

**U.S. DEPARTMENT OF  
HOMELAND SECURITY**

U.S. Coast Guard  
CG-7201 (Rev. 04-11)

**APPLICATION FOR WAIVER OF COLLECTION OF  
ERRONEOUS PAYMENTS FOR RETIREES AND SBP  
ANNUITANTS**

**INSTRUCTIONS:**

- a. Complete and submit this application to PPC (RAS). Attach enclosures that support or clarify your request. Answer all pertinent questions. Type or print clearly in ink. Sign and date your request. Remarks should clearly articulate why the erroneous payment(s) went undetected by you.
- b. A waiver application must be received by PPC (RAS) within a 5 year period following date of discovery of the erroneous payment.

1. Name (Last, First, MI.)	2. Employee ID Number (EMPLID):
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3. Rank/Rate	4. Date of Retirement or SBP Annuity Began	5. Area Code & Telephone Number Work: Home
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6. Amount of original debt/erroneous payment      \$ \_\_\_\_\_

7. Amount for which waiver is requested              \$ \_\_\_\_\_

	Yes	No
8. Did you receive a Retiree and Annuitant Statement (RAS) during the period of erroneous payment?	Y	N
9. Did you review your RAS during the period of erroneous payment?	Y	N
10. Did the RAS show the erroneous payments? (If yes, attach copies.)	Y	N
11. Did you know or suspect you were overpaid? (Explain in Item 20.)	Y	N
12. If answer to 11 is yes, did you set this amount aside?	Y	N
13. Will repayment of this debt result in extreme financial hardship? (If yes, attach a completed financial statement.)	Y	N
14. Has debt or erroneous payment been explained to your satisfaction?	Y	N
15. Have you been provided with a written description of the debt/erroneous payment?	Y	N
16. Do you request a waiver of the entire debt?	Y	N
17. Have you previously requested a waiver/remission of this indebtedness?	Y	N
18. Do you desire a refund of the amount repaid if request is approved?	Y	N

19. Explain when and how you first became aware of this debt/overpayment. State any recollection of actions taken by you to correct the error that caused the overpayment. Note: if this indebtedness is the result of an un-liquidated travel advance, advance pay, or unearned bonus payments, you are not eligible for a waiver (unless the payment was made in error) and you should not submit this application.

20. Explain why you believe your waiver should be approved.

**Privacy Act Statement**

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

**Authority:** This information is collected under 10 USC 2774 and Coast Guard Pay Manual, COMDTINST M7220.29.

**Purpose:** This information is used when waiving collection of erroneous payments.

**Routine Use(s):** The information will be used by and disclosed to USCG personnel who need the information to assist in activities related to considering your application for a waiver. Additionally, this information may be provided to the Defense Office of Hearings & Appeals (DOHA).

**Disclosure:** Disclosure of this information is voluntary; however, failure to provide the information may prevent favorable consideration of your application.

I certify the above information is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or 5 years in prison, or both)

21. Applicant's Signature	22. Date
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