3 p.m. EST; you may experience longer waiting times during these hours.*

The HRSSC will be able to help with the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>■ Federal Employees Health Benefits (FEHB)</li><li>■ USPS Health Benefits Plan</li><li>■ Separations</li><li>■ Family Medical Leave Act (FMLA)</li><li>■ Flexible Spending Accounts (FSA)</li><li>■ Beneficiary Designations for Unpaid Compensation</li></ul> | <ul style="list-style-type: none"><li>■ Annual Leave</li><li>■ Tax (State, Local)</li><li>■ Personnel Action (Form 50) Processing</li><li>■ <i>PostalEASE</i> Transactions and Worksheets</li></ul> |
|--|---|

### 4.2 *PostalEASE*

You can enroll or make changes to your USPS Health Benefits (USPSHB) plan through *PostalEASE*. You can also establish net- to-bank (direct deposit), change payroll allotments, or change Federal W4 withholdings through *PostalEASE*.

To access *PostalEASE*, use your 8-digit EIN and password or PIN as described previously. *PostalEASE* can be accessed either via the internet at <https://liteblue.usps.gov>, which is the recommended method, or by calling 1-877-477-3273, Option 1.

### 4.3 EMPLOYEE ASSISTANCE PROGRAM

The most valuable part of the U.S. Postal Service is its employees. Both you and the organization benefit when you have access to services that will help you to maintain and enhance your quality of life.

At varying times in each of our lives we must face personal challenges. Some problems are more easily resolved than others, but many can best be solved with professional assistance. In response to this need, the Postal Service provides free access to an **Employee Assistance Program (EAP)** for all employees and their families. EAP offers counseling, crisis response, life coaching and professionals answering the 800 number around the clock. EAP is more than just another benefit. It's a time-saving, stress-relieving, powerful tool that helps put resources at your fingertips and supports you in reaching your full potential.

The EAP is available to USPS employees and their families at no cost to assist with the following:

- Improve your health and well-being
- Balance work and home life
- Manage stress
- Control depression and anxiety
- Prepare for life after retirement
- Face addictions
- Strengthen relationships
- Cope with grief and loss

Check out [www.EAP4YOU.com](http://www.EAP4YOU.com). The in-depth information you want most is a click away in easy-to-navigate links.

#### **Make the Call**

**800-327-4968**

**(TTY: 877-492-7341)**

and connect live with your EAP 24/7/365.



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## 5. GOOD LUCK AT USPS!

Now that you have the tools to access and use your benefits, be sure that you are using them to their full potential, and enroll before their deadlines. ***It's up to you!*** The U.S. Postal service will be here for you every step of the way to be sure you understand your benefits so you can get the most out of them!

We are happy to have you on our Postal Service team and wish you great success.



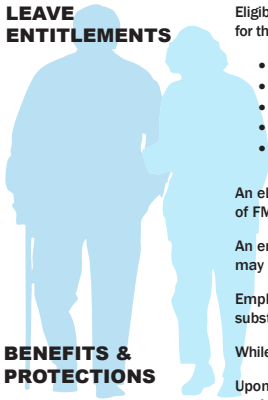


## 6. EMPLOYEE RIGHTS POSTER

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### BENEFITS & PROTECTIONS

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

### EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

### ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

## 1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

## www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





