

BENEFITS FOR NEW EMPLOYEES

2016 Consumer Financial Protection Bureau



Consumer Financial
Protection Bureau

May 2016

Total Rewards

The Dodd-Frank legislation provided CFPB with the authority to develop our own pay and benefits programs to meet the competitive demands of the markets from which our key talent must be attracted and acquired.

CFPB offers rewards — that is, a comprehensive pay and benefits offering, as well as other developmental programs designed to grow and retain our talent — competitive with the Board of Governors of the Federal Reserve System (Board of Governors) and other financial regulatory agencies.

As a CFPB employee, you are covered by the following rewards plans:

COMPENSATION :	<ul style="list-style-type: none">• Base pay that ensures comparability with the Board of Governors<ul style="list-style-type: none">— Your salary was determined using a validated, objective assessment, taking into consideration the requirements of the role you will be serving at CFPB as well as the skills, experience and expertise you bring.— Pay opportunities at CFPB are highly competitive to attract the skilled and experienced talent needed to ensure the effectiveness of our agency.
BENEFITS :	<ul style="list-style-type: none">• <i>Health & Welfare:</i> CFPB developed a comprehensive benefits package. <i>See pages 6-21 for more information on the health and welfare benefits for which you may be eligible.</i>• <i>Retirement:</i> Your retirement and thrift plan eligibility is based on whether or not you participated in a Federal retirement plan before joining CFPB. <i>See page 30 for more information.</i>

We have worked to ensure the pay and benefits being provided are in compliance with all legislation, as well as enable attraction and retention through improved competitiveness.

Your Compensation

To meet the needs of our organization, CFPB's compensation program supports our mission by:

- Enabling the acquisition of strong experienced leaders, mid-career professionals and innovative, dedicated entry level staff
- Building and training a professional cadre
- Rewarding skill development and demonstrated capability to take on increasing levels of responsibility, creating a performance-driven culture
- Developing a distinct brand and employee value proposition
- Promoting transparency

CFPB PAY STRUCTURE

For purposes of attracting top talent to our team, CFPB performed a market analysis and created pay ranges comparable with the pay ranges of the Board of Governors and other financial regulatory agencies for corresponding levels of employees.

Eligibility for changes in pay band and/or salary will be handled in line with our established career framework and performance management structures and policies.

COMPENSATION HIGHLIGHTS

- Your individual skills, experience and expertise at your time of hire determine your placement within your pay band
- You will learn more about career paths and performance management at CFPB as these programs are developed
- You are expected to routinely review your Statements of Earnings & Leave (SEL) using the Employee Personal Page
- If something on your SEL looks incorrect, contact your Bureau of Fiscal Service (BFS) Processing Representative at 304-480-8276 or CFPBHRProcessing@fiscal.treasury.gov

HOW YOUR PAY WAS DETERMINED

CFPB salary is composed of two parts: base pay and, where applicable, locality pay. Base pay is the amount you receive regardless of the location in which you work. The chart below shows the base pay ranges for all CFPB job bands and sub-bands.

In addition, CFPB uses a well-established compensation approach to determine an additional “locality payment” based on the cost of living for the area in which you work. The salary shown in your offer letter reflected the total of your base pay plus your locality pay, if any.

Your salary is based on the job band of the position for which you were hired. Your specific salary determination within the band is based on the related skills, experience and expertise you bring to the position at the time of your hire.

CFPB JOB BANDS	CFPB NATIONAL PAY STRUCTURE (DOES NOT INCLUDE LOCALITY)	
	CFPB Pay Bands/Levels	CFPB Salary Ranges (Minimums and Maximums)
BAND 1	CN-10	\$23,248 – \$35,378
BAND 2	CN-20	\$28,140 – \$45,486
	CN-21	\$28,140 – \$37,951
	CN-22	\$30,875 – \$45,486
BAND 3	CN-30	\$38,626 – \$65,701
	CN-31	\$38,626 – \$47,599
	CN-32	\$38,686 – \$54,123
	CN-33	\$43,464 – \$65,701
BAND 4	CN-40	\$49,161 – \$94,555
	CN-41	\$49,161 – \$69,377
	CN-42	\$54,858 – \$87,204
	CN-43	\$63,037 – \$94,555
BAND 5	CN-50	\$66,870 – \$136,949
	CN-51	\$66,870 – \$96,961
	CN-52	\$78,107 – \$113,254
	CN-53	\$90,052 – \$136,949
BAND 6	CN-60	\$94,647 – \$172,569
BAND 7	CN-70	\$111,208 – \$206,737
BAND 8	CN-80	\$147,024– \$227,428
	CN-81	\$147,024 – \$215,942
	CN-82	\$169,997 – \$227,428
BAND 9	CN-90	\$185,226 – \$259,500

RECEIVING YOUR PAY

Your timely and accurate receipt of your pay and benefits is contingent upon your timely and accurate completion and submission of your employment and benefits forms during New Employee Orientation. Your first pay date will be no more than 26 days from your start date. Direct deposits can typically be expected on Monday of the pay week. The CFPB pay schedule can be found on EPP.

In addition, you must **review your first SEL for accuracy** (accessible on EPP) within 4-6 weeks from your start date and should continue to routinely review your SEL every pay period. Note that deductions for benefits you elect may take several weeks to be processed. Every employee is individually responsible for ensuring that all information is accurate and all deductions have been recorded in accordance with the benefits elections you made (and at the level you chose). If you have any questions or believe any information is inaccurate, you must contact a BFS Processing Representative immediately at 304-480-8276 or CFPBHRProcessing@fiscal.treasury.gov.

Your Title 5 Benefits and CFPB Specific Benefits

ELIGIBILITY

For New Hires (Including Federal Transferees):

In general, you and your immediate family members are eligible to participate in the CFPB Benefits Program. The following chart provides a brief overview of CFPB’s eligibility requirements. Information on **eligibility for Federal Benefit Programs**, such as Federal Employees Health Benefits (FEHB), can be found in the “Eligibility” section for each benefit found in the following pages.

FAMILY MEMBER	ELIGIBILITY REQUIREMENTS
You	<p>You are eligible to participate in the CFPB Benefits Program if you are:</p> <ul style="list-style-type: none"> • On an appointment for more than one year, AND • Either on a full-time time work schedule, OR a part-time work schedule of at least 30 hours per week. <p>You are not eligible to participate if you are on an appointment of one year or less, or if you’re a part-time employee working fewer than 30 hours per week.</p>
Your spouse	Must be your legal spouse
Your domestic partner	<p>Your domestic partner is qualified to receive coverage in all CFPB domestic partner benefits if you have completed the <i>CFPB Affidavit of Domestic Partnership for Benefits Coverage</i> form and submitted to CFPB Human Capital Benefits. You will only need to provide this affidavit one time to be eligible for all CFPB domestic partner benefits.</p> <p>CFPB offers a Domestic Partner Health Insurance Subsidy (DPHIS) program because a domestic partner and children of domestic partners are not considered eligible dependents under the FEHB health insurance program. To be eligible for the subsidy, your domestic partner must not have access to health coverage through an employer-sponsored plan.</p>
Your children	<p>Your children and spouse’s/domestic partner’s children are eligible to participate in the CFPB Benefits Program if they are:</p> <ul style="list-style-type: none"> • Under age 22; or • Between ages 22 and 25, and <ul style="list-style-type: none"> – A full-time student at an accredited school, college or university, – Supported by you, and – Not employed on a full-time basis.

If you have questions about your eligibility, or that of your family, please contact a BFS Benefits Representative at 304-480-8275 or Benefits@fiscal.treasury.gov.

BENEFITS ENROLLMENT WINDOWS

As a new hire, you may be eligible to enroll in a variety of benefits programs. Some, such as health benefits, must be elected within 60 days of your start date. Otherwise you must wait until an Open Season (often November) or for a Qualifying Life Event (QLE). *See the Benefits Enrollment Quick Reference Guide on pages 23-24 for more detailed enrollment information.*

If you transferred from another Federal agency, your Federal (Title 5) benefits transferred with you with the exception of FSAFEDS. FEDVIP and FLTCIP require you to take action to ensure they have been transferred correctly (see below).

- **FEDVIP:** Contact BENEFEDS (877.888.3337) to notify them of your transfer to CFPB and your date of transfer.
- **FSAFEDS:** If you are currently enrolled in FSAFEDS, you will need to contact FSAFEDS directly to inform them of your transfer to CFPB and to provide the CFPB’s payroll office number: 12400001. You will need to do this as soon as possible for your deductions to continue.
- **FLTCIP:** If you are paying FLTCIP premiums by payroll deduction, you must notify LTC Partners (800.LTC.FEDS or 800.582.3337) of your transfer to CFPB and ask LTCFEDS to change their Payroll Office Identifier to FT0000.

MAKING CHANGES AFTER ENROLLMENT

“Qualifying Life Events” (QLEs) may allow you to enroll in or change certain types of coverage outside of an Open Season. Examples of life events include marriage, divorce, beginning/ending domestic partnership, birth/adoption of a child, loss of coverage under your spouse’s policy, and loss of coverage for a child under the other parent’s policy. There are specific time limits for enrolling or changing your coverage due to QLEs, so please contact a BFS Benefits Representative at 304-480-8275 or Benefits@fiscal.treasury.gov as soon as you anticipate a special life event.

The CFPB Specific Benefits Program

We’ve developed a comprehensive benefits program that we believe affirms your decision to serve American consumers with us. While our benefits offerings are comparable to other regulators, they are designed to attract and retain great people who will provide great service! You will be eligible for some benefits without taking any further action. In other cases, you will be asked to elect the benefits options in which you are interested from an array of flexible and versatile options (many at no cost to you) for which you are eligible. We believe you will see this as a valuable piece of your CFPB “Total Rewards Package.”

CFPB’s benefits program includes access to:

- Dental and Vision coverages
- Life Insurance
- 24-Hour Personal Accident Insurance
- Domestic Partner Health Insurance Subsidy
- CFPB Domestic Partner Benefits & Health Subsidy
- Employee Assistance Program
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- WorkLife4You
- Business Travel Accident Insurance

BENEFITS SUMMARY

The following summary outlines benefits CFPB offers, including Title 5 benefits. **Certain benefits provided by CFPB may not be carried with you from agency to agency or continued into retirement.** Detailed information on the benefits below can be found after this summary.

BENEFITS AT-A-GLANCE	
Benefits	Offerings
Health Care	
HEALTH	<ul style="list-style-type: none"> • Federal Employees Health Benefits (FEHB) <i>CFPB offers a bi-weekly premium reduction</i>
DENTAL	<ul style="list-style-type: none"> • CFPB Dental Plan • Federal Employees Dental and Vision Program (FEDVIP)
VISION	<ul style="list-style-type: none"> • CFPB Vision Plan • Federal Employees Dental and Vision Program (FEDVIP)
PHYSICAL EXAM PROGRAM	<ul style="list-style-type: none"> • CFPB Physical Exam Program
DOMESTIC PARTNER HEALTH INSURANCE SUBSIDY	<ul style="list-style-type: none"> • CFPB Domestic Partner Health Insurance Subsidy (DPHIS) <i>In the absence of coverage for domestic partners and children of domestic partners under FEHB</i>
Insurance	
LIFE	<ul style="list-style-type: none"> • CFPB Life Insurance • Federal Employees' Group Life Insurance (FGLI)
24-HOUR PERSONAL ACCIDENT	<ul style="list-style-type: none"> • CFPB 24-Hour Personal Accident coverage <i>In addition to AD&D benefits provided under FGLI or CFPB Basic Life Insurance</i>
BUSINESS TRAVEL ACCIDENT	<ul style="list-style-type: none"> • CFPB Business Travel Accident (BTA) coverage
SHORT-TERM DISABILITY	<ul style="list-style-type: none"> • CFPB Short-Term Disability (STD) coverage
LONG-TERM DISABILITY	<ul style="list-style-type: none"> • CFPB Long-Term Disability (LTD) coverage
LONG-TERM CARE	<ul style="list-style-type: none"> • Federal Long-Term Care Insurance Program (FLTCIP)

BENEFITS AT-A-GLANCE

Benefits	Offerings
Other Benefits	
FLEXIBLE SPENDING ACCOUNTS	Flexible Spending Account (FSA) Program (Health Care, Limited Expense Health Care, and Dependent Care FSA)
TRANSIT SUBSIDY	CFPB Transit Subsidy Program (CTSP)
BACK-UP CARE CONNECTION	Emergency care services for children (infant through teens) and dependent adults
EMPLOYEE ASSISTANCE PROGRAM	Voluntary, confidential counseling and referral service
WORKLIFE4YOU	Wellness-related discounts
ADDITIONAL WELLNESS BENEFITS	Health club discounts

Focus on Your Benefits

The following pages include detailed descriptions of your benefit options. For more information on the benefits described in this booklet, visit the wiki Benefits page <http://team.cfpb.local/wiki/index.php/Benefits> and refer to the contact list on page 31.

COVERAGE EFFECTIVE DATES

CFPB offers benefits that you must enroll in as well as several automatic benefits. The benefits that require an enrollment will be effective the pay period after your forms have been submitted for processing. Coverage is not retroactive to your start date.

HEALTH COVERAGE

Federal Employees Health Benefits (FEHB) offers group health care coverage to Federal employees and their dependents. There are numerous health plans available and two types of enrollment options: self only, self plus one and self and family coverage. Details about each plan, including premiums, coverage, deductibles and service areas, are available at www.opm.gov/insure/health/planinfo.

ELIGIBILITY: Most employees are eligible to enroll in FEHB. Eligible dependents under the self and family enrollment option include your current spouse, children under age 26, and children age 26 and over incapable of self-support due to a disability that existed prior to age 26. **(Domestic partners and their children are not covered under FEHB. Please see information on CFPB’s Domestic Partner Health Insurance Subsidy.)** Learn more about FEHB eligibility at <http://www.opm.gov/insure/health/planinfo>.

PAYING FOR COVERAGE: You and the Government share the cost of health care coverage. Premiums* are withheld each pay period on a pre-tax basis (known as “premium conversion”). You may opt out of premium conversion if you choose. Learn more at <http://www.opm.gov/insure/health/reference/premconversion>.
If you enroll in FEHB, you will receive an **automatic reduction of up to \$60** on your FEHB premium each pay period. You will not see it as a separate line item on your SEL.

** The FEHB premiums for a part-time employee are higher than those for full-time employees as part-time employees must pay a prorated share of the Government contribution, in addition to the full-time employee share.*

FOR MORE INFORMATION ON FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

Go to <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/guide/2015-guides/70-1.pdf> where you can find an overview of the FEHB plans and information.

CFPB DENTAL AND VISION COVERAGE

You may enroll in CFPB’s Dental PPO Plan and/or Vision PPO Plan and/or the Federal Employees Dental and Vision Program (FEDVIP). CFPB dental and vision coverage are offered through MetLife. You may enroll in CFPB dental without enrolling in CFPB vision and vice versa. You may also enroll in FEDVIP coverage only, or enroll in FEDVIP and also enroll in one or both of the CFPB plans. If you are currently enrolled in FEDVIP, you may drop FEDVIP and enroll in the CFPB dental and/or vision plan (or have both coverages).

CFPB offers a Dental PPO plan through MetLife. There are three enrollment options: employee, employee + 1, or family coverage (domestic partners and children of domestic partners are eligible). **CFPB pays the full premium** (no bi-weekly employee contributions). The following chart provides highlights:

CFPB DENTAL PPO PLAN		
Benefit	In-Network	Out-of-Network
Calendar Year Maximum (Type A, B and C Expenses)	\$2,500 per person	\$2,500 per person
Calendar Year Deductible		
Individual	\$50 per person	\$50 per person
Family Maximum	\$150 per family	\$150 per family
Deductible Carryover	If a charge is incurred for a covered service during the last three months of any year and is applied to the deductible, such charge will also be applied to the deductible for the next year	
Type A Expenses - Preventive & Diagnostic Care <i>Oral Exams (two per year); Cleanings (two per year); Full Mouth X-rays (one complete set every three years); Bitewing X-rays (two per year); Panoramic X-ray (one every three years); Fluoride Application (one per year for children under age 19); Sealants (one per year for children under age 16); Space Maintainers (limited to non-orthodontic treatment; one per lifetime per tooth area for children under age 19); Emergency care to relieve pain</i>	Plan pays 100% no deductible	Plan pays 100% no deductible, subject to reasonable and customary Emergency services are paid at in-network levels
Type B Expenses - Basic Restorative Care <i>Fillings; Root Canal Therapy; Periodontal Surgery; Periodontal Scaling and Root Planning; Denture Adjustments and Repairs; Extractions; Anesthetics; Oral Surgery; Local anesthesia for simple extractions or oral surgery; General anesthesia for complex covered surgical procedures; When medically necessary as determined by MetLife; Prefabricated Stainless Steel or Resin Crowns</i>	Plan pays 80% after deductible	Plan pays 80% after deductible, subject to reasonable and customary
Type C Expenses - Major Restorative Care <i>Crowns; Dentures; Bridges; Repairs to Crowns and Inlays; Surgical Extractions of Impacted Teeth; Dental Implants</i>	Plan pays 60% after deductible	Plan pays 60% after deductible, subject to reasonable and customary
Orthodontia (appliances and treatment) – <i>Lifetime Maximum \$1,500 per family member</i>	Plan pays 60% no deductible	Plan pays 60% no deductible, subject to reasonable and customary
Predetermination Review: Available on a voluntary basis when extensive dental work in excess of \$200 is proposed.		

Note: "Year" for purposes of this chart refers to a Calendar Year (January – December).

Additional program information is available at www.metlife.com/mybenefits.

CFPB dental coverage would be considered **primary** for employees to any benefits the employee may be eligible to receive through participation in FEDVIP and/or FEHB coverage. **This coverage may not be carried with you after you leave CFPB or into retirement.**

HOW TO PARTICIPATE

Within 60 days of your start date, complete and return the Dental Enrollment Form to the Benefits Team (see the *Benefits Enrollment Quick Reference Guide* on pages 23-24 for more information). Changes to your elections are not permitted until the next Open Season for benefits unless you experience a QLE.

CFPB offers a Vision PPO plan through MetLife. . There are three enrollment options: employee, employee + 1, or family coverage (domestic partners and children of domestic partners are eligible). **CFPB pays the full premium** (no bi-weekly employee contributions). Full program information is available at <http://www.metlife.com/mybenefits>. The following chart provides highlights:

CFPB VISION PPO PLAN		
Benefit	In-Network	Out-of-Network
Eyeglass Examination	\$0 copay (covered in full) <i>Plus discounts on Lasik, Custom Lasik and PRK procedures</i>	Plan pays up to \$60
Eyeglass Materials (lenses and frame)	\$20 copay	Varies
• Single Vision Lenses	Plan pays up to \$100 wholesale / \$200 retail on eyeglass frame <i>Plus 20% savings on cost of eyeglass materials above what is covered, additional prescription eyeglasses or sunglasses</i>	Plan pays up to \$61
• Bifocal Lenses		Plan pays up to \$84
• Trifocal Lenses		Plan pays up to \$100
• Lenticular Lenses		Plan pays up to \$134
• Eyeglass Frame		Plan pays up to \$75
• Lens options	Progressive lenses, scratch coating and UV protected	Plan pays up to \$84 for progressive lenses; scratch coating and UV protected not covered
Contact Lenses (in lieu of eyeglasses)	\$0 copay	Varies
• Elective Lenses	Plan pays up to \$160 <i>Plus 15% savings on cost of elective contact lenses above what is covered</i>	Plan pays up to \$88
• Medically Necessary Lenses	Covered in full	Plan pays up to \$220
Computer Eyeglasses (for employees only)	\$0 copay	Varies
Includes exam, only single vision, bifocal or trifocal lenses, and an eyeglass frame valued up to \$90 retail	Covered in full	Not covered
Frequency of Benefit		
Exams	1 every 12 months	
Lenses	1 every 12 months	
Frames	1 every 12 months	

CFPB vision coverage would be considered **primary** for employees to any benefits you may be eligible to receive through participation in FEDVIP and/or FEHB coverage. **This coverage may not be carried with you after you leave CFPB or continued into retirement.** Only FEDVIP coverage can be transferred to other federal agencies and carried into retirement.

HOW TO PARTICIPATE

Within 60 days of your start date, complete and return the Vision Enrollment Form to the Benefits Team (see the *Benefits Enrollment Quick Reference Guide* on pages 23-24 for more information). Changes to your elections are not permitted until the next Open Season for benefits unless you experience a QLE.

FEDVIP DENTAL AND VISION COVERAGE

Federal Employees Dental and Vision Program (FEDVIP) offers comprehensive supplemental dental and vision insurance. There are three enrollment options: self, self + 1, or family coverage. Program information is available at www.benefeds.com.

ELIGIBILITY: Employees eligible for FEHB (whether or not they are actually enrolled in FEHB) are eligible to enroll in FEDVIP. Eligible family members include an enrollee's spouse and unmarried dependent children under the age of 22, or if age 22 or older, incapable of self-support. Note that the rules for family members' eligibility are NOT the same as they are for FEHB. **(Domestic partners and their children are not covered under FEDVIP.)**

PAYING FOR COVERAGE: You pay the full cost of dental and vision coverage you elect. Premiums are withheld each pay period on a pre-tax basis. Note that you may enroll in dental *and/or* vision coverage.

HOW TO PARTICIPATE

Within 60 days of your start date, enroll online at www.benefeds.com or call 1-877-888-3337 (TTY: 1-877-889-5680).

CFPB FLEXIBLE SPENDING ACCOUNT (FSA) PROGRAM

Effective January 1, 2016 CFPB's Flexible Spending Account program will be administered by FSAFEDS. Participation in the FSAFEDS program allows you to pay for eligible health and dependent care expenses on a pre-tax basis. The following FSA questions and answers will help you learn more about how FSAFEDS can save you money throughout the year. Visit www.FSAFEDS.com or contact FSAFEDS 1-877-372-3337 (TTY: 1-800-952-0450) for more information. In addition to the chart below please review the FSAFEDS Program Brochure Overview found at <https://www.fsafeds.com/GEM/FSAFEDSForms/OPM-FSA-OVTF-10-031.pdf>

How to enroll in FSAFEDS?

FSAFEDS requires online enrollment through the FSAFEDS website (www.FSAFEDS.com) or calling the FSAFEDS customer service center at: 877-372-3337 (TTY: 1-800-952-0450)

Please select Federal Reserve Board as the "Employing Agency" and Consumer Financial Protection Bureau will be available in the pull down menu as the Sub Agency/Bureau.

How does an FSA reduce my taxes?

Contributing to an FSA can save you money on taxes by allowing you to use pre-tax money to pay for eligible health care and dependent care expenses for yourself or your eligible dependents.

How does it work?

<p>Health Care Flexible Spending Account (HCFSA)</p>	<ul style="list-style-type: none"> ● Reimburses eligible health care expenses not covered or reimbursed by <ul style="list-style-type: none"> — the Federal Employees Health Benefits Program (FEHB) — the Federal Employees Dental and Vision Insurance Program (FEDVIP) — any other insurance coverage including CFPB dental and vision insurance ● Covers expenses for you and/or your tax dependents, including adult children through the end of the calendar year in which they turn 26 ● Annual Limit: \$100 minimum/\$2,550 maximum per participant <ul style="list-style-type: none"> — your spouse can have a separate HCFSA — Up to \$500 carryover available
<p>Limited Expense HCFSA (LEX HCFSA)</p>	<ul style="list-style-type: none"> ● Reimburses ONLY eligible dental and vision expenses not covered or reimbursed by: – the Federal Employees Health Benefits Program (FEHB) <ul style="list-style-type: none"> — the Federal Employees Dental and Vision Insurance Program (FEDVIP) — any other insurance coverage including CFPB dental and vision insurance ● You MUST be enrolled in, or covered by, a High Deductible Health Plan in 2016 AND have a Health Savings Account in 2016 ● Covers expenses for you and/or your tax dependents, including adult children through the end of the calendar year in which they turn 26 ● Annual Limit: \$100 minimum/\$2,550 maximum per participant <ul style="list-style-type: none"> — your spouse can have a separate account — Up to \$500 Carryover available

Dependent Care Flexible Spending Account (DCFSA)	<ul style="list-style-type: none"> ● Reimburses eligible day care expenses for your: <ul style="list-style-type: none"> — children UNDER age 13 — dependents on your Federal tax return who are incapable of self-care ● You (and your spouse, if married) must be: <ul style="list-style-type: none"> — working, or – looking for work (with income during the year), or — attending school full-time ● Annual Limit: \$100 minimum/\$5,000 maximum per household <ul style="list-style-type: none"> — includes child care subsidy amounts and other FSA dependent care accounts — \$2,500 maximum, if married filing separately
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WHAT ARE ELIGIBLE EXPENSES?

For a complete list of eligible health care and dependent care expenses, go to <http://dtg.adp.com/FSAFEDSExpenseViewer#/search> or www.irs.gov.

WHEN CAN I BEGIN USING MY FSA CONTRIBUTIONS?

The FSA program plan year is January 1, 2016 through December 31, 2016, so you may begin using your FSA account contributions on January 1, 2016.

WILL ANY OF MY FUNDS CARRY OVER TO THE NEXT YEAR?

Health Care and Limited Expense FSA: Yes, you can carryover up to \$500 into the following year. This applies only to the health care FSA and limited expense FSA.

Dependent Care FSA: No, however there is a grace period that applies only to the dependent care FSA. The grace period runs from January 1, 2017 to March 15, 2017 during which you can incur eligible dependent care FSA expenses that can be reimbursed from any remaining 2016 balance.

WHAT IS THE DEADLINE TO USE MY FUNDS AND SUBMIT CLAIMS FOR REIMBURSEMENT?

Health Care and Limited Expense FSA: You forfeit (lose) any amount over \$500 in your HCFSA or LEX HCFSA for which a claim is not incurred by December 31, 2016 and submitted no later than April 30, 2017.

Dependent Care FSA: You forfeit any unused balance in a DCFSA for which a claim is not incurred by March 15, 2017 and submitted no later than April 30, 2017.

Note: You will be reimbursed only up to the balance in your account at the time you submit. Once additional funds are available, you will receive reimbursement.

IMPORTANT NOTE: All benefits and elections under this Plan are subject to the Internal Revenue Code’s rules and other applicable laws. For more information, contact CFPB_HRBenefits@cfpb.gov.

LUMP SUM TAXABLE CASH BENEFIT

\$1,000 will be automatically deposited into your account within 30 days of your start date.

You are considered an eligible employee if you are:

- On an appointment for more than one year, and
- Either on a full-time work schedule or a part-time work schedule of at least 30 hrs/week, and
- An employee who earns \$115,000 (base salary with locality) or less per year

PHYSICAL EXAM PROGRAM

CFPB offers a **Physical Exam Program (PEP)**. The PEP is a benefit that allows eligible employees of any age to receive tax-free reimbursement up to a specific dollar amount for out-of-pocket medical expenses associated with your annual physical. This benefit is available once every 12 months (annually), with reimbursement up to \$200. The PEP is provided by CFPB at no cost to you and no enrollment is required.

In addition, you can receive up to \$30 for your annual flu shot. You are free to schedule your own physical exam with a provider of your choice. This benefit is for CFPB employees only, and can only be claimed for expenses not paid using health insurance or a Health Care Flexible Spending Account.

HOW TO PARTICIPATE

After claiming benefits from your health plan, complete and sign a PEP Reimbursement Request and HIPAA Authorization Form (posted on the wiki) and return to the Benefits Team at CFPB_HRBenefits@cfpb.gov, along with documentation of your expenses and insurance.

DOMESTIC PARTNER HEALTH INSURANCE SUBSIDY

CFPB offers a **Domestic Partner Health Insurance Subsidy (DPHIS)** program because a domestic partner and children of domestic partners are not considered eligible dependents under the FEHB health insurance program. To be eligible for the subsidy, your domestic partner must not have access to health coverage through an employer-sponsored plan.

Under this program, employees can receive a subsidy toward health insurance premiums for a domestic partner and eligible children of a domestic partner. You can receive 72% of the monthly premium paid for domestic partner health insurance coverage (which mirrors the average CFPB premium contribution for FEHB); monthly limits apply.

HOW TO PARTICIPATE

To receive the benefit, complete a DPHIS Reimbursement Request Form and return to the Benefits Team at CFPB_HRBenefits@cfpb.gov, along with required documentation (including a CFPB Affidavit of Domestic Partnership for Benefits Coverage form, copy of the insurance policy, billing statements and proof of payment). *You will only need to provide this affidavit one time to be eligible for all CFPB domestic partner benefits.* Please send any questions to CFPB_HRBenefits@cfpb.gov.

LIFE INSURANCE

You may enroll in CFPB’s Basic Life Insurance program, which includes Accidental Death and Dismemberment (AD&D) coverage, and Supplemental Life Insurance coverage, insured by MetLife or the Federal Employees’ Group Life Insurance (FEGLI) program. You may enroll in FEGLI, the CFPB Life Insurance program, or have coverage under both programs.

CFPB Basic Life Insurance

BASIC LIFE (INCLUDING AD&D)	
Employee	One times base and geographic pay (rounded up to the next thousand) plus \$2,000.
Additional Basic Benefit for Employees under age 45	The additional amount is equal to another increment of the CFPB basic life insurance amount for employees 35 and younger. For employees aged 36 and older, the additional amount reduces 10 percent each year until, at age 45, the additional amount is eliminated.

The cost of your CFPB basic coverage depends on whether you enroll in Federal Employees’ Group Life Insurance (FEGLI):

- **If you enroll in FEGLI**, you may choose to add CFPB basic coverage, or elect FEGLI with no CFPB basic coverage.
 - **If you elect FEGLI and CFPB basic coverage:** CFPB pays 50% of the premium for this coverage (you pay your share through after-tax bi-weekly contributions) and you pay for your FEGLI coverage through premium contributions.
 - **If you elect FEGLI and do not elect CFPB basic coverage:** You may not elect CFPB supplemental life coverage.
- **If you do not enroll in FEGLI**, you may enroll in CFPB basic coverage. CFPB will pay 100% of the premium (no bi-weekly contributions), but you must make an *active* election to participate. If you elect FEGLI at a later time, your CFPB basic coverage premium will be adjusted at that time to be 50% CFPB-paid.
- **If you are currently enrolled in FEGLI**, you may choose to drop FEGLI and elect CFPB basic coverage, keep FEGLI and add CFPB basic coverage, or keep FEGLI with no CFPB basic coverage.
 - **If you drop FEGLI and elect CFPB basic coverage:** CFPB pays the full cost of basic coverage (you pay no bi-weekly contributions). *(If you drop FEGLI, Evidence of Insurability (EOI) will be required if you wish to re-enroll later. Before dropping your current FEGLI coverage, remember you may only take FEGLI into retirement if you have had coverage for the five years of service immediately before retirement – or all periods of service during which that coverage was available to you if it's less than five years – or you enrolled at your first opportunity for coverage.)*
 - **If you keep FEGLI and add CFPB basic coverage:** CFPB pays 50% of the premium for this coverage (you pay your share through after-tax bi-weekly contributions). Your premium contributions for FEGLI will remain in effect.
 - **If you keep FEGLI and do not elect CFPB basic coverage:** Your premium contributions for FEGLI will continue uninterrupted, and you will not have CFPB coverage. You may not elect CFPB supplemental life coverage.

Note that unlike FEGLI, this CFPB benefit may not be carried with you across agencies or continued into retirement.

CFPB Supplemental Life Insurance

SUPPLEMENTAL LIFE	
Employee	You must elect CFPB basic coverage to elect this benefit. You can elect increments of \$25,000, not to exceed the lesser of five times the CFPB basic coverage amount (rounded to the next higher \$25,000) or \$300,000.
Spouse/Domestic Partner	You must elect CFPB basic coverage to elect this benefit. You may then choose from two levels (up to a \$300,000 limit): <ul style="list-style-type: none"> • 50% of the employee’s basic amount • 100% of the employee’s basic amount
Family	You must elect CFPB basic coverage to elect this benefit. You may then choose from five levels: <ul style="list-style-type: none"> • \$5,000 spouse/\$2,500 per child • \$10,000 spouse/\$5,000 per child • \$15,000 spouse/\$7,500 per child • \$20,000 spouse/\$10,000 per child • \$25,000 spouse/\$12,500 per child

You pay the cost of coverage through after-tax bi-weekly contributions. **This coverage may not be continued into retirement; however, you may convert to a personal, non-group policy within 31 days after separation.**

For additional program information contact CFPB_HRBenefits@cfpb.gov.

HOW TO PARTICIPATE

Within 60 days of your start date, complete and return the enrollment and beneficiary forms (see the *Benefits Enrollment Quick Reference Guide* on pages 23-24). Use the worksheet provided on pages 25-26 of this booklet to help you determine the cost of your coverage.

LIFE INSURANCE (CONT'D)

Federal Employees' Group Life Insurance (FEGLI)

BASIC LIFE

Employee	<p>One times base and geographic pay (rounded up to the next thousand) plus \$2,000.</p> <p>Eligible employees are automatically covered for Basic (at a cost of \$0.15 biweekly for each \$1,000 of coverage) as of the date of employment unless coverage is waived.</p>
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SUPPLEMENTAL LIFE

Employee	<ul style="list-style-type: none"> Option A: Provides \$10,000 of coverage Option B: Additional is equal to one, two, three, four or five times your annual base pay rounded up to the next thousand
Spouse/Family	<ul style="list-style-type: none"> Option C: Available in multiples of one to five; each multiple provides \$5,000 coverage for your spouse and \$2,500 coverage for each eligible dependent child

If you waive Basic coverage altogether or elect Basic but no other optional coverage during the first 60 days in which you may enroll, you will generally have to wait one year and take a physical examination, or wait for a special event (such as marriage or the birth of a child) to elect additional coverage. Transferring to another federal agency is **not** a qualifying life event that would allow you to re-enroll in FEGLI.

For assistance in determining the appropriate amount of life insurance coverage, as well as the cost, that meets your personal goals use the FEGLI calculator at www.opm.gov/calculator/worksheet.asp.

HOW TO PARTICIPATE

Within 60 days of your start date, complete and return form SF 2817 to the CFPB Benefits Team.

24-HOUR PERSONAL ACCIDENT INSURANCE

CFPB offers **24-Hour Personal Accident Insurance**, also insured by MetLife. This coverage provides additional coverage in the event you or your family (including domestic partners and children of domestic partners) experience a loss as a result of an accident – examples include full or partial loss of the use of a limb, vision impairment or death. You may select from an Employee-Only Plan or Employee and Family Plan.

24-HOUR PERSONAL ACCIDENT

Employee-Only	\$50,000 to \$250,000 of coverage in units of \$25,000; amounts above \$250,000 may be selected in units of \$50,000 up to a maximum of \$500,000.
Employee and Family	\$50,000 to \$250,000 of coverage in units of \$25,000; amounts above \$250,000 may be selected in units of \$50,000 up to a maximum of \$500,000.

Your benefit amount cannot exceed the lesser of 10 times your base annual salary or \$500,000.

The **Employee and Family** option covers you at 100%; the amount of family member coverage will depend on whether it is covering a spouse/domestic partner and child(ren), employee and spouse/domestic partner only, or employee and child(ren) only. If the family includes:

- *Employee, spouse/domestic partner and child(ren)*: the spouse benefit is 60% of the employee amount and the child(ren) benefit is 20% of the employee amount.
- *Employee and spouse/domestic partner only*: the spouse benefit will be 70% of the employee amount.
- *Employee and child(ren) only*: the child benefit would be 25% of the employee amount.

This coverage may not be carried with you after you leave CFPB or continued into retirement. For additional program information contact CFPB_HRBenefits@cfpb.gov.

HOW TO PARTICIPATE

Within 60 days of your start date, complete and return the enrollment and beneficiary forms to the Benefits Team (see the *Benefits Enrollment Quick Reference Guide* on pages 23-24). Use the worksheet provided on pages 25-30 of this booklet to help you determine the cost of your coverage.

BUSINESS TRAVEL ACCIDENT INSURANCE

CFPB provides **Business Travel Accident (BTA)** coverage. This benefit is another kind of accidental death and dismemberment insurance that provides coverage while you are traveling on CFPB business. CFPB pays the full premium (no employee contribution), and *you are automatically covered* by this benefit. The full benefit amount is four times annual pay with a minimum of \$50,000 and a maximum of \$1,000,000; lesser amounts are paid out in the event of a partial loss (examples include full or partial loss of the use of a limb, vision impairment or death). This coverage also includes prospective employees, authorized guests, spouses, domestic partners, and children who are accompanying you. **This coverage may not be carried with you after you leave CFPB or continued into retirement.**

HOW TO PARTICIPATE

You will be automatically enrolled in this 100% CFPB-paid benefit.

DISABILITY INSURANCE

CFPB provides **Short-Term** and **Long-Term Disability** coverage insured by CIGNA. *You are automatically covered* by this benefit. Disability insurance provides coverage in the event you need to miss work for an extended period of time due to illness or injury. **CFPB pays the full premium for STD and LTD coverage (no employee contribution).**

DISABILITY

Short-Term Disability (STD)	Pays 60% of pay (up to a weekly maximum of \$3,173) for up to 12 weeks; seven-day waiting period applies before benefits begin.
Long-Term Disability (LTD)	Pays 60% of weekly pay (up to a monthly maximum of \$13,750); 90-day waiting period (duration of STD coverage) applies before benefits begin.

This coverage may not be carried with you after you leave CFPB or continued into retirement.

HOW TO PARTICIPATE

You will be automatically enrolled in this 100% CFPB-paid benefit.

LONG-TERM CARE INSURANCE

Federal Long-Term Care Insurance Program (FLTCIP) helps pay for long term care services needed to perform activities of daily living. Information is available at www.ltcfeds.com. Employees eligible for FEHB (whether or not they are actually enrolled in FEHB) are eligible to apply. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You must apply to find out if you are eligible. Qualified relatives include your spouse, same sex partner, parents, parents-in-law, stepparents and adult children; they may apply on their own, even if you do not apply or if you were denied coverage. Your premium is based on your age on the date you apply, as well as the options you select. You can find premium calculators and payment options at www.ltcfeds.com. ***If you currently participate in FLTCIP, your participation will continue.***

HOW TO PARTICIPATE

- **You may apply at any time; however, if you do so within 60 days after your date of hire, you will only need to complete the abbreviated enrollment form.** If you apply after 60 days, you will be required to complete the full underwriting version of the enrollment form. (**Note:** All qualified relatives must use the Full Underwriting Application.)
- **Apply online at www.ltcfeds.com or call 1-800-582-3337 (TTY: 1-800-843-3557).**

OTHER BENEFITS

The following additional benefits are available to **ALL CFPB employees**:

EMERGENCY BACKUP DEPENDENT CARE:	Emergency care services for children (infant through teens) and dependent adults through an extensive network of in-home and center-based providers; up to five visits per dependent each year, subject to co-pays. Please call 866-596-2505 (TTY: 800-873-1322) to use these services.
EMPLOYEE ASSISTANCE PROGRAM (EAP):	Voluntary, confidential counseling and referral service provided free of charge to you and your dependents. The EAP is available 24 hours a day, seven days a week and is staffed by professional counselors prepared to assist on a wide range of issues, including: stress and health, family and relationship, substance abuse, workplace, financial, legal and behavioral problems. Learn more at www.foh4you.com or call 866-596-2505 (TTY: 800-873-1322).
WORKLIFE4YOU:	Personalized referrals, a variety of wellness-related activities and services at discount prices, such as fitness/gym memberships, massage therapy, yoga classes, personal trainers, reflexology, and more – at no cost to you. Learn more at www.worklife4you.com .
CFPB TRANSIT SUBSIDY PROGRAM:	Transit program available to our colleagues stationed in an official CFPB Building. If you are duty stationed at your home and/or receive a subsidy to park in a garage on or near the property of the duty station, you are not eligible. This incentive program provides up to \$255 in public transit subsidy. Anyone wishing to participate in this program must complete the online application found at http://team.cfpb.local/transit .

HOW TO PARTICIPATE

The benefits listed above are available at any time. Refer to the information provided above, and contact CFPB_HRBenefits@cfpb.gov if you have additional questions.

HOW CFPB BENEFITS ARE TAXED

Tax implications for CFPB benefits (beyond Title 5) are determined by the type and value of the benefit:

- **For Dental and Vision:** The CFPB-paid premium is not taxable to you, unless you are covering your domestic partner and/or domestic partner's children. In this case, it is treated as taxable income. If elected, the fair market value of the elected domestic partner coverage, as determined by CFPB, will be included in your income as reported to the IRS on your W-2 and you will be responsible for paying all applicable taxes, such as federal, state, social security and Medicare, on the CFPB domestic partner dental and vision benefits you elect.
 - **For Life and Accident Insurance:** Your contributions, if any, for basic life coverage (if combined with FEGLI coverage) are deducted post-tax. Any amount of basic life coverage over \$50,000 is considered "imputed income" for tax purposes. Your contributions for supplemental life and 24-hour personal accident coverage are deducted post-tax.
 - **For the Domestic Partner Health Insurance Subsidy:** The subsidy is taxable income to the employees who receive it. CFPB will include the subsidy in your income as reported to the IRS on your W-2 and you will be responsible for paying all applicable taxes, such as federal, state, social security and Medicare.
 - **For the Physical Exam Program:** This is a tax-free benefit.
 - **For Automatic Coverage (STD, LTD and Business Travel Accident):** These coverages are provided to you tax free. Should you receive a benefit from either the STD or LTD policy, your disability payments will be considered taxable income for you.
- If you have questions on the individual tax implications of any of your benefits, please consult a tax advisor.

Benefits Enrollment Quick Reference Guide

HOW TO ENROLL

The benefits you elect at this time (or any) will remain in effect and roll over from plan year to plan year, unless you change them during an Open Season or due to a Qualifying Life Event (Exception: You must re-enroll each year to participate in CFPB's FSA Program).

If you wish to elect CFPB coverage outlined in this booklet, follow the steps below.

1. **Review** your benefit options and discuss your benefits coverage with your family.
2. **Decide** what elections you want to make.
3. **Visit** the CFPB Benefits page, where you can find all necessary benefits enrollment forms.
4. **Within 60 days of your start date, complete and submit the applicable enrollment forms** to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov

Note: All benefit enrollment forms can also be mailed (at employees expense) to the address below. The 60 day enrollment period does not apply to the Beneficiary Designation Forms; they can be submitted at any time.

CFPB Human Capital Benefits
Consumer Financial Protection Bureau
1700 G Street N.W,
Washington, D.C. 20552

Please note: Certain benefits require you to enroll in coverage online. See the next page for more information.

IF YOU WISH TO ELECT:

(Within 60 days of your start date)

- FEHB:** Complete form SF-2809 (available at www.opm.gov/forms) and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov.
- CFPB Dental Coverage:** Complete the Dental Enrollment Form and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov.
- CFPB Vision Coverage:** Complete the Vision Enrollment Form and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov.
- FEDVIP (Dental or Vision):** Enroll online at www.benefeds.com or call 1-877-888-3337 (TTY: 1-877-889-5680).
- Flexible Spending Account (FSA) Program:** Enroll online at www.FSAFEDS.com or call 1-877-372-3337 (TTY: 1-877-952-0450).
- CFPB Life Insurance:** Complete the Life Insurance Enrollment and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov. Complete and return **original** Beneficiary Designation Form to the CFPB Benefits Team. Beneficiary forms **must** be witnessed by two people otherwise they will not be accepted.
- FEGLI:** Complete form SF 2817 and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov.
- CFPB 24-Hour Personal Accident Insurance:** Complete the 24-Hour Personal Accident Insurance Enrollment and send to the CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov. Complete and return **original** Beneficiary Designation Form to the CFPB Benefits Team. Beneficiary forms **must** be witnessed by two people otherwise they will not be accepted.

IF YOU WISH TO DROP:

- FEDVIP (Dental/Vision) Coverage** (Must be dropped within 60 days of start date):
 1. Complete and submit the applicable CFPB vision and/or dental benefits enrollment form to the CFPB Benefits Team or email form to CFPB_HRBenefits@cfpb.gov,
 2. Email BFS at Benefits@fiscal.treasury.gov expressing your wish to cancel your current FEDVIP coverage, **and**
 3. Within two weeks, a BENEFEDS representative will contact you to confirm your wish to cancel your FEDVIP coverage.
- FEGLI (Life) Coverage:** Complete and return form SF 2817 (Life Insurance Election Federal Employees' Group Life Insurance Program) to the CFPB Benefits Team or email to CFPB_HRBenefits@cfpb.gov.

If you wish to participate in the...

- Domestic Partner Health Insurance Subsidy (DPHIS):** Complete the DPHIS Reimbursement Request Form and return to CFPB Human Capital Benefits, Consumer Financial Protection Bureau, 1700 G Street N.W, Washington, D.C. 20552, along with required documentation; there is no enrollment deadline, but reimbursement will not occur until documentation is complete (reimbursement occurs quarterly).
- Physical Exam Program (PEP):** After claiming benefits from your health plan, complete and sign a PEP Reimbursement Request and HIPAA Authorization Form and return to CFPB Benefits Team at CFPB_HRBenefits@cfpb.gov along with required documentation (there is no enrollment deadline, but reimbursement will not occur until documentation is submitted).

If you wish to cover a Domestic Partner under any of the CFPB coverage (Dental, Vision, Life, 24-Hour Personal Accident) or participate in the DPHIS, submit the CFPB Affidavit of Domestic Partnership for Benefits Coverage form to CFPB Human Capital Benefits. **You need only do this ONCE** (regardless of the number of benefits you elect). *NOTE: This documentation should NOT be returned to BFS.*

CFPB Life and Accident Insurance Rate Worksheet

This worksheet is provided to help you determine the cost of CFPB insurance coverage you may elect. Start by completing some basic information about you:

BASIC INFORMATION	
1. Your annual rate of base and geographic pay:	
2. Your present age:	
3. Do you have FEGLI coverage?	

Basic Life Insurance

CFPB offers Basic Life Insurance coverage (including AD&D) in the amount of **one (1) times your base and geographic pay (rounded up to the next thousand) plus \$2,000**. An automatic additional benefit is provided for employees under age 45.

- If you do not participate in FEGLI, this coverage is provided at no cost to you.
- If you participate in FEGLI, CFPB will pay 50% of the cost (as CFPB will also contribute to your FEGLI premium).
- You also have the option not to elect CFPB coverage (which requires no action on your part).

Additional Basic Benefit for Employees Under Age 45: The additional amount is equal to another increment of the basic life insurance amount for employees 35 and younger. For employees aged 36 and older, the additional amount reduces 10 percent a year until at age 45 the additional amount is eliminated.

DETERMINING YOUR BASIC LIFE COVERAGE AMOUNT		
Instruction	Example	Your Coverage
Your Base and Geographic Pay (rounded up to next thousand) <i>(Example: \$65,200 would round up to \$66,000)</i>	\$66,000	\$ _____
Add \$2,000	+ \$2,000	+ \$2,000
Basic Coverage	\$68,000	\$ _____
Multiply the Basic Coverage amount by the appropriate multiplication factor from the table to the right <i>(Example: Employee age 42, multiply \$68,000 by 1.3)</i>	\$88,400	
Total Basic Coverage	\$88,400	\$ _____

Additional Age-Based Benefit Rate Table

Employee's Age	Multiplication Factor
35 or under	2.0
36	1.9
37	1.8
38	1.7
39	1.6
40	1.5
41	1.4
42	1.3
43	1.2
44	1.1
45 and over	1.0

Supplemental Life Insurance

If you elect CFPB Basic Life insurance coverage, you may also elect additional CFPB coverage for yourself and/or your dependents (including domestic partners). Coverage options are as follows:

For Yourself: You may elect supplemental employee coverage in **increments of \$25,000**, not to exceed the lesser of five (5) times the basic life insurance amount (rounded to the next higher \$25,000) or \$300,000.

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000

SUPPLEMENTAL EMPLOYEE LIFE	
Your Age	Bi-Weekly Rate (per \$1,000 of coverage)
Under 35	\$0.018
35-39	\$0.024
40-44	\$0.031
45-49	\$0.047
50-54	\$0.078
55-59	\$0.131
Age 60 and older	\$0.253

You must elect CFPB Basic Life coverage if you wish to elect CFPB Supplemental Employee Life.

Supplemental Life Insurance *(continued)*

For Your Spouse/Domestic Partner: You may elect supplemental spouse/domestic partner coverage in the following amounts:

- 50% of the employee basic amount, OR
- 100% of the employee basic amount

The spouse/domestic partner coverage limit is \$300,000.

You must elect CFPB Basic Life coverage if you wish to elect CFPB Supplemental Spouse/Domestic Partner Life.

SUPPLEMENTAL SPOUSE/DOMESTIC PARTNER LIFE	
Your Age	Bi-Weekly Rate (per \$1,000 of coverage)
Under 35	\$0.023
35-39	\$0.041
40-44	\$0.046
45-49	\$0.069
50-54	\$0.106
55-59	\$0.198
Age 60 and older	\$0.586

For Your Family: You may elect supplemental family coverage from one of five options. The bi-weekly premium is a flat rate determined by the level you choose (for instance, Option #1 is one (1) times the bi-weekly rate listed, Option #2 is two (2) times the bi-weekly rate listed, and so on):

- **Option #1:** \$5,000 spouse / \$2,500 per child
- **Option #2:** \$10,000 spouse / \$5,000 per child
- **Option #3:** \$15,000 spouse / \$7,500 per child
- **Option #4:** \$20,000 spouse / \$10,000 per child
- **Option #5:** \$25,000 spouse / \$12,500 per child

SUPPLEMENTAL FAMILY LIFE					
Your Age	Bi-Weekly Rate for Selected Option				
	Option #1	Option #2	Option #3	Option #4	Option #5
Under 35	\$0.243	\$0.49	\$0.73	\$0.97	\$1.22
35-39	\$0.277	\$0.55	\$0.83	\$1.11	\$1.39
40-44	\$0.342	\$0.68	\$1.03	\$1.37	\$1.71
45-49	\$0.467	\$0.93	\$1.40	\$1.87	\$2.34
50-54	\$0.747	\$1.49	\$2.24	\$2.99	\$3.74
55-59	\$1.142	\$2.28	\$3.43	\$4.57	\$5.71
Age 60 and older	\$2.117	\$4.23	\$6.35	\$8.47	\$10.59

You must elect CFPB Basic Life coverage if you wish to elect CFPB Supplemental Family Life.

24-Hour Personal Accident Insurance

You may also elect additional accident coverage for yourself and/or your family (including domestic partners).

Coverage options are as follows (with a flat bi-weekly rate for each amount/level of coverage):

- **Employee Only:** \$50,000 to \$250,000 of coverage in units of \$25,000, and amounts above \$250,000 may be selected in units of \$50,000 up to a maximum of \$500,000.
- **Employee and Family:** \$50,000 to \$250,000 of coverage in units of \$25,000, and amounts above \$250,000 may be selected in units of \$50,000 up to a maximum of \$500,000.

24-HOUR PERSONAL ACCIDENT		
Benefit Amount	Employee-Only Bi-Weekly Rate	Family Bi-Weekly Rate
\$50,000.00	\$0.42	\$0.68
\$75,000.00	\$0.64	\$1.02
\$100,000.00	\$0.85	\$1.36
\$125,000.00	\$1.06	\$1.70
\$150,000.00	\$1.27	\$2.04
\$175,000.00	\$1.49	\$2.39
\$200,000.00	\$1.70	\$3.07
\$225,000.00	\$1.91	\$3.41
\$250,000.00	\$2.12	\$4.09
\$300,000.00	\$2.54	\$4.78
\$350,000.00	\$2.98	\$5.46
\$400,000.00	\$3.40	\$6.14
\$450,000.00	\$3.82	\$6.14
\$500,000.00	\$4.25	\$6.82

Your benefit amount cannot exceed the lesser of 10 times your base annual salary or \$500,000.

CFPB Insurance Rate Calculations

Using the rate information provided on the previous two pages, enter the applicable amounts in the table below to determine your contributions.

DETERMINING YOUR CONTRIBUTIONS			
Instruction		Example	Actual Bi-Weekly Amounts for Your Coverage
Basic Life and AD&D			
1	Enter your rate (\$0.00 if you DO NOT plan to have FEGLI coverage; \$0.03 if you plan to carry FEGLI coverage*) (Example: Employee <u>with</u> FEGLI coverage)	\$0.03	
2	Enter your coverage amount (see Determining Your Basic Life Coverage Amount earlier in worksheet) in thousands (i.e., remove last three zeros) (Example: For \$100,000 of coverage enter 100)	100	
3	Bi-weekly premium (row 1) x (row 2) (Example: Multiply \$0.03 x 100)	\$3.00	\$ _____
Supplemental Employee Life			
4	Enter your rate from the appropriate coverage table (Example: Supplemental Employee Life for employee age 36)	\$0.024	
5	Enter your desired coverage amount** (\$25,000 increments) in thousands (i.e., remove last three zeros) (Example: For \$100,000 of coverage enter 100)	100	
6	Bi-weekly premium (row 4) x (row 5) (Example: Multiply \$0.024 x 100)	\$2.40	\$ _____
Supplemental Spouse/Domestic Partner Life			
7	Enter your rate from the appropriate coverage table (Example: Supplemental Spouse/Domestic Partner Life for employee age 58)	\$0.198	
8	Enter your desired coverage*** amount based on 50% or 100% of the employee basic amount in thousands (i.e., remove last three zeros) (Example: For \$100,000 of coverage enter 100)	100	
9	Bi-weekly premium (row 7) x (row 8) (Example: Multiply \$0.198 x 100)	\$19.80	\$ _____
Family Life			
10	Enter the rate for your desired coverage from the rate table (Example: Option #4 (\$20,000 spouse / \$10,000 per child) for employee age 42)	\$1.37	
11	Bi-weekly premium (row 10) (Example: \$1.37)	\$1.37	\$ _____
24-Hour Personal Accident			
12	Enter the rate for your desired coverage from the rate table (Example: \$125,000 of Family coverage)	\$ 1.70	
13	Bi-weekly premium (row 12) (Example: \$ 1.70)	\$ 1.70	\$ _____
TOTAL BI-WEEKLY CONTRIBUTIONS FOR INSURANCE ELECTIONS			
14	Add bi-weekly premium amounts from rows 3, 6, 9, 11 and 13 (Example: \$3.00 + \$2.40 + \$19.80 + \$1.37 + \$2.13)	\$28.70	\$ _____

* If you currently have FEGLI coverage, you will need to contact BFS and cancel coverage to receive 100%-paid CFPB coverage. If this is not completed by the effective date of your CFPB coverage, contributions will be deducted from your pay at the 50% paid rate (\$.03 per \$1,000 of coverage, half of the full \$.06 premium) until the FEGLI coverage is cancelled. This worksheet does **not** include FEGLI premium contributions.

** \$25,000 increments, not to exceed the lesser of five (5) times the basic life insurance amount (rounded to the next higher \$25,000) or \$300,000.

*** Not to exceed \$300,000.

Federal Employee Group Life Insurance (FEGLI) Rate Worksheet

FEGLI Basic Life Insurance

FEGLI offers Basic Life Insurance coverage (including AD&D) in the amount of **one (1) times your base and geographic pay (rounded up to the next thousand) plus \$2,000**. An automatic additional benefit is provided for employees under age 45.

- Eligible employees new to the Federal Government have been automatically enrolled in FEGLI at the basic amount.
- If you do not wish to participate in FEGLI, you must complete a waiver to cancel your coverage.

Additional Basic Benefit for Employees Under Age 45: The additional amount is equal to another increment of the basic life insurance amount for employees 35 and younger. For employees aged 36 and older, the additional amount reduces 10 percent a year until at age 45 the additional amount is eliminated.

FEGLI Supplemental Life Insurance

If you elect /keep your FEGLI coverage, you may also elect additional FEGLI coverage for yourself and/or your dependents. Coverage options are as follows:

Option A: Insures your life for \$10,000.

Option B: Insures your life for 1, 2, 3, 4, or 5 multiples of your annual rate of basic pay rounded up to the next even \$1,000.

Option C: Insures the lives of your spouse and eligible dependent children. It comes in 1, 2, 3, 4, or 5 multiples of coverage. Each multiple is equal to \$5,000 for a spouse and \$2,500 for each eligible dependent child.

The rates for FEGLI coverage are outlined below:

FEDERAL EMPLOYEE GROUP LIFE INSURANCE RATES					
Your Age	Basic Life	Option A – Standard	Option B – Additional	Option C – Family	
	Bi-Weekly Rate (per \$1,000 of coverage)	Bi-Weekly Rate (per \$1,000 of coverage)	Bi-Weekly Rate (per \$1,000 of coverage)	Bi-Weekly Rate (per multiple)	
Under 35	\$0.15	\$0.30	\$0.03	\$0.27	
35-39		\$0.40	\$0.04	\$0.34	
40-44		\$0.60	\$0.06	\$0.46	
45-49		\$0.90	\$0.09	\$0.60	
50-54		\$1.40	\$0.14	\$0.90	
55-59		\$2.70	\$0.28	\$1.45	
60-64		\$6.00		\$0.60	\$2.60
65-69				\$0.72	\$3.00
70-74				\$1.20	\$3.40
75-79				\$1.80	\$4.50
80 and over				\$2.40	\$6.00

FEGLI Rate Calculations

Using the rate information provided on the previous page, enter the applicable amounts in the table below to determine your FEGLI contributions.

DETERMINING YOUR FEGLI CONTRIBUTIONS		
Instruction	Example	Actual Bi-Weekly Amounts for Your Coverage
Basic Life and AD&D		
1	Enter your rate (All Federal employees currently pay 15 cents per thousand dollars of Basic coverage)	\$0.15
2	Enter your coverage amount (see <i>Determining Your Basic Life Coverage Amount</i> earlier in worksheet) in thousands (i.e., remove last three zeros) (Example: For \$100,000 of coverage enter 100)	100
3	Bi-weekly premium (row 1) x (row 2) (Example: Multiply \$0.15 x 100)	\$15.00
Option A - Standard		
4	Enter your rate from the appropriate coverage table (Example: <i>Option A - Standard for employee age 36</i>)	\$0.40
5	Bi-weekly premium (row 4) (Example: \$0.40)	\$0.40
Option B – Additional		
6	Enter your rate per \$1,000 of coverage from the appropriate coverage table (Example: <i>Option B – Additional for employee age 58</i>)	\$0.28
7	Enter your desired coverage amount equal to one, two, three, four or five times your annual basic pay (after rounding up to the next \$1,000)	3
8	Multiply desired coverage amount by basic coverage amount (Example: <i>three times your annual basic pay of \$100,000</i>)	300
9	Bi-weekly premium (row 6) x (row 8) (Example: Multiply \$0.28 x 300)	\$84.00
Option C – Family		
10	Enter the rate for your desired coverage from the rate table (Example: <i>Option C – Additional for employee age 43</i>)	\$0.46
11	Enter your desired coverage amount of one, two, three, four or five times. Each multiple is equal to \$5,000.00 for your spouse, and \$2,500.00 for each of your eligible children	4
12	Bi-weekly premium (row 10) x (row 11) (Example: \$0.46 x 4)	\$1.84
TOTAL BI-WEEKLY CONTRIBUTIONS FOR INSURANCE ELECTIONS		
13	Add bi-weekly premium amounts from rows 3, 5, 9, and 12 (Example: \$15.00 + \$0.40 + \$84.00 + \$1.68)	\$101.24

RETIREMENT BENEFITS

The retirement benefits that we offer our colleagues vary based on whether your appointment allows coverage under a retirement plan other than Social Security and whether you have prior Federal retirement plan participation. Generally, individuals who are placed into an appointment that is originally scheduled to last for more than one year are eligible for coverage under a Federal retirement plan.

Your Retirement and Thrift Plan

If you are without prior Federal Reserve System (FRS) retirement plan participation, you are automatically enrolled in the Federal Reserve Bank Plan for Board Employees (Bank Plan) and Federal Reserve Thrift Plan (FRS Thrift Plan). Within two weeks of your date of hire, you will receive a Smart Benefits retirement packet at your home address with instructions for how to access and manage your retirement benefits online (*you will use your HR Connect log in information to access the website for the first time*). See page 4 for information on accessing HR Connect.

If you were covered by a FRS retirement plan and have never been covered by the Federal Employees Retirement System (FERS) or the Civil Service Retirement System (CSRS or CSRS Offset), you are automatically enrolled in the appropriate FRS Retirement Plan and the FRS Thrift Plan. If you have an active Smart Benefits retirement account, continue to use that account to access and manage your retirement benefits.

If you have prior participation under FERS, CSRS or CSRS Offset, (even if you have been covered under a FRS retirement plan), you will initially be placed in FERS, CSRS or CSRS Offset (as appropriate) and the Thrift Savings Plan (TSP). However, you will be given an option to stay in your assigned plan or make a new retirement and thrift plan election into the appropriate FRS Retirement Plan and the FRS Thrift Plan.

Once your service date for retirement has been verified and it is determined that you have an election choice, you will receive resources about your retirement and thrift plan choice to help you make your decision including your retirement program choice *Plan Comparison* (previously known as *Quick Facts*) which provides a comparison of your plan options and *Your Personalized Retirement Benefit Choice Statement*. **You must make your retirement and thrift plan election within 30 days of receipt of *Your Personalized Retirement Benefit Choice Statement*.**

Just like your health care and other benefits, we encourage you to take time to learn how your retirement benefits work so you can get the most value from them for you and your family, now and into the future.

QUESTIONS

If you have questions about your assigned retirement program, the choice you may have or how it affects you, please email CFPB_HRBenefits@cfpb.gov. You may also wish to discuss your retirement planning with a financial advisor who can help you meet your goals.

How to Learn More

TOPIC / RESOURCE	CONTACT	HOW TO REACH
General		
Pay Statement/Statement of Earnings and Leave Accuracy	BFS Processing Representative	304-480-8276; CFPBHRProcessing@fiscal.treasury.gov
Payroll and Leave Inquiries	BFS Pay and Leave Representative	304-480-8400; Payroll@fiscal.treasury.gov
HR Systems (webTA, HR Connect)	BFS HR Systems Help Desk	304-480-8000, option 4; HRSystems@fiscal.treasury.gov
Employee Personal Page (EPP)	Employee Personal Page	www.nfc.usda.gov/personal
Health & Welfare Benefits – General Information	Administrative Resource Center (BFS/ARC) Benefits Representative	304-480-8275; Benefits@fiscal.treasury.gov Benefits wiki Page: http://team.cfpb.local/wiki/index.php/Benefits
CFPB Dental (MetLife)	MetLife	1-800-942-0854; www.metlife.com/mybenefits
CFPB Vision (MetLife)	MetLife	1-855-638-3931; www.metlife.com/mybenefits
CFPB Life and 24-Hour Personal Accident (MetLife)	CFPB Human Capital (Benefits)	CFPB_HRBenefits@cfpb.gov or your Human Capital Customer Consultant
CFPB Short- and Long-Term Disability (CIGNA)	CFPB Human Capital (Benefits)	CFPB_HRBenefits@cfpb.gov or your Human Capital Customer Consultant
Flexible Spending Account Program	FSAFEDS	(877) 372-3337 www.FSAFEDS.com
Domestic Partner Health Insurance Subsidy, Physical Exam Program, other benefits	CFPB Human Capital (Benefits)	CFPB_HRBenefits@cfpb.gov
Title 5 Benefits – FEHB, FEDVIP, FEGLI and FLCIP	Administrative Resource Center (BFS/ARC) Benefits Representative	304-480-8275; Benefits@fiscal.treasury.gov Benefits wiki Page: http://team.cfpb.local/wiki/index.php/Benefits
Employee Assistance Program (EAP) and WorkLife4You	Federal Occupational Health (FOH)	866-596-2505 (TTY: 800-873-1322)
Back-up Care Connection	WorkLife4You	866-596-2505 (TTY: 800-873-1322); www.worklife4you.com
Health Club Discount	CFPB Human Capital (Benefits)	CFPB_HRBenefits@cfpb.gov
CFPB Transit Subsidy Program	CFPB Facilities	CFPB_TransitSubsidy@cfpb.gov
Retirement/Thrift Benefits	CFPB Human Capital (Benefits)	CFPB_HRBenefits@cfpb.gov

This booklet highlights the key features of the CFPB compensation and benefits program but does not include every detail about its plans. Full details are provided in the official plan documents, the terms of which will always govern. Nothing contained in any of these summaries creates an expressed or implied contract with any employee or other individual regarding employment or any benefits associated with employment or retirement. CFPB reserves the right to change or discontinue any of the benefit plans at any time.