JOINT READINESS TRAINING CENTER AND FORT POLK
CIVILIAN PERSONNEL ADVISORY CENTER
FORT POLK, LOUISIANA 71459-5341

"A Return to Prominence – One Satisfied Customer at a Time"

CPAC INFORMATION BULLETIN
NUMBER 144 **February 2012**

Blue Cross/Blue Shield Visit

Thursday, 1 March 2012
1100 – 1300 hrs
Civilian Personnel Advisory Center (CPAC)
BLDG 3304, 2271 Louisiana Avenue
(Across the street from Burger King)

A representative will be available to discuss your insurance needs and questions. No appointment is needed.

NOTE: This is not Open Season!

Retirement

What do I need to know when I retire?

You should not need to take any action with your FEDVIP plan when you retire. Most payroll offices inform BENEFEDS when an employee retires. You will receive a letter informing you that BENEFEDS has been notified of your retirement and that your FEDVIP plan premiums will be deducted from your annuity once adjudication has been finalized. If you do not receive this letter soon after your last pay period before retirement, please contact BENEFEDS Customer Service.

During adjudication, you may receive direct bills for your premium. You need to pay premiums directly during this time in order to keep your coverage active. If this is the case, you will be sent a letter informing you about the direct bill process. For more information about direct bills, click here.

Can I cancel my FEDVIP enrollment when I retire from the Federal government or the U.S. Postal Service?

No. Upon retirement, your FEDVIP enrollment will automatically continue and payroll deductions will be collected through your annuity. There is not an opportunity to cancel your FEDVIP coverage.

Why has my FEDVIP premium increased upon my retirement?

Your premium deductions have not increased, but the frequency of deductions is only 12 per year versus 24 or 26. As a Federal employee or a U.S. Postal Service employee, you paid your FEDVIP premiums bi-weekly or semi-monthly. Annuitants pay their premiums on a monthly basis.

Example:

FEDVIP Vision Carrier - Self Plus One plan		
Pay Period	***Pay Period Premium***	***Annual Premium Amount***
Bi-Weekly	*$5.00*	*$130.00*
Semi-Monthly	*$5.42*	*$130.00*
Monthly	*$10.83*	*$130.00*

A Federal employee, who was paid bi-weekly and enrolled in a FEDVIP Self Plus One vision plan, was paying $5.00 for their premiums. When they retire they now receive their annuity only once a month, so rather

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than paying for their FEDVIP premium every two weeks, they are only paying once a month which caused the premium to increase to $10.83. They went from 26 pay periods a year to 12 pay periods a year, which causes the premium deduction amount to increase, but they only pay it 12 times a year.

I received notification that my annuity has been finalized and I also received a direct bill. Should I pay the direct bill?

Anytime you receive a direct bill for your FEDVIP premiums, it is important to pay it in order to keep your coverage active. For more information about direct bills, click here.

Tuesday, 14 February 2012

$$ PAY CORNER $$

myPay

Control Your Pay With myPay!

Click on MyPay Key above to be linked to the MyPay System

Or

Type into your browser:
https://mypay.dfas.mil/mypay.aspx

myPay Goes Mobile!

DFAS has announced that many myPay on-line services can now be accessed from mobile devices with a built in web browser such as Android, BlackBerry, iPhone, or other Smartphone, or iPod touch device.

Simply visit https://myPay.dfas.mil and start accessing your account anytime, anywhere!

THRIFT SAVINGS PLAN

Interfund Transfers (IFTs)

Redistributing the Money in Your TSP Account

The money that is in your TSP account right now is invested in one or more of the individual funds (G, F, C, S, and I) and/or L (Lifecycle) Funds. If you want to change how that money is distributed within your account, you can do this by requesting an interfund transfer (IFT).

An IFT allows you to redistribute all or part of your existing TSP account among the different TSP funds. An IFT does not affect the investment of future deposits into your TSP account. To direct new money coming into your account, visit Contribution Allocations.

Making an Interfund Transfer (IFT)

There are several ways that you can make an IFT.

Online

Visit My Account: Interfund Transfers. You will need your account number (or user ID) and your 8-digit password.

Telephone

Call the ThriftLine. You will need your TSP account number and your 4-digit Personal Identification Number (PIN).

When Do Interfund Transfers Take Effect?

Online and Telephone

IFTs made on the TSP website or the ThriftLine before 12 noon Eastern time are generally processed as of that

business day. Requests made after 12 noon Eastern time are generally processed the next business day.

Interfund Transfer Limits

You can make an IFT at any time, but there are some important limitations:

- The first two IFTs of any calendar month may redistribute money in your account among any or all of the TSP funds, including moving your entire balance into the Government Securities Investment (G) Fund.
- Subsequent IFTs in the same calendar month can only move money into the Government Securities Investment (G) Fund.

If you have both a civilian and a uniformed services account, these rules apply to each account separately.

Your IFT counts in the calendar month it's processed, not in the month you submit it.

TSP RATES OF RETURN

Rates of Return were updated on February 1, 2012

(**Figures in parenthesis indicate a negative return**)

****

	G Fund	F Fund	C Fund	S Fund	I Fund
Jan 2012	**0.13%**	**0.88%**	**4.50%**	**7.59%**	**5.36%**
Last 12 Months	**2.34%**	**8.70%**	**4.24%**	**2.68%**	**(9.27%)**

(02/01/2011 - 01/31/2012)

*The G, F, C, S, and I Fund returns for the last 12 months assume unchanging balances (time-weighting) from month to month, and assume that earnings are compounded on a monthly basis.

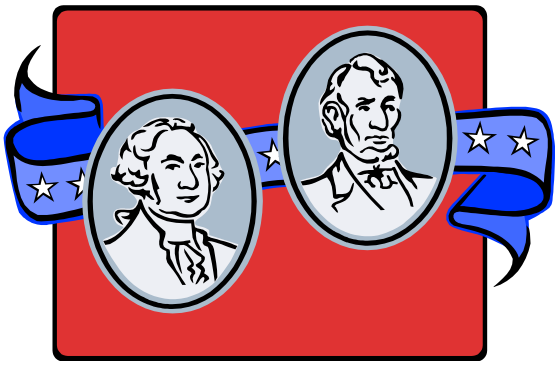
	L Income	L 2020	L 2030	L 2040	L 2050
Jan 2012	**1.18%**	**3.03%**	**3.77%**	**4.34%**	**4.87%**
Last 12 Months	**2.78%**	**2.08%**	**1.85%**	**1.57%**	**0.88%**

(02/01/2011 - 01/31/2012)

*The monthly G, F, C, S, and I fund returns represent the change in their respective share prices for the month. The changes in share prices reflect net earnings after accrued TSP administrative expenses have been deducted. The F, C, S, and I fund share prices also reflect the deduction of trading costs and accrued investment management fees.

The TSP is a retirement savings plan for civilian federal employees. The monthly G, F, C, S, and I Fund returns represent the actual total rates used to allocate monthly earnings to participant accounts. Allocations are usually completed by the fourth business day of the month. The returns are shown after deduction of accrued TSP administrative expenses. The F, C, S, and I Fund returns also reflect the deduction of trading costs and accrued investment management fees.

The TSP performance history for the past 12 months can be accessed through the following link:
http://www.tsp.gov/curinfo/annuity_history.html



"No man will ever bring out of the Presidency the reputation which carries him into it."
~Thomas Jefferson, letter, 1796~

President's Day
Monday, 20 February 2012

FEHB FAQ

Q: My child will turn age 26 this year but she is disabled and incapable of self support. Can I continue to cover her under my FEHB enrollment?

A: Your child age 26 or over who is incapable of self-support because of a disability that existed before age 26

may be eligible for coverage under your FEHB enrollment. For more information, please see the FEHB Handbook for Enrollees and Employing Offices.

Q: When does an adopted or foster child's FEHB coverage stop?

A: For an adopted child, FEHB coverage ends when the child reaches age 26. Health benefits can continue after age 26 if the child is incapable of self-support because of a mental or physical disability that existed before age 26. Contact your employing office for information on how to continue coverage in such cases.

For a foster child, health benefits stop when any one of the following requirements is no longer met:

- the child must be under age 26 (if the child is over age 26, he/she must be incapable of self support due to a disability that existed before age 26);
- the child must currently live with you;
- the parent-child relationship must be with you, not the child's biological parent;
- you must currently be the primary source of financial support for the child; and
- you must expect to raise the child to adulthood.

Q: Can my grandchild be covered by my FEHB Self and Family enrollment?

A: Your grandchild may be eligible for FEHB coverage if he/she meets the eligibility requirements for foster children. These requirements are:

- the child must be under age 26 (if the child is over age 26, he/she must be incapable of self support due to a disability that existed before age 26);
- the child must currently live with you;
- the parent-child relationship must be with you, not the child's biological parent;
- you must currently be the primary source of financial support for the child; and
- you must expect to raise the child to adulthood.

For your grandchild to be covered under your FEHB enrollment, you must sign a certification stating that your grandchild meets all the requirements and that you will notify your employing office if the child moves out of the home or stops being financially dependent on you. You submit this certification to your employing office for their determination that your grandchild meets these requirements. Your employing office will then notify your FEHB plan that your grandchild should be added to your enrollment.

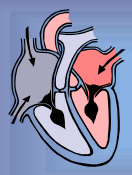
HOLIDAY/LIBERAL LEAVE SCHEDULE FOR FY 2012

DAY/DATE	HOLIDAY	Training/Liberal Leave Day
Monday, 10 October 11	Columbus Day	Friday, 7 Oct *
Friday, 11 November 11	Veterans Day	Monday, 14 Nov*
Thursday, 24 November 11	Thanksgiving Day	Friday, 25 Nov *
Monday, 26 December 11	Christmas	Friday, 23 Dec*
Monday, January 2, 2012	New Year's Day	Friday, 30 Dec*
Monday, January 16, 2012	Birthday of Martin Luther King, Jr.	Friday, 13 Jan*
Monday, February 20, 2012	Washington's Birthday	Friday, 17 Feb*
Monday, May 28, 2012	Memorial Day	Friday, 25 May*
Wednesday, July 4, 2012	Independence Day	NONE DESIGNATED
Monday, September 3, 2012	Labor Day	Friday, 31 Aug*
		*DESIGNATES TRAINING HOLIDAY FOR MEDDAC

BRAIN TEASER

What can fill a room, but takes up no space? What is it?

Answer on page 8



EMPLOYEE WELLNESS

Take steps to reduce heart risks

February is American Heart Month -- a time to reflect on the sobering fact that heart disease remains the number one killer of both women and men in the United States. The good news is you have the power to protect and improve your heart health.

NIH and other government agencies have been working to advance our understanding of heart disease so that people

can live longer, healthier lives. Research has found that you can lower your risk for heart disease simply by adopting sensible health habits

To protect your heart, the first step is to learn your own personal risk factors for heart disease. Risk factors are conditions or habits that make you more likely to develop a disease. Risk factors can also increase the chances that an existing disease will get worse.

Certain risk factors -- like getting older or having a family history of heart disease -- can't be changed. But you do have control over some important risk factors such as high blood cholesterol, high blood pressure, smoking, excess weight, diabetes and physical inactivity. Many people have more than one risk factor. To safeguard your heart, it's best to lower or eliminate as many as you can because they tend to "gang up" and worsen each other's effects.

A large NIH-supported study published recently underscores the importance of managing your risk factors. Scientists found that middle-aged adults with one or more elevated risk factors, such as high blood pressure, were much more likely to have a heart attack or other major heart-related event during their remaining lifetime than people with optimal levels of risk factors.

"For example, women with at least 2 major risk factors were 3 times as likely to die from cardiovascular disease as women with none or 1 risk factor," says Dr. Susan B. Shurin, acting director of NIH's National Heart, Lung and Blood Institute. "You can and should make a difference in your heart health by understanding and addressing your personal risk."

To tackle your heart risk factors, it helps to know your numbers. Ask your health care provider to measure your blood cholesterol and blood pressure. Then determine if your weight is in the healthy range.

The higher your cholesterol level, the greater your risk for heart disease or heart attack. High blood cholesterol itself doesn't cause symptoms, so you can't know if your cholesterol is too high unless you have it tested. Routine blood tests can show your overall cholesterol level and separate levels of LDL ("bad") cholesterol, HDL ("good") cholesterol and triglycerides. All of these blood measurements are linked to your heart health.

High blood pressure (hypertension) is another major risk factor for heart disease, as well as for stroke. High blood pressure is often called the "silent killer" because, like high cholesterol, it usually has no symptoms. Blood pressure is always reported as 2 numbers, and any numbers above 120/80 mmHg raise your risk of heart disease and stroke.

"Scientific evidence is strong that controlling high blood cholesterol and high blood pressure prevents cardiac events such as heart attacks," says Dr. Michael Lauer, a heart disease specialist at NIH.

Your weight is another important number to know. To find out if you need to lose weight to reduce your risk of heart disease, you'll need to calculate your body mass index (BMI, a ratio of weight to height). This NIH web page can help: www.nhlbisupport.com/bmi/bmicalc.htm. A BMI between 25 and 29.9 means that you're overweight, while a BMI of 30 or higher means obesity.

Next, take out a tape measure. A waist measurement of more than 35 inches for women and 40 inches for men raises the risk of heart disease and other serious health conditions. Fortunately, even a small weight loss (between 5 percent and 10 percent of your current weight) can help lower your risk.

NIH has many tools available to help you aim for a healthy weight, including physical activity tips and a menu planner. To learn more, visit healthyweight.nhlbi.nih.gov.

A heart-healthy diet includes a variety of fruits, vegetables and whole grains, as well as lean meats, poultry, fish, beans and fat-free or low-fat dairy products. Try to avoid saturated fat, trans fat, cholesterol, sodium (salt) and added sugar.

NIH's Therapeutic Lifestyle Changes (TLC) and Dietary Approaches to Stop Hypertension (DASH) diets both promote healthy eating. *U.S. News & World Report* named TLC and DASH the top 2 overall diets for 2012.

Regular physical activity is another powerful way to reduce your risk of heart-related problems and enjoy a host of other health benefits. To make physical activity a pleasure rather than a chore, choose activities you enjoy. Take a brisk walk, play ball, lift light weights, dance or garden. Even taking the stairs instead of an elevator can make a difference.

"At least 2 and a half hours a week of moderate-intensity physical activity can lower your risk of heart disease, stroke, hypertension and diabetes -- a winner on multiple counts," says Dr. Diane Bild, a cardiovascular epidemiologist at NIH.

If you have diabetes, it's important to keep your blood sugar, or glucose, under control. About two-thirds of people with diabetes die of heart or blood vessel disease. If you're at risk for diabetes, modest changes in diet and level of physical activity can often prevent or delay its development.

If you happen to be a smoker, the best thing you can do for your heart is stop. People who smoke are up to 6 times more likely to suffer a heart attack than nonsmokers. The risk of heart attack increases with the number of cigarettes smoked each day.

The good news is that quitting smoking will immediately begin to reduce your risk, and the benefit in reduced risk will continue to increase over time. Just one year after you stop smoking, your risk will have dropped by more than half.

Beyond controlling your risk factors, you should be alert to certain symptoms and get checked by a doctor. Common signals that something's wrong with your heart include angina -- pain in the chest, shoulders, arms, neck, jaw or back -- as well as shortness of breath, irregular heartbeat or palpitations (arrhythmia) and fatigue.

Be aware that the symptoms of a heart attack can vary from person to person. If you've already had a heart attack, your symptoms may not be the same if you have another one.

Finally, don't forget that you can influence your loved ones' heart health by setting an example. Do you have children, grandchildren or other young people who look up to you? If you follow a heart-healthy lifestyle, it's more likely that they will, too. Because heart disease begins in childhood, one of the best things you can do for those you love is to help children build strong bodies and healthy habits.

The bottom line is, it's never too late to take steps to protect your heart. It's also never too early. Start today to keep your heart strong. Talk to your doctor about your risk and to create an action plan. Love your heart.

When you reach the end of your rope, tie a knot in it and hang on.

~ Thomas Jefferson ~

Know How To Recover From A Skid

What's the best way not to get into a skid? Avoid it in the first place! One of the best ways to avoid trouble on the road (not just skids) is to drive smoothly. True professionals drive so seamlessly that you do not feel anything when they shift, turn, or brake. Plan ahead, watch carefully, and slow down, especially if you are unfamiliar with the road. Skids almost always happen because the vehicle was running too fast for conditions.

Be careful when conditions might be slippery, as this is when most skids occur. But no matter what the road's surface condition is, skids are caused by driver error. Try to turn too sharply, enter a turn too quickly, or use excessive acceleration or braking, and you'll get the chance to practice skids! Keep your brakes maintained and properly adjusted, because a lateral imbalance in your brakes can cause or aggravate a skid.

There are two common types of skids. "Oversteer" (or fishtailing) occurs when your front wheels are taking a shorter path than desired and the rear-end breaks loose and fishtails. This is the result of power and side forces causing loss of traction on the rear wheels; there is too much power applied for the existing steering input and the resulting side forces cause the rear wheels to break free, often as a result of trying to accelerate out of a turn. "Understeer" (or plowing) occurs when you have too much steering input for the power you are applying (too sharp an angle between the tires and the direction of motion), and the front wheels skid ahead as a result.

Professional driving instructors advise a new way of teaching skid recovery, instead of the old rule, which was, "Turn into the skid." They say this "new" way is more understandable to non-professionals, but either way, they adamantly say the result is the same. This change was

made because many folks didn't clearly understand what "turn into the skid" means.

If you find yourself in an over-steer skid, first thing to do is get off the gas, keep your foot off the brakes, or smoothly release brake pressure if already applied, and if you are driving a standard shift vehicle, disengage the clutch. Quickly turn the steering wheel in the direction you want the front of the car to go (down the road). Specifically, this means align your tires with the direction of your intended travel. As your vehicle turns back in the correct direction, you must then counter steer in time to stop the turning and stay on your desired path. If you do not do this promptly, the vehicle will continue to turn past your intended direction, and you may then skid in that direction. You may have to counter-steer more than once to get things under control.

[Editor's Note: There are two situations where the previous techniques could actually make the skid recovery more difficult. When you are driving either a front-wheel drive vehicle or a rear-wheel drive with the four-wheel drive engaged, a quick reduction on the accelerator can cause a result in a loss of control that mimics what happens when the brake pedal is depressed -- namely, the front wheels are slowed faster than the rear wheels increasing the over-steer skid problem. What is generally recommended is to place the vehicle into neutral (or depress the clutch) to allow the front wheels to coast as the vehicle is turned in the direction described above. My own experience is that control is much easier to reacquire by applying a steady pressure on the gas pedal as one "drives" out of the skid, but this assumes that the driver was traveling an appropriately slow speed to begin with.]

For an under-steer skid, slightly reduce your steering input while slowing (without heavy braking) so you'll regain your directional control as the tires again grip the road surface. In this skid, the critical issue is to reduce speed so that you can regain a grip on the road and complete your turn. Even just a slight decrease in steering input, combined with the reduction in speed, may be enough to stop the skid from progressing.

These techniques are something you need to practice. If there are any high performance driving schools in your area, take advantage of the "safety" course they offer and you'll get the opportunity to practice skid recovery under safe, controlled conditions. You'll have a better idea of what to do, and a better idea of your own capabilities behind the wheel. I guarantee you will be a safer driver.

http://www.roadtripamerica.com/forum/content.php?38-Defensive-Driving-Rule-30-Know-How-To-Recover-From-A-Skid

Did You Know?

About 1 billion Valentine's Day cards are exchanged in US each year. That's the largest seasonal card-sending occasion of the year, next to Christmas.

In order of popularity, Valentine's Day cards are given to teachers, children, mothers, wives, sweethearts and pets.

Women purchase 85% of all valentines.

73% of people who buy flowers for Valentine's Day are men, while only 27 percent are women.

In the Middle Ages, young men and women drew names from a bowl to see who their valentines would be. They would wear these names on their sleeves for one week. To wear your heart on your sleeve now means that it is easy for other people to know how you are feeling.

February 2012 On Cyber Patrol

SIPRNet SmartCard is a Cyber Security Touchdown

There probably isn't a Soldier, Civilian, or Contractor within the Army who isn't familiar with the CAC cards used to access our information systems.

However, for SIPRNet access, the Army still requires that you memorize a username and password. This leads to people writing down hints and reminders of their password, and covertly stashing them around their workspace. To this end, the Army may have scored a proverbial touchdown by creating SIPRNet smart card tokens to be used in place of the username and password.

Unlike your CAC card, this smartcard will not require a DMV style picture to go on the front of it. Though it does have a smart chip inside to identify you, and uses a Personal Identification Number (PIN) to allow access to the SIPRNet system. There will no longer be a need to remember a username and lengthy password for a system that some people only use often enough to "almost" remember the password.

Within each card is a chip that contains three digital certificates; signing, encrypting, and digital signature all used for authenticating to the SIPRNet, signing and encrypting email, and connecting to secure websites. This information is encrypted on the card, so a lost card doesn't mean a user's identity and data are compromised. A user must use the correct PIN with the card in order to gain access to Army SIPRNet applications or the network. This double layer of security uses something you have (the SIPRNet token card), and something you know (your PIN), to get through the security and onto the SIPRNet. To accommodate this initiative, special software and card readers are being added to all Army SIPR boxes to allow access only by authorized card and PIN combinations.

Though the SIPRNet smart card is unclassified and can be taken home with you at the end of the day, the usual security measures still apply. You shouldn't leave your SIPRNet smart card lying around unattended just like you wouldn't leave your credit card in a restaurant. .

While it might seem like a new CAC card, your existing CAC card and your new SIPRNet smartcard are as distinctly different from each other as the network and systems they belong to. As such, you should never use one card in the information system for a system it does not belong to.

The new SIPRNet smart cards will increase the level of security and reduce the risk of compromise, making it significantly more difficult for our adversaries to compromise the SIPRNet; while allowing the Army to create a defensive line that keeps our people and information secure.

BRAIN TEASER ANSWER

Light

ARTICLES FOR BULLETIN

If you have any suggestions on topics or issues that you would like addressed in future bulletins, please call **531-1847.**

Suggestions will be reviewed and addressed if at all possible.

// original signed//
DONALD R. MALLET
Director, Civilian Personnel Advisory Center