

S.O.S. NEWSLETTER

SERVICE OFFICERS FOR SERVICE

SERVICE OFFICER NEWSLETTER

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EDITORS COMMENTS

Here we are at the end of the year. Can you identify your accomplishments? If you can, you have had a productive year. If you can't you should examine your mindset and current mental stage. Are you involved in outside activities, exercise or volunteering activities? Each will help you maintain a good outlook on life. Providing service or assistance to others has made me a better person and fortunately kept me thinking clearly and positively.

Service Officers should continue making their presence known at regular NARFE Chapter meetings. Make sure your members know of the services you can provide.

*Mary Venerable
Chair, Service Committee*

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NARFE SERVICE CENTERS IN STATE OF CALIFORNIA

1 - CSFC District III, NARFE Service Center, Residence – 12736 Hideaway Lake Rd., Valley Center, CA. (909) 437-3250 – Vaudis Pennell - By Appointment, quovau@sbcglobal.net
4 - CSFC District VII, NARFE Service Center, Vallejo, Ca. (707) 552-2546 Gordon Triemert, - By Phone – 946 Heartwood Ave., Vallejo, CA 94591 jay94591@yahoo.com
8 -- District VI, Anne Kehoe, (916) 489-6991
Service calls on Mondays only from 9 a.m. to Noon.
#12 – CSFC District 1, Oceanside Senior Center, 455 Country Club Lane, Oceanside, CA. 92054 – (760)-

499-8933 Marcy Rose, (760) 722-5309 By Phone or Appt. marcyrose@aol.com

#21 – CSFC District I, Service by phone (619) 460-7992 – William Doll – after 9 a.m.

imadoll@earthlink.net

#35 – CSFC District IX, Residence of JoAnne Rowles 3916 Marilyn Place, Bakersfield, Ca. 93309-5924 (661) 833-1647– By Appt. jrowles@bak.rr.com

#42 – CSFC District VII, Marie O’Hanlon, 2961 Jason Dr., Sana Rosa, CA 95405 (707) 578-0957 marieoh37@att.net

#55 – CSFC District VII, NARFE Service Center, 1524 Jefferson St., Napa, CA 94558 (707) 257-2228 – Mon-Sat By Appointment Only. Oliver (Rocky) E. Sheridan -830 Pueblo Ave., Napa, CA (707-226-5665

#78 – CSFC District IX, Charles Hedrick, (559)299-4207. Service provided by Phone.

#133 – CSFC District X, Service by Phone, Jean Stone, – (530) 222-2321 – logeneaa@netscape.net

#145 – CSFC District IX, Service Center at Naval Air Weapons Station, 1 Admin. Circle, Mail Stop 1323, China Lake, CA. – Eva Bien, 760-375-0978 Mon. – Friday from 9 to 11 a.m. & 1-3 p.m.

retiredactivities@mchsi.com

#171 – CSFC District IX, Service by phone - Gerald Sprouse, 1650 Christina Ct., Paso Robles, CA. 93446 (805) 237-0051 Jerrysprouse@charter.net.

#202 – CSFC District I, Service Center, Ann McCraw by phone 949) 937-0926 or email annmcraw@cox.net

Notice: For up-to-date information see the Federation’s website at www.CSFCnarfe.org. Please notify Vaudis Pennell of changes by calling (909) 862-7685 or E-mail at quovau@sbcglobal.net

YOUR ATTENTION IS INVITED TO THE FOLLOWING WEBSITES OF INTEREST

NARFE National Office at <http://www.narfe.org>
Issues of all SOS Newsletters and a Directory of Topics are available on line on the NARFE California Federation’s Website in

Publications at: <http://www.csfcnarfe.org>
Publications on FEGLI Life Insurance at:
<http://www.opm.gov/insure/life Index.htm>. Or (800) 633-4542

OPM Retirement at: www.opm.gov.retire for inquiries and changes.

NEW WEB SITES

OPM has a new Web Site:

www.opm.gov/insure/quickguide.asp

It is well organized. It includes information on FEHBP, FEGLI, and civil service retirement. It also includes a section on retirement planning, tools to calculate federal income taxes, a menu of publications for downloading and printing, and links to other federal agencies as well as to NARFE Web Site

OPM Services on line: <https://www.servicesonline.opm.gov>
Services Online – call at 1-888-767-6738 to get PIN, or email at retire@opm.gov.

OTHER IMPORTANT WEB SITES

Social Security and Survivor Benefit Plan for military:

<http://www.military.com/newcontent/0>,

<http://www.military.com/resources/resources>,

For copy of DD Form 214: <http://www.archives.gov/researchroom/vetrens/index.html>. Army – www.Army.mil; Navy – www.Navy.mil; Air Force – www.af.mil; Marines – www.usmc.mil

Legal matters/legal assistance <http://www.military.com/benefits/legal-matters/legal-assistance>.

Military Surviving Benefits – Covers Survivor Family Benefits, e.g. Dependency and Indemnity Compensation (DIC), Death Gratuity Death Pension, TriCare, and other survivor related benefits. <http://www.military.com/benefits/survivor-benefits-family-benefits>

U.S. Coast Guard, Benefit Information and Financial Education Department – Military Officers Association of America at 800-234.6622, x-106 (703) 838-8106 & website at www.moaa.org

Medicare Part D Plan premiums

<http://www.cms.hhs.gov/MedicareAdvtg>

FREE Cell phone number for 411. Information Calls (800) Free 411 - (800) 373-3411 -- *This also works on you home phone.*

California Legislative Bills: Telephone number to make your voice heard. The number is (961)-445-2841.

White House Comment Line: (202) 456-1111 - E-mail – president@whitehouse.gov

NARFE Capitol Hill Toll Free No: (866) 220-0044 Call this number, give the name of your Senator or Representative and you will be switched to their office.

NARFE Legislative Hotline by phone – (877-217-8234) (Toll-Free)

Links to Forms (including interactive), Publications and NARFE Online Reports are found on the Leadership Home Page in the Left panel.

VETERANS AMINISTRATION WEBSITES OF IMPORTANCE

VA Military website – Spouse’s entitlement to Veterans benefits after divorce.

<http://www.military.com/benefits/retiree/uniformed-services-former> spouses protection-act;

Dept. of Veterans Affairs Home page

<http://www.va.gov/>

Directory of Veterans Service Organizations

<http://www1.va.gov/vso/index.cfm?template=view>

Center for Women Veterans –

<http://www1.va.gov/cwomenvet/>

Homeless Veterans – <http://www1.va.gov/homeless/>

Power of Attorney –

<http://www.warms.vba.va.gov/admin21/>

VA Publications Manuals –

<http://www1.va.gov/vhapublications/publications.cfm>

Websites to see Disability Examination Worksheets -

www.vba.va.gov/bln/21/Benefits/exams/index.htm

Website to search for Title 38 regulations to print out

– www.warms.vba.va.gov/TOCindex.htm

New Service Officer BLOG. The Service Officers Bulletin Board or **SOBB** can be accessed at www.narfe.org/sobb. What is a 'blog'? The word blog is a blend of the older term **‘weblog’** and is a website where you can enter comments that are commonly displayed and read by others users who have a Blog, you can access the site anytime the system is available. Supported by David B. Snell, Director, Federal Benefits Services Department dsnell@NARFE.org 571-483-1269

Current Service Officers can now create their own messages instead of commenting on existing ones found under the four different categories. When you log on just click on “Create New Entry” and a screen will come up that allows you to title and write your message. David Snell, Director, Retirement Benefits Service Department suggests that you should give it a try – your will like it.

REMINDER ABOUT PIN NUMBER

This is a reminder for Federal Retirees who wish to make changes to their OPM Personal Account or Records. They must have a PIN number to make changes. Unfortunately, we have found that if you don’t periodically use the PIN it will expire and you must get a new PIN. I ask David B. Snell, Director of NARFE, and Federal Benefits Service Department who

provided current information about getting a PIN number. He provided the following:

- Call the OPM Help Desk at 478-757-3030, choose the PIN option and request a new PIN. The Help Desk will mail your new PIN the next day. or
- For those with internet capability he suggested that you go to the following website:
<https://www.serviceline.opm.gov/Security/requestpassword.aspx>.

It is suggested that you change your PIN to something easy to remember and be sure to keep your PIN in a safe place. You won't be able to use Employee Express until you get your new PIN. **Also note that the time you must use the PIN number has been extended to 15 months** since last used before the current password becomes stale and users must get a new one.

COLA FOR CSRS AND FERS FOR 2015

Retired Federal employees and entitled surviving family members of deceased Federal employees and retirees will receive a Cost-of-Living Adjustment (COLA) effective December 1, 2014, which will be reflected in their benefit payable January 2, 2015.

Under the Civil Service Retirement System (CSRS) and the Organization Retirement and Disability System (ORDS), the COLA will be 1.7 percent for those who have received benefits for at least one year. The 1.7 percent increase was determined by computing the percentage increase in the Consumer Price Index (CPI) for urban wage earners and clerical workers from the third quarter average of 2013 to the third quarter average 2014, as provided by the [U.S. Department of Labor, Bureau of Labor Statistics \(external link\)](#).

Under the Federal Employees Retirement System (FERS) and FERS Special, the COLA will be 1.7 percent for those who have received benefits for at least one year. This amount was derived from the same CPI comparison as CSRS.

FERS and FERS Specials Cost-of-Living Adjustments are not provided until age 62, except for disability, survivor benefits, and other special

provision retirements. FERS disability retirees get the adjustment, except when they are receiving a disability annuity based on 60 percent of their [high-3 average salary](#). Also, under FERS, if you have a CSRS component, the component is subject to the CSRS COLA calculation. FERS survivors receive the FERS increase on their entire annuity, even where component service is involved.

To get the full COLA, a retiree or survivor annuity must have begun no later than December 31, 2013. If not, the increase is prorated under both retirement plans. Prorated accounts receive one-twelfth of the increase for each month they received benefits. For example, if the benefit commenced November 30, 2014 the prorated COLA would be one-twelfth of the full COLA.

Under both retirement plans, benefits are paid on the first business day of the month after the month in which they accrue. Benefits which accrue in December 2014 are payable on January 2, 2015.

Attention NARFE Service Officers:

As you may know, NARFE’s Federal Benefits Service Department is creating a series of training videos for Chapter Service Officers. The third and latest in this series, “Senior Health Insurance Program,” has just been posted on the NARFE website. I invite all Service Officers and other chapter and federation leaders to view the video. To access the video, go to www.narfe.org, log in, click on the orange “Officer Resources” button on the left, then scroll down to “In-House Presentations” under “Services.” The two other Service Officers training videos are “Representative Payees for OPM Benefits” and “Survivor Annuities for Children.”

BY

David B. Snell, Director
Federal Benefits Services Department

2015 Medicare Part B premiums and deductibles to remain the same as last two years

Premiums, co pays and deductibles for other Medicare programs for 2015 also announced

Secretary of Health and Human Services Sylvia Burwell announced today that next year’s standard Medicare Part B monthly premium and deductible will remain the same as the last two years. Medicare Part B covers physicians’ services, outpatient hospital services, certain home health services, durable medical equipment, and other items. For the approximately 49 million Americans enrolled in Medicare Part B, premiums and deductibles will remain unchanged in 2015 at \$104.90 and \$147, respectively. This leaves more of seniors’ cost of living adjustment from Social Security in their pockets.

According to the HHS Office of the Assistant Secretary for Planning and Evaluation, as compared to Congressional Budget Office (CBO) projections for 2015 made in 2009, premiums will be more than \$125 lower over the course of a year.

“Thanks to slower health care cost growth within Medicare since the passage of the Affordable Care Act, next year’s Medicare Part B monthly premium will remain unchanged for the second consecutive year,” said Secretary Burwell. “The Affordable Care Act is working to improve affordability and access to quality care for seniors and people with disabilities.” “The stabilization of Part B premiums is another example of how we are containing health care costs to provide a more sustainable and affordable health delivery system. The Administration has taken important steps to improve the quality of care while keeping the cost of Medicare premiums and deductibles the same,” said CMS Administrator Marilyn Tavenner. “This means even greater financial and health security for our seniors next year as their premiums will remain unchanged.”

Over the past four years, per capita Medicare spending growth has averaged 0.8 percent annually, much lower than the 3.1 percent annual increase in per capita GDP over the same period.

The Centers for Medicare & Medicaid Services also announced today that for the small number of beneficiaries who pay Medicare Part A monthly premiums, their monthly bill will drop \$19 in 2015 to \$407. Medicare Part A covers inpatient hospital, skilled nursing facility, and some home health care services. Although about 99 percent of Medicare beneficiaries do not pay a Part A premium since they have at least 40 quarters of Medicare-covered employment, enrollees age 65 and over and certain persons with disabilities who have fewer than 30 quarters of coverage pay a monthly premium in order to receive coverage under Part A. Beneficiaries who have between 30 and 39 quarters of coverage may buy into Part A at a reduced monthly premium rate which is \$224 for 2015, a decrease of \$10 from 2014.

The Medicare Part A deductible that beneficiaries pay when admitted to the hospital will be \$1,260 in 2015, a modest increase of \$44 from this year's \$1,216 deductible. The Part A deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay an additional \$315 per day for days 61 through 90 in 2015, and \$630 per day for hospital stays beyond the 90th day. For beneficiaries in skilled nursing facilities, the daily co-insurance for days 21 through 100 in a benefit period will be \$157.50 in 2015, compared to \$152.00 in 2014.

Since 2007, beneficiaries with higher incomes have paid higher Part B monthly premiums. These income-related monthly premium rates, which affect less than 5 percent of people with Medicare, will also remain the same as they were in 2014.

They are shown in the following table:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	\$104.90
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$42.00	\$146.90
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$104.90	\$209.80
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$167.80	\$272.70
Greater than \$214,000	Greater than \$428,000	\$230.80	\$335.70

Monthly premium rates to be paid by beneficiaries who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:

Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouse:	Part B income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	\$0.00	\$104.90
Greater than \$85,000 and less than or equal to \$129,000	\$167.80	\$272.70
Greater than \$129,000	\$230.80	\$335.70

States have programs that pay some or all of beneficiaries' premiums and coinsurance for certain people who have Medicare and a limited income. Information is available at 1-800-MEDICARE (1-800-633-4227) and, for hearing and speech impaired, at TTY/TDD: 1-877-486-2048.

Health Benefits

QUESTION: *I retired under the Civil Service Retirement System (CSRS), and my wife is retiring from teaching next year. Can I add her to my Federal Employees Health Benefits Program plan at that time, or am I required to add her during Open Season?*

ANSWER: If an eligible family member loses coverage under another group insurance plan – loss of coverage under a nonfederal health plan, for example – the retiree can change from self-only to family coverage from 31 days before through 60 days after loss of coverage.

You would have to prove the loss of coverage for your wife under her nonfederal insurance to the Office of Personnel Management in order to change your enrollment to family coverage outside of Open Season. You also can make the change during Open Season.

POSTAL SERVICE BUYOUTS

The Postal Service is offering buyouts and [early retirement](#) options to more than 3,000 postmasters before it proceeds with a reduction-in-force (RIF) in early 2015.

The agency has been working with employee groups for [more](#) than two years on its Post Plan, which would reduce the hours at many post offices by two, four or six hours a day and replace some postmasters with non-career employees or part-time career employees.

Postmasters will get up to \$10,000 if they [choose](#) to resign or if they take an early or optional retirement option, according to documents emailed to employees by the Postal Service over the last few days. Those who take the incentives will leave the Postal Service Sept. 30, 2014. The incentive payment will be paid out December 5, 2014.

Employees who do not take the incentives can [apply for](#) other jobs within the agency, but face a RIF date of January 9, 2015

The Postal Service will work to find postmasters other positions within the agency, according to the documents.

Employees have until August 18 to decide on early retirements. RIF notices will be sent out on October 15 and employees will receive retirement [annuity](#) estimates in the next few days.

The Postal Service has already reduced its workforce by about 320,000 employees since fiscal 2000, but Postmaster General Patrick Donahoe has said postal reform legislation would allow the Postal Service to move from 485,000 career employees to 400,000 over the next few years, which is where he said the workforce needs to be.

Darlene Casey, Postal Service spokeswoman, said the agency implemented its Post Plan over a two-year period and has held meetings with affected communities, conducted surveys and worked to help mitigate any impacts the plan might have. She said over the last two 9,166 post offices have had their retail hours shortened - 1,257 are now only open two hours.

But the Postal Service is also working on expanding its “village post office” [program](#) (VPO), where the agency teams up with a local retailer to offer some postal services. “By being located inside established businesses and other places consumers already frequent, VPOs offer

Postal Service customers time-saving convenience, and in most cases, longer hours than regular Post Offices," Casey said.

PHASED RETIREMENT UPDATE

The U.S. Office of Personnel Management (OPM) has issued the final regulations on Phased Retirement. Phased Retirement is a human resources tool that allows full-time employees to work part-time schedules while beginning to draw retirement benefits.

"Phased Retirement offers an innovative alternative to traditional retirement for the 21st century workforce," said OPM Director Katherine Archuleta. "Phased Retirement provides a new tool that allows managers to better provide unique mentoring opportunities for employees while increasing access to the decades of institutional knowledge and experience that retirees can provide. This is yet another forward thinking policy that the Administration supports as it continues in its efforts to deliver a government that is effective, efficient, and supportive of economic growth."

Employees who are eligible for Phased Retirement and want to continue working on a part-time basis may do so with the agreement of their agencies. During Phased Retirement, an employee will receive a partial annuity and will keep accruing additional service credit toward their final annuity. The employee will also spend 20 percent of his time in mentoring activities to facilitate the transfer of their knowledge and skills to other employees within the agency. Each agency will have the flexibility to implement the mentoring component in a way that is best for the agency and employees.

The Phased Retirement final regulations will take effect 90 days from August 8, 2014. This means that agencies can send their Phased Retirement applications to OPM for processing as early as November 6, 2014.

"Phased retirement is a valuable tool that will help agencies effectively manage their transition between the departure of experienced staff and the personnel who will take their place," the letter says.

It works for agencies. It works for employees. It also saves the federal [government money](#), to the tune of \$450 million over 10 years. She said easing out of

retirement, in the way that the program was conceived, is ideal for workers who are financially yet not mentally ready to retire fully. "You can't force a person into phased retirement, and a person can't do it without their agency's approval,"

HEALTH CARE PREMIUM INCREASE WILL REDUCE PAY FOR FEDERAL EMPLOYEES

The Office of Personnel Management (OPM) announced in October 2014, the average Federal Employees Health Benefits Program (FEHBP) premium increase for America's retired and active federal workers will be 3.2 percent in 2015, with the average enrollee's share increasing 3.8 percent. In response, Joseph A. Beaudoin, president of the National Active and Retired Federal Employees Association (NARFE), released the following statement.

"The health insurance premium increase will take another bite out of the already diminished paychecks of middle-class federal employees across the country. While the 3.2 percent increase in health insurance premiums is in line with the private sector, any increase means reduced take-home pay for federal employees, who, at most, will receive a 1 percent pay raise next year.

"Over the last four years, federal employees have endured three-year pay freeze, reduced pay increases since then, and lost pay due to sequestration-related furloughs. Now comes a 3.8 percent increase in health insurance premiums on top of that. I call on members of Congress to appropriate sufficient funding to provide a pay raise next year for our hard-working federal civil servants."

FEHBP premiums went up 7.3 percent in 2011, 3.8 percent in 2012, 3.4 percent in 2013 and 3.7 percent in 2014.

How much FEGLI life insurance coverage do I have?

If you are a Federal RETIREE or compensation:

OPM's Retirement Office is the only office with access to your FEGLI life insurance records. Your FEGLI records are not available online. You can contact Retirement at 1-888-767-6738 or retire@opm.gov. You can request a Verification of Life Insurance (VOLI) to be mailed to you.

The VOLI will include information on your life insurance coverage.

Retirement's phone lines are open Monday through Friday 7:40 am to 5:00 pm eastern time. The phone lines can get extremely busy so we recommend calling early in the morning or late in the evening when the lines are less busy. Have your retirement claim number (CSA/CSF) or social security number handy.

If you wish to change your FEGLI life insurance beneficiaries, complete this form and mail it to OPM's Retirement Office at the address on page 3:
www.opm.gov/forms/pdf_fill/sf2823.pdf

IMPORTANT INFORMATION ABOUT MEDICATIONS

Included in this article is a discussion about taking medicines as prescribed, keeping a medication list, potential interactions and review of medications with medical provider.

Whether you're settling into your sixties or heading into your ninth decade, you should be extra careful when taking prescription and over-the-counter medicines. And if you're caring for older loved ones, you should help them stay safe.

As we age, body changes can affect the way medicines are absorbed, leading to potential complications. For instance, your liver and kidneys may not work as well, which affects how a drug breaks down and leaves your body. And changes in your digestive system can affect how fast drugs get to your bloodstream.

"There is no question that physiology changes as we age. Many chronic medical conditions don't even appear until our later years," explains RADM (Ret.) Sandra L. Kweder, M.D., F.A.C.P., deputy director of the Food and Drug Administration (FDA) Office of New Drugs. "It's not that people are falling to pieces; some changes are just part of the normal aging process."

Read on for four important tips.

Take Medicine as Prescribed

Take your medicine regularly and according to your health care provider's instructions. Don't skip doses or stop taking medication without first consulting with your provider. (This holds true even if you're feeling better or if you think the medicine isn't working.)

"Medication can't work unless you take it," Kweder says. "For instance, medications that treat chronic conditions

such as high blood pressure and diabetes typically only work when taken regularly and as directed. You have to take them continuously to maintain control over your condition."

Dosing for medications is based on clinical trials, which FDA reviews. "Every medicine is really different and is dosed according to what's been tested," says Kweder, which is one reason why you shouldn't select a dose yourself.

If you're having bothersome side effects or have other questions, talk to your health care provider.

Keep a Medication List

Write down what you're taking and keep the list with you. Consider giving a copy to a friend or loved one that you trust—an important step especially in case of emergency and when you're traveling.

Record the medicine's brand name, if applicable, and generic name. Also write down how often and what dosage you take. (For instance, one pill daily, 300 mg.) Finally, note when you take each drug. "You should know your medicines better than the doctor does," says Kweder.

Be Aware of Potential Interactions

Remember, as you age, you're at higher risk for drug interactions.

Interactions can occur when:

- One drug affects how another drug works;
- A medical condition you have makes a certain drug potentially harmful;
- A food or non-alcoholic drink reacts with a drug;
- A medicine interacts with an alcoholic drink.

Your task? Learn which interactions are possible. You can do this by carefully reading drug facts labels on over-the-counter drugs and the information that comes with your prescription medications, and by reviewing any special instructions with your health care provider. For instance nitroglycerin, which treats angina (chest pain related to heart disease), should not be taken with many erectile dysfunction drugs, including Viagra and Cialis, because serious interactions can occur. And some drugs should not be taken with alcohol, as symptoms such as loss of coordination and memory loss can result.

Review Medications with Your Health Care Provider

If you're seeing multiple health care providers, tell each one about all of your medications and supplements. You also can ask your pharmacist about potential interactions. Schedule at least one annual review of your medications with your health care provider to confirm which medications are still necessary and which you can stop taking (if any).

If a certain medication seems out of your budget, ask your health care provider whether there is a cheaper, and still effective, alternative.

This review can help you avoid interactions and can lessen costs. Sometimes, especially if you're seeing multiple providers, certain questions can fall through the cracks, says Kweder. But, she says, there is no such thing as a stupid question about medicine.

"As a society, we have become reliant on pharmaceuticals to help us attain a longer and higher-quality life. It's a wonderful success of Western medicine," she adds. "The goal should be for each of us to access that benefit but respect that medicines are serious business. To get the most out of them, you should take them with great care and according to directions."

This article appears on [FDA's Consumer Updates page](#), which features the latest on all FDA-regulated products.

June 5, 2014

THRIFT SAVINGS PLAN ENROLLMENT CHANGES

In June 2014, a Senate committee approved legislation that would automatically enroll new federal employees in a more diverse, age-appropriate retirement fund rather than the safer government securities offering.

The [Smart Savings Act](#), co-sponsored by Sens. Elizabeth Warren, D-Mass., and Rob Portman, R-Ohio, would change the default enrollment fund in the Thrift Savings Plan for new hires from the G Fund to the lifecycle (L) funds designed to move investors to less risky portfolios as they near retirement. The Senate Homeland Security and Governmental Affairs Committee reported out the bill during a business meeting on Wednesday. The House Oversight and Government Reform Committee approved that chamber's companion bill in March.

The TSP launched a program in August 2010 that automatically signs up all new civilian hires to allocate 3 percent of their basic pay to the G fund, unless they choose to end their contributions or change the amount. Participants also receive a 3 percent match and a 1 percent contribution from their agencies, unless they opt out of automatic enrollment. The G fund is the most stable investment of the TSP's options, while the L funds are a mix of the TSP's G, F, C, S and I offerings, and are crafted to help yield higher returns through diversity.

The legislation would only apply to newly hired federal employees who are auto-enrolled in the TSP. It will not affect TSP participants who are currently auto-enrolled. The G Fund would continue to be the default enrollment for service members under the bill.

The Federal Retirement Thrift Investment Board, which administers the TSP, last year requested the legislation to switch the default from government securities to the lifecycle funds. The Employee Thrift Advisory Council, which advises the TSP board on investment policies and the plan's administration and is made up of representatives from employee organizations, unions and the uniformed services, endorsed the legislative proposal in November after initially opposing it.

"This proposal is one way to help people save money for retirement -- it's a no-brainer that will make a real difference for many federal employees by helping to increase their retirement savings without any additional cost to the government," said Warren, when she introduced the bill in March. FRTIB has found that while automatic enrollment has increased TSP participation, new government hires under the age of 29 have too much money invested in the G Fund -- likely a result of auto-enrollment's G Fund default option. The government security offering, while traditionally very stable, also does not yield very high returns. For instance, last month the [G Fund inched up 0.20 percent](#), increasing 2.26 percent since May 2013. The L Income Fund for TSP participants who already have started withdrawing money gained 0.64 percent last month. L 2020 increased 1.20 percent in May; L 2030 gained 1.46 percent; L 2040 was up 1.63 percent; and L 2050 saw a 1.78 percent boost.