



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**POST-9/11 EDUCATIONAL BENEFITS TRANSFERABILITY  
 COMMITMENT AND STATEMENT OF UNDERSTANDING**

(Title 38 U.S.C.; Chapter 33, Title 10 U.S.C.; *Chapter 1606 and Chapter 1607*)

PRIVACY ACT STATEMENT

Under authority of 5 USC 301 personal data is requested. Your SSN will be used for identification. This information will be included in your Official Personnel File at the Division of Commissioned Corps Personnel and Readiness (DCCPR). It will not be divulged without your written consent to anyone other than the U.S. Government. You are not required to provide this information; however, failure to do so will result in not being eligible for this program.

**1. Service Member Information (Print or Type)**

a. Name (Last, First, Middle Initial)			b. Grade/Rank	
c. Social Security Number	d. PHS SERNO	e. TEB Web App. Date	f. Duty E-Mail Address	
g. Current Service Status (Check One) <input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve		h. Duty Station Name & Address		

**2. Basic Eligibility Criteria and Transferability Acknowledgement**

Read and initial each item below as applicable:

1. \_\_\_\_\_ I have completed a minimum of 6 years in the Uniformed Services (Active Duty and/or Selected Reserve).
2. \_\_\_\_\_ I was previously eligible for the Active Duty Montgomery GI Bill (MGIB) and based on my qualifying active duty service after Sept 11th, 2001, I elected to convert my remaining entitlement to the Post 9/11 GI Bill and request to transfer this benefit to my dependent(s).
3. \_\_\_\_\_ I was NOT previously eligible for the Active Duty Montgomery GI Bill (MGIB), however, based on my qualifying active duty service after Sept 11th, 2001 I am eligible for the Post 9/11 GI Bill and request to transfer this benefit to my dependent(s).
4. \_\_\_\_\_ I was previously eligible for the Reserve Education Benefits Program (REAP) and based on my qualifying active duty service after Sept 11th, 2001, I elected to convert my remaining entitlement to the Post 9/11 GI Bill and request to transfer this benefit to my dependent(s).
5. \_\_\_\_\_ I am eligible for the Reserve Education Benefits Program (REAP) and did NOT elect to convert my remaining entitlement to the Post 9/11 GI Bill and request to transfer this benefit to my dependent(s).
6. \_\_\_\_\_ I am eligible for the Montgomery GI Bill - Selected Reserve (MGIB-SR) based on my Selected Reserve service and I am currently serving in the Selected Reserve and request to transfer this benefit to my dependent(s).

**3. Obligation Acknowledgement**

Approval of my request to transfer my educational entitlement to my spouse and/or dependent child (ren) obligates me to the following.

\_\_\_\_\_ I agree to serve for 4 years in the Uniformed Services (Active Duty and/or Selected Reserve) from my Transferability Election of Benefits (TEB) web application request date as indicated in block 1e above.

*Note: The web application date is the date the request was made in milConnect.*

**4. Statement of Understanding**

I understand that (*Read and initial each item below*):

1. \_\_\_\_\_ If I am involuntarily precluded by either standard policy (Service or DoD) or federal statute from completing the 4 additional years service obligation then I agree to serve for the maximum amount of time allowed by such policy or statute and will maintain entitlement for transferability.
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2. \_\_\_\_\_ This service agreement runs concurrently with any remaining obligated service time.
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3. \_\_\_\_\_ This service agreement does not obligate the uniformed service to retain me on active duty or in the Selected Reserve.
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4. \_\_\_\_\_ This agreement may be fulfilled on active duty or in the Selected Reserve, or a combined service of both.
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5. \_\_\_\_\_ Failure to complete this service agreement due to my own volition will lead to termination of my entitlement for transferability and may create an overpayment by the Department of Veterans Affairs for any payments made after my date of termination.
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6. \_\_\_\_\_ I am responsible for any overpayments due to not fulfilling this agreement.
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7. \_\_\_\_\_ I may transfer up to 36 months (or my remaining months of entitlement, whichever is less) of my education benefits to spouse and/or child(ren), and that I can modify or revoke my election at any time.
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8. \_\_\_\_\_ My spouse may use the benefits immediately and child (ren) (ages 18-26) after I have served 10 years in the Uniformed Services.

**5. Service Member Signature**

a. Typed or Printed Name ( <i>Last, First, Middle Initial</i> )	b. Signature	c. Date ( <i>mm/dd/yyyy</i> )
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**6. Designated Authority Witness**

a. Notary Public Name ( <i>Last, First, Middle Initial</i> )	b. Signature	c. Date ( <i>mm/dd/yyyy</i> )
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<b>Routing Instructions</b> <ul style="list-style-type: none"> <li>• Original to DCCPR</li> <li>• Copy to Service Member</li> </ul>	<b>Mail Form To:</b> DCCPR ATTN: TEB 1101 Wootton Parkway, PL, Suite. 100 Rockville, MD 20852	<b>Notary Seal</b> My Commission Expires:
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**7. For DCCPR Use Only**

Cleared: _____ Yes _____ No	Action: _____ Approved _____ Pending Review _____ Rejected _____ No TEB Request	Emailed:
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