

REQUEST BLENDED RETIREMENT SYSTEM CONTINUATION PAY (BRSCP) AGREEMENT

(Privacy Act Notice is on the Second Page)

IDENTIFICATION

NAME (Last, First, Middle Initial)		GRADE/RANK	CCHQ USE ONLY DATE REC'D.
PHS SERIAL NUMBER	ORGANIZATION		
DUTY PHONE NUMBER	e-Mail		

LENGTH OF AGREEMENT REQUESTED (Check box)

- ☐ I AGREE TO REMAIN ON ACTIVE DUTY IN THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE (Corps) WITH A BLENDED RETIREMENT SYSTEM CONTINUATION PAY (BRSCP) ACTIVE DUTY OBLIGATION (ADO) FOR: 48 MONTHS

CONDITIONS OF AGREEMENT

In consideration of payment of the BRSCP for which I qualify in accordance with 37 U.S.C. 356; Commissioned Corps Directive (CCD) 124.02; and Commissioned Corps Instruction (CCI) 623.01, I hereby agree to the following:

1. I am receiving BRSCP, as part of the Blended Retirement System (BRS), in return for my continued service on active duty in the Corps.
2. BRSCP will be in the amount of 2.5 times one month of basic pay for the month I achieve 10 years of service as determined by my BRS date. (Obligation start date: date of anniversary of 10 years of service as computed by BRS my Date).
3. I must enter into the BRSCP agreement no later than 60 days after the anniversary of my 10 years of service as computed by my BRS Date.
4. Payment shall be paid in accordance with CCI 623.01 "Blended Retirement System Continuation Pay."
5. BRSCP is considered taxable wages and will be included in my earnings.
6. A portion of my BRSCP may be allocated to my Thrift Savings Plan (TSP), based on my TSP elections in effect at the time payment is received.
7. If I fail to complete the period of service for which BRSCP is paid:
 - (1) Under the provisions contained in Sections 6-5.d. of CCI 623.01, I will be required to refund a pro-rata portion of the payment received which represents the unearned portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. 373.
 - (2) The required repayment of the BRSCP agreement consists of that portion that represents 1/1440 of the annual payment for each day of the year not earned;
 - (3) I shall be divested of entitlements for travel and transportation allowances for myself and my dependents; shipment of household goods; and use of, transfer of, or payment for unused annual leave to my credit upon separation from the PHS Commissioned Corps;
 - (4) Any amount which I am obligated to refund because this agreement is terminated shall be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials in accordance with CCI 654.02, "Collection of Commissioned Officer Indebtedness Upon Separation." In accordance with Treasury Fiscal Requirements Manual (1 TFRM 6-8000, Cash Management), late charges may be assessed for payments made after the due date on amounts owed to the United States Government; and I shall have my commission terminated.
 - (5) That I may not be eligible for recommissioning in the Corps.
8. The effective date of my entitlement to BRSCP is anniversary of my 10 years of service as computed by my BRS Date, or the date I opted-in to BRS, whichever occurs later.
9. I request my BRSCP to be paid out as follows: (Select One)
☐ One single, lump-sum payment
☐ Two equal payments (the first payment will be effective on the effective date of this agreement and the second payment will be effective on January 1 of the year in which the second anniversary of the effective date of this agreement occurs).
10. If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for BRSCP for the duration of the AWOL and my obligation will be extended for an equal period of time as the AWOL.

CERTIFICATION

I certify that I have read and understand CCI 623.01, and I have read and agree to abide by the terms of this BRSCP agreement as stated above and that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both. 18 U.S.C. § 287; 18 U.S.C. § 1001.

PRINTED NAME	DATE
SIGNATURE	DATE

SUPERVISOR CERTIFICATION

I, certify that this officer is eligible to receive this BRSCP and recommend payment.

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE

BUDGET OFFICIAL/CERTIFYING OFFICIAL OPERATING DIVISION/PROGRAM CLEARANCE AND APPROVAL

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE



PRIVACY ACT NOTICE
PHS COMMISSIONED CORPS
BLENDED RETIREMENT SYSTEM CONTINUATION PAY (BRSCP)
(Form PHS-)

General: This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for PHS commissioned officers applying for Blended Retirement System Continuation Pay (BRSCP).

Records System: 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS; 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS; 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/PSC/HRS; 09-40-0004, "PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files," HHS/PSC/HRS; 09-40-0011, "Proceedings of the Board for Correction of PHS Commissioned Corps Records," HHS/PSC/HRS; and 09-90-1402, "HHS Payroll Records," HHS.

Authority for Collection of Information: 37 U.S.C. 356 (Pay and Allowances of the Uniformed Services); 42 U.S.C. 212 and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons).

Purposes and Uses: The principal purpose for collecting this information is to determine your eligibility for BRSCP. If you are selected for award of BRSCP, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which Corps officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

Effect of Nondisclosure: You are required to provide the information requested on this agreement to receive BRSCP. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment, or be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.