

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
**COAST GUARD, PHS & NOAA RETIRED PAY ACCOUNT WORKSHEET
AND SURVIVOR BENEFIT PLAN ELECTION**

Privacy Act Statement

Authority: Collection of this information is authorized by: 10 U.S.C. Chapters 73 and 165; DOD Financial Management Regulation, Volume 7B, Chapters 14, 30, 49, and 54; and E.O. 9397.

Purpose: The Coast Guard Pay & Personnel Center will use this information to establish a retired pay account, including designation of beneficiaries for unpaid retired pay, election information under the Survivor Benefit Plan (SBP), and federal and state tax withholding elections.

Routine Uses: The information will be used by the Coast Guard Pay & Personnel Center to establish a retired pay account. The information may be shared with the Internal Revenue Service for tax purposes, and with the Department of Veterans Affairs in conjunction with administration of DVA compensation.

Disclosure: Disclosure of this information (including our beneficiary's SSN) is voluntary; however, failure to furnish the requested information will result in delays in initiating retired pay.

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

SECTION I: IDENTIFICATION AND ADDRESS (complete all sections, if not applicable enter N/A)

| | | | |
|---|--|--|------------------|
| 1. YOUR APPROVED RETIREMENT DATE | 2. Retiring from the following Service (select one): <input type="checkbox"/> NOAA <input type="checkbox"/> PHS <input type="checkbox"/> Coast Guard Active Duty <input type="checkbox"/> Coast Guard Reserve | | |
| 3. Name (Last, First, MI.) | 4. Rank/Pay Grade | 5. Employee ID Number (EMPLID) | 6. Date of Birth |
| 7. Correspondence Address, Street, City, State and Zip Code | | 8. Area Code & Telephone Number Work: Home: Cell/Other: | |
| 9. Please provide your Home & Business (if applicable) email addresses if you would you like PPC (RAS) to contact you via e-mail in case telephone contact cannot be established: (H): _____ (B): _____ | | | |
| 10. Do you want your contact information (email and phone number) released to the National/Regional Retiree Council. See instructions for further information. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

SECTION II: PAY DELIVERY (See instructions for proper completion)
Public Law 103-356 makes direct deposit mandatory

11. Continue direct deposit to the same account used for your active duty/reserve pay. Attach an LES or DA view paycheck page print.

12. New direct deposit account shown below, or for new direct deposit accounts, attach a voided check.

13. Type of Account: Checking Savings

14. Routing Transit Number (RTN): _____

15. Account Number: _____

16. Financial Institution Name: _____

17. Address-City, State, and ZIP Code: _____

SECTION III: TAX WITHHOLDING INFORMATION (use instructions for IRS Form W-4 and State Tax form to complete)

| FEDERAL WITHHOLDING | VOLUNTARY STATE WITHHOLDING |
|--|---|
| 18. Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate | 22. State designated to receive tax: |
| 19. Total No. of Exemptions Claimed: | 23. Requested Monthly Amount for State Tax (Whole dollar amount but not less \$10.00): |
| 20. Additional Withholding (optional): | Note: The State you designate to receive tax must have an agreement with the Department of Defense (DOD) for withholding state tax. See the instructions for a list of states that have an agreement with the DOD. If no state is designated your taxable gross will be reported to the state listed in Section I number 7 above. This election will remain in effect until changed by you. |
| 21. "I claim exemption from withholding" Enter "EXEMPT". If you claim EXEMPT status, you must attach current year IRS form W-4. | |

FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT

SECTION IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

| 24. Name (Last, First, Middle Initial), SSN & DOB | 25. Relationship and Gender | 26. Address (City, State & ZIP Code) | 27. Telephone (Including Area Code) | 28. Share (Total must equal 100%) |
|---|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| 1. | | | | |
| Social Security Number: | Date of Birth: | | | |
| 2. | | | | |
| Social Security Number: | Date of Birth: | | | |
| 3. | | | | |
| Social Security Number: | Date of Birth: | | | |
| 4. | | | | |
| Social Security Number: | Date of Birth: | | | |

SECTION V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)

"I have have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

"I have have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

"I have have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

"I have have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia(5 U.S.C. 8315).

"I am am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (CG-1222) (for CG retirees) or NOAA or PHS HQs (for NOAA or PHS retirees) and the Department of State.

"I am am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

| | |
|----------------|--|
| Monthly Amount | Name and Address (Street, City, State and ZIP) of Agency |
| | |

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SECTION VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)

29. Are you married? Yes No

30. Do you have dependent children? Yes No

31. **FOR Reserve Retiree Only** - Have you elected RCSBP (option B or C) prior to this date
 IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII Yes No
 IF NO or elected (option A), complete the remainder of Section VI & VII

32. **Beneficiary Category** (ies)

a. I elect coverage for spouse only. I do do not have dependent children.

b. I elect coverage for spouse and child(ren).

c. I elect coverage for child(ren) only. I do do not have a spouse.

d. I elect coverage for the person named in block 55 who has an insurable interest in me.

e. I elect coverage for the person named in block 49 who is my former spouse.

f. I elect coverage for the person named in block 49 who is my former spouse and dependent child(ren) of that marriage.

g. I elect not to participate in SBP. **(Blocks 34-42 must be completed even if no coverage elected)**

33. Level of coverage (do not complete if 32d or 32g was elected above)

a. I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):

I elect coverage based on full gross retired pay.

I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount).

b. I DID elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):

I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus.

I elect coverage based on my current gross retired pay.

I understand this represents a reduced base amount and requires spousal concurrence.

I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount). This requires spousal concurrence.

| | | | |
|------------------------------------|----------------|--------------------------|----------------------|
| 34. Spouse Name (Last, First, MI.) | 35. Spouse SSN | 36. Spouse Date of Birth | 37. Date of Marriage |
|------------------------------------|----------------|--------------------------|----------------------|

List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)

| # | 38. Name (Last, First, Middle Initial) | 39. Relationship | 40. Date of Birth | 41. SSN | 42. *Disabled Child |
|----|--|------------------|-------------------|---------|--|
| 1. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***BLOCK 42 NOTE: Disabled Child** - If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (e.g. the dependent is unable to take care of basic activities of daily living).

SECTION VII: SBP SPOUSAL CONCURRENCE
 (Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage)

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the date the retiree dies. I understand and acknowledge that I am waiving my statutory right to receive my own annuity (or electing to receive a reduced annuity) for life if my spouse precedes me in death. I also understand and acknowledge that this waiver of my statutory right to receive an annuity (or my election to receive a reduced annuity) is irrevocable. I have signed this statement of my free will.

| | |
|--|----------------------|
| 43. Spouse Signature: _____ 44. Subscribed and Sworn to before me in County: _____ State: _____ 45. On Month: _____ Day: _____, 20____ 46. My Commission expires the: _____ Day: _____, 20____ 47. Notary Public: (Signature) _____ | 48. NOTARY SEAL HERE |
|--|----------------------|

Former Spouse (Complete **ONLY** if 32e or 32f was elected above)

| | | |
|---|-------------------|--|
| 49. Name (Last, First, MI.) | 50. SSN | 51. Address (Street, City, State and Zip Code) |
| 52. Date of divorce/dissolution of marriage | 53. Date of Birth | |

54.

a. The election indicated above is being made pursuant to the requirements of court order Yes No

b. The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment Yes No

c. The written agreement has been incorporated in, or ratified or approved by a court order Yes No

Insurable Interest (Complete **ONLY** if 32d was elected above)

| | | |
|-----------------------------|-------------------|--|
| 55. Name (Last, First, MI.) | 56. SSN | 57. Address (Street, City, State and Zip Code) |
| 58. Relationship | 59. Date of Birth | |

SECTION VIII: DECLARATION OF SERVICE

| | |
|---|--------------------------|
| 60. Date you first became a member of the Uniformed Services (see note below) | 61. Date of Current Rank |
|---|--------------------------|

Note: Under the law, you "first became a member" of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

62. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY, PHS, OR NOAA PERSONNEL ONLY)

| FROM | | | TO | | | ARMED SERVICE |
|------|-------|------|-----|-------|------|---------------|
| DAY | MONTH | YEAR | DAY | MONTH | YEAR | |
| | | | | | | |
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| 63. Did you perform reserve drills? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of reserve retirement points earned (attach copies of points statements if available): _____ | |
| 64. Have you ever held a Rank/Rate higher than your current one? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what rank did you hold? | When did you hold this rank? |
| 65. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what amount did you receive? | When did you receive such payment? |

SECTION IX: BLENDED RETIREMENT SYSTEM (BRS) LUMP SUM ELECTION

| | |
|--|--|
| 66. Did you make a BRS lump sum election 90 days prior to retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes did you elect <input type="checkbox"/> 25 percent or <input type="checkbox"/> 50 percent? |
|--|--|

SECTION X: MEMBER'S CERTIFICATION (member and witness signature and date (must sign on same date) required for start of retired pay)

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements. (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate SBP, future participation is barred.

| | |
|--|---------------------------------|
| 67. Member's Name (Last, First, MI.) | 68. Member's Employee ID Number |
| 69. Member' Signature: | 70. Date |
| 71. Witness Name (Last, First, MI) (over 18 years old & not a member of your family) | 72. Witness Signature: |
| 73. Witness Address (Street, City, State and Zip Code) | 75. Date |
| 74. Work: | |

FOR ANY CORRECTIONS/CHANGES A NEW FORM MUST BE COMPLETED PRIOR TO DATE OF RETIREMENT