

# **HOW TO APPLY FOR YOUR RETIRED PAY & SURVIVOR BENEFIT PLAN GUIDE**



**FOR ADDITIONAL INFORMATION  
PLEASE CONTACT**

**COMMANDING OFFICER (RAS)  
COAST GUARD  
PAY & PERSONNEL CENTER  
444 SE QUINCY STREET  
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Updated 03/28/2009

# Chapter 1 Pre-Retirement

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# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information

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**Purpose** This information will assist you in making a smooth transition from active duty into retirement.

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**Physical** If you haven't scheduled your physical, you should do so immediately. Your retirement physical will assist with any claims you may make with the Department of Veterans Affairs.

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**Career Intentions Worksheet CG PPC-2045** Complete the Career Intentions Worksheet at least two months before your planned departure (on leave or last day of active duty, whichever is earlier) and forward it to your Servicing Personnel Office, via your chain of command.

- <http://www.uscg.mil/PPC/forms/>
- 

**Final Active Duty Pay** The Separations Entitlements Service (SES) branch at PPC monitors your final active duty payments. If you have questions about your final active duty pay, LES, or W-2 you may contact PPC Customer Care (CCB) at 785-339-2200/1-866-772-8724.

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**Travel** PPC's Travel branch processes your final travel claim once it is received. Direct any questions to PPC Customer Care (CCB) 785-339-2200 or 1-866-772-8724.

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**Retirement Certificates and Pin** Your Retirement Certificates and Pin will be issued & mailed by PPC (RAS) to your unit up to 6 months prior to your retirement date. If not received by the unit, or if needed more than 6 months prior to your retirement date, they should contact us at 785-339-3415.

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# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information, Continued

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### Retirement Forms and Information

Necessary forms are included in this document and can also be accessed online (link to PPC forms web page below). Please complete the forms and worksheets legibly. We strongly recommend you fill them out online using the Adobe Acrobat program on the Coast Guard Standard Workstation. Completion of form CG-PPC-4700 is **mandatory** to establish your account so you can be **paid on time**. The completed form **should be mailed to PPC (RAS) at least 30 days prior to date of retirement.**

- <http://www.uscg.mil/hq/PPC/forms>
- 

### Recalled to Active Duty?

Even though you are immediately recalled to active duty, with no break in service, your account must be established on the retired rolls. You are required to make an SBP election prior to your retirement date, and you must waive retired pay to receive active duty pay. Please do not delay sending in your retirement forms.

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### Common problems

One common problem is that the CG PPC 4700 is not filled out completely nor witnessed on the same date as signed by member. Additionally, if you are married and a decline SBP or elect reduced SBP coverage, your spouse must concur with your election and acknowledge his/her concurrence on form CG PPC-4700. Your spouse's signature must be notarized. Please review instructions carefully and check with your unit, SPO or PPC (RAS) if you need any assistance.

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### Your Health Record

Please make a copy of your Health Record before you retire. We often receive requests for copies of records. PPC (RAS) does not have your active duty records. They are broken down and distributed in accordance with COMDTINST M1080.10 (series), Military Personnel Data Records (PDR) System Manual.

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# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information, Continued

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- Retired Pay** Retired pay is **paid on the first working day of the month** the month following your retirement date and each **month** thereafter.
- **Taxable year** for retired pay is 1 December through 30 November of the next year.
  - **Retired pay stops when you die.** If you elected the Survivor Benefit Plan (SBP), an annuity will be started for your survivor.
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**Retired Leave and Earnings Statements** You will receive a statement of income **only when there is a change to your retired pay.** You should retain these statements. **Monthly LES's are not sent to retired members.**

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**Questions** Please contact us if you have any questions regarding your retired pay account:

Phone: 1-800-772-8724 or 785-339-3415

Fax: 785-339-3770

email: [PPC-DG-RAS@uscg.mil](mailto:PPC-DG-RAS@uscg.mil)

Postal mail: COMMANDING OFFICER (RAS)

U. S. COAST GUARD

PAY & PERSONNEL CENTER

444 SE QUINCY ST

TOPEKA KS 66683-3591

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# Chapter 1 Pre-Retirement

## Helpful Telephone Numbers

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|   |                              |
|---|------------------------------|
| Final separation or sale of leave PPC (SES)   | 785 339-3550                 |
| Discrepancy of time or Statements of Service PPC (SES)  | 785 339-3554                 |
| Discrepancy of your Reserve Retirement Point Statement<br>(Drilling / Non Drilling Reservist) – PPC (SES) | 785 339-3354                 |
| (Retired Reservist (RET-2 or RET-1) – PPC (RAS)   | 785 339-3415                 |
| Travel Claim PPC (TVL)  | 866-772-8724<br>785 339-2200 |
| Retirement Orders: Officer (CGPC-opm-1)   | 202 267-2339                 |
| Enlisted (CGPC-epm-1)   | 202 267-1123                 |
| Office of Servicemembers' Group Life Insurance (OSGLI)  | 800 419-1473                 |
| or  | 201 802-7676                 |
| Department of Veteran's Affairs (VA)  | 800 827-1000                 |
| Social Security Administration  | 800 772-1213                 |
| Delta Dental of California (Retired Members)  | 888 838-8737                 |
| Medical Care - Tricare for Life   | 800 942-2422                 |
| To obtain copies of your DD-214, awards, etc. contact:  |                              |
| National Personnel Records Center (MPR)   |                              |
| 9700 Page Blvd  |                              |
| St. Louis, MO 63132-5100  | 314 538-2050                 |

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### Helpful Web Sites

Please our web page for links to other helpful sites:  
<http://www.usc.mil/ppc/ras/>

# Chapter 2 -- Establishing Your Retired Pay Account

## Overview

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**Purpose** Your retired pay account is not automatically transferred from active duty or reserve. To establish your retired pay account, **the necessary forms in Chapter 5 of this package must be fully completed, signed, witnessed (and notarized if required) and forwarded to PPC (RAS).**

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### In this chapter

| Topic   | See Page |
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## Chapter 2 -- Establishing Your Retired Pay Account

### Before You Begin

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#### Notes

If you have any questions regarding these instructions or your upcoming retirement, please call PPC (RAS) at 785-339-3415 or 1-800-772-8724.

- The forms in Chapter 5 of this package should be filled out using Adobe Acrobat on the CG Workstation.
  - The forms may also be typed or printed **neatly** in ink.
  - These forms are also available to download & print from PPC's website at <http://www.uscg.mil/ppc/forms/>.
  - These forms should be submitted as soon as possible, but not later than 30 days prior to retirement.
  - Mail completed forms to: COMMANDING OFFICER (RAS)  
USCG PAY & PERSONNEL CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591
- 

#### First Payment

You will receive your first retirement payment on the first working day of the month following retirement unless:

- (a) your retirement documents are not received on time; or
- (b) your effective retirement date is after the monthly payroll cutoff (the monthly payroll cutoff is normally approximately the 20th of the month).

**Example 1:** You retire on 1 July. Your retirement documents are received on time. You will receive your first retirement payment on 1 August (covering the period 1 thru 31 July).

**Example 2:** You retire on 28 July. You will receive your first retirement payment on 1 September (covering the period 28 July through 31 August).

**Note:** Saturdays, Sundays, and federal holidays are not considered working days.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PPC-4700) Instructions

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#### Introduction

Information you provide on the Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election (CG PPC-4700) is used to:

- establish your retired pay account,
- record your Survivor Benefit Plan Election (SBP), and to
- record your spouse's concurrence with the SBP election.

**Note:** This form is now used to start a Coast Guard Active Duty Retirement, a Coast Guard Reserve Retirement, & a NOAA Retirement.

Listed below are some problems frequently noted on the Form 4700:

- form not signed where required (Sect. VII & Sect. IX.)
  - form not **notarized** where required (Sect. VII)
  - not signed & witnessed on same date (Sect. VII & Sect. IX.)
  - incomplete or inaccurate state tax request (Sect. III)
  - witnessed by relative. (Sect. IX)
  - current address and phone for contact not provided. (Sect. I.)
- 

#### Instructions for completion of the CG PPC-4700

Most items on the CG PPC-4700 are self-explanatory.

General instructions for the completion of this form are listed below. If you need any assistance or have any questions regarding the CG PPC-4700, please call PPC (RAS) at 785-339-3415 or at 1-800-772-8724.

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#### Blank forms

CG-PPC 4700 is designed to be filled out using the Adobe Acrobat software on the Coast Guard Standard Workstation. The form cannot be submitted electronically, it must be printed, signed, and mailed to PPC (RAS). A blank form is in Chapter 5 of the guide. The form can also be obtained from our web site: <http://www.uscg.mil/ppc/forms/>.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PPC-4700) Instructions, Continued

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#### Part I, Identification and Address

Fill out this section completely.

Item 1a - Enter retirement date

Item 1b - Enter branch of service you are retiring from

Item 1c - Enter complete name (Last, First, Middle Initial)

Item 2 - Provide both your rank and paygrade (e.g., CDR/O5, MK1/E-6).

Item 3 - Enter Employee ID Number

Item 4 - Enter your Date of Birth

Item 5 - Enter the mailing address desired for the Coast Guard & NOAA Retiree/Annuitant Statement, Federal Tax Withholding Statements, and the Retiree Newsletter.

Item 6 - Enter telephone number for work and home (if available)

6a - Provide your home and business email addresses so we can contact you in case telephone contact can't be established.

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#### Part II, Pay Delivery

Delivery of your retired pay by direct deposit is mandatory (Public Law 104-134). Waivers may be granted when it is determined it would be in the best interest of both the individual and the Coast Guard.

To request a waiver of mandatory direct deposit:

- Send a letter to PPC (RAS) stating the reason(s) you cannot participate.
  - Provide a check mailing address on the letter or on CG PPC-2015, Pay Delivery Worksheet (<http://www.uscg.mil/ppc/forms/>).
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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PPC-4700) Instructions, Continued

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**Part III, Tax Withholding Information**

Item 14 – If you would like us to withhold an additional \$\$ amount in Federal Tax Withholding you must enter whole dollar amounts here. (i.e., \$10.00)

Item 15 - If exempt status is claimed you must submit the current year's IRS Form W-4 at the beginning of each year.

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**Part III, Tax Withholding Information**

Item 16 - The following states have a state tax agreement for us to withhold state income taxes as of January 1, 2008. This does not mean that all these states tax retired pay. For example, Kansas does not tax military retired pay; however, if a member wants Kansas state tax withheld from his/her pay, we can withhold it because we have an agreement with them.

**Note:** State withholding agreements are subject to change at any time. See:

<http://www.dfas.mil/retiredpay/taxinformation/stateincometaxwitholdingsitw.html> for the latest updates.

|                  |               |                |
|------------------|---------------|----------------|
| Alabama          | Kansas        | North Carolina |
| Arizona          | Louisiana     | North Dakota   |
| Arkansas         | Maine         | Ohio           |
| California       | Maryland      | Oklahoma       |
| Colorado         | Massachusetts | Oregon         |
| Connecticut      | Minnesota     | Rhode Island   |
| Delaware         | Missouri      | South Carolina |
| Dist of Columbia | Montana       | Utah           |
| Georgia          | Nebraska      | Vermont        |
| Idaho            | New Mexico    | West Virginia  |
| Indiana          | New York      | Wisconsin      |
| Iowa             |               |                |

Item 17 – If you select a designated state to receive taxes from the above list, you must enter a dollar amount in this block. If there is no dollar amount entered, we will not take out any taxes. This amount must be in whole dollars but not less than \$10.00.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PPC-4700) Instructions, Continued

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#### Part IV, Designation of Beneficiaries for Unpaid Retired Pay

This information is used to establish your beneficiaries for any unpaid retired pay due to you at the time of your death.

**Item 18a-e:** Enter the name(s) of those you designate to receive unpaid retired pay. Include their Social Security number, their relationship to you, their address and their phone number. If more than one person is entered, indicate the percentage of your pay each is to receive.

The share must equal 100 percent.

You cannot designate a trust to receive your final retired pay due, but you can designate the trustee as the final pay recipient, for example, "John W. Doe, Trustee."

If your beneficiary changes notify PPC (RAS) immediately.

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#### Part V, Certification Data for Payment of Retired Personnel

This information is used to identify conditions that may affect your retired pay.

**Note:** Retirees, who go to work for a foreign government, or a company, educational institution, or other concern controlled/owned in whole or in part by a foreign government, forfeit their retired pay unless they obtain prior employment approval from the Departments of State and Homeland Security.

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#### Part VI, Survivor Benefit Plan Election

The Survivor Benefit Plan will provide a monthly income for a retiree's survivors after his/her death. If a retiree does not elect SBP coverage, upon his/her death, survivors will not be entitled to any money from the Coast Guard other than unpaid retired pay.

**Very Important - The retiree must elect whether to participate in SBP prior to actual retirement date. The retiree must also select which survivors will be covered. This also applies to personnel being immediately Recalled on the first date of retirement. Failure to submit the CG PPC-4700 prior to first date eligible to receive retired pay will result in automatic maximum SBP coverage.**

Detailed information required for making an SBP election can be obtained by attending a Military Pre-Retirement seminar or by reading Chapter 4 of this guide.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PPC-4700) Instructions, Continued

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#### Part VI, Survivor Benefit Plan Election (continued)

Remember to change your SBP if you get a divorce, remarry, or your beneficiary has deceased. **You will have only 1 year to change the election and it is irrevocable if the change is not made within that time period.**

**Item 21 – FOR RESERVE RETIREE ONLY** – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP) you DO NOT have to complete Section VI. Provide a copy of the previous RCSBP election with your CG-PPC-4700 worksheet.

If you previously deferred your RCSBP election until age 60 (option A) you MUST complete Section VI.

**Items 22e and 22f** - If electing coverage for a former spouse pursuant to a court order or property settlement, provide a copy of the court order or property settlement.

**Item 32** - If child is disabled, attach a medical statement, signed by a physician, indicating when disability started and if disability is permanent or temporary.

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#### Part VII, SBP Spousal Concurrence

Your decision concerning participation in SBP will have a direct impact on your spouse. If you elect not to participate, or to participate at less than the maximum level, your spouse must be notified of your decision and complete this section of the form. Your spouse's endorsement must be **notarized**.

**Note:** If you and your spouse are not collocated, your commanding officer must send a letter of notification/concurrence to your spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PPCINST M1000.2 (series).

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#### Part VIII, Declaration of Service

This section is used to obtain information concerning any prior service you have had which may affect the computation of your retired pay.

- Complete all items that are applicable.
  - **Item 52 - For Coast Guard Active Duty & NOAA Retirees ONLY.** If you have prior service in a reserve component, attach to this form copies of point statements (or other documentation), which substantiate reserve retirement points you have previously earned.
- 

#### Part IX, Member's Certification

**Item 57 – 63:** Your signature must be witnessed by someone over the age of 18 who is not a member of your family. This is required for retired pay to begin.

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## Chapter 2 -- Establishing Your Retired Pay Account

### Allotments

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#### Introduction

The Retired Allotment Authorization Form (CG PPC 7221) is an optional form. It may be used to start, stop or change an allotment or bond. **All of your allotments will be automatically stopped on the active duty pay system.** Any allotments you request be carried forward will be restarted in the retired pay system. The types of allotments authorized for continuation into retirement are listed on the reverse side of PPC Form 7221.

A blank CG PPC-7221 is included in the forms section for your use. The form can also be obtained from our web site: <http://www.uscg.mil/ppc/forms/>.

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#### Carrying allotments forward from active duty

If you elect to carry allotments forward from active duty, you may do so by making a copy of your active duty LES, lining out the allotments you want stop, and sending it to us with your CG PPC-4700.

- All allotments must be made by direct deposit.

On your LES, line through the allotments you desire to cancel upon retirement. All authorized allotments not lined through will be transferred to your retired pay account, if made by direct deposit. Please see page 2-10 of this guide for an example of how to annotate the LES.

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#### Starting new allotments

All allotments must be sent by direct deposit. Therefore, in order to start a new allotment, you need to provide a signed letter request, including your account number, the name of the financial institution, and a voided check or pre-printed deposit slip; or provide the information in the EFT section of the CG PPC 7221.

If you desire to change or stop any allotment after you are retired, simply notify PPC by letter or use the CG PPC 7221.

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## Chapter 2 -- Establishing Your Retired Pay Account

### Allotments, Continued

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**Other allotment tidbits** Your active duty allotments will be paid through your final month of active duty and deducted from your separation pay.

- In the event the amount of allotments paid from your active duty pay exceeds available entitlements, then the overpayment will be collected from your retired pay account. This normally would happen only if your retirement date is other than the first of the month.
  - SGLI (active duty) continues for 120 days after separation from active duty at no cost to the member. Info concerning conversion to VGLI will be sent to member by the Office of Servicemembers Group Life Insurance. VGLI allotment must be started through Office of Service Members' Group Life. (1 800 419-1473).
  - Delta Dental for retired personnel is not an allotment. When you enroll for the dental program you are authorizing Delta to make a deduction each month from your retired account. Cancellations or changes must also be made through Delta Dental. You may contact them at 1 888 838-8737 or 1 888 336-3260.
  - Allotments are not authorized for CFC.
-

# Chapter 2 -- Establishing Your Retired Pay Account

*Exhibit 1: Active Duty LES annotated with allotment information for retired pay account*

|   |                       |                               |  |                              |          |  |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
|---|-----------------------|-------------------------------|--|------------------------------|----------|--|--|---------------------------------|--|---|--|---------------------------------------|------------------------------------|------------------------------|--|------------------|--|---------------------------|--|------------------|--|
| <b>Department of Homeland Security</b>                                      |                       | <b>U.S COAST GUARD</b>        |  |                              |          | MEMBER COPY<br>NAME/<br>INIT.     JONES /JP                                  |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| U.S. COAST GUARD<br>CG-5209(REV 2/98)                                       |                       | LEAVE AND EARNINGS STATEMENT  |  |                              |          |  |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| 1. Period Covered<br>01-30 JAN 00   |                       | 2. EMPLID<br>1234567          |  | 3. Pay Base Date<br>80-01-23 |          | 4. AD Base Date<br>80-01-23  |  | 5. Exp Ad Term Date<br>00-01-30 |  | 6. Exp Loss Date<br>00-01-30                                  |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| YOUR<br><br>NET<br><br>PAY  | 7. Mid Mo<br>788.10   | PAY SENT TO                   |  |                              |          | LEAVE INFORMATION  |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
|   | 8. End Mo<br>787.11   | 9. Acct Nr: DIRECT            |  |                              |          | 11. Bal Bf<br>18   0   |  | 12. Earn<br>2   5               |  | 13. Used<br>1   0   |  | 14. SoldPd<br>0                       |                                    | 15. Bal Eom<br>19   5        |  | 16. LosPrFY<br>0 |  | 17. SoldCtd<br>0          |  |                  |  |
|   | 10. Route Nr: DEPOSIT |                               |  |                              | 19. Name |  |  |                                 |  |   |  |                                       | NEXT MONTH<br>PAY PERIOD ESTIMATES |                              |  |                  |  |                           |  |                  |  |
| 18. USCGR Tra/Pay Cat:<br>E-5   |                       | 20. Rank/Rate/Grade<br>E-5    |  |                              |          | 21. Cost Code:<br>47400<br>PERSRU:<br>53-47400-02<br>Unit OPFAC:<br>53-47400 |  |                                 |  | 22. Mailing Address<br>2409 ROLE BLV<br>JABRONI KS 66604-3020 |  |                                       |                                    | 23. Date<br>00-02-15         |  | Amount<br>787.56 |  | 24. Date<br>00-03-01      |  | Amount<br>798.92 |  |
| 25. ENTITLEMENTS  |                       |                               |  | 26. ALLOTMENTS               |          |  |  | 27. DEDUCTIONS                  |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| BASIC PAY   |                       | 1433   70                     |  | SAVINGS                      |          | 001B   |  | 300   00                        |  | ENL BAS REG   |  | 8   38                                |                                    |                              |  |                  |  |                           |  |                  |  |
| CLOTHING STD  |                       | 21   42                       |  | <del>CEC</del>               |          | <del>004B</del>  |  | <del>1   00</del>               |  | SGLI  |  | 16   00                               |                                    |                              |  |                  |  |                           |  |                  |  |
| ENL BAS REG   |                       | 251   40                      |  |                              |          |  |  |                                 |  | SINGLE DENTAL   |  | 8   09                                |                                    |                              |  |                  |  |                           |  |                  |  |
| LVRATS  |                       | 7   43                        |  |                              |          |  |  |                                 |  | FEDERAL TAX   |  | 148   18                              |                                    |                              |  |                  |  |                           |  |                  |  |
| BAH WITH DEP  |                       | 452   59                      |  |                              |          |  |  |                                 |  | FICA TAX  |  | 109   68                              |                                    |                              |  |                  |  |                           |  |                  |  |
| <i>Continue EFT &amp;<br/>savings allot<br/>John P. Jones<br/>11 Nov 00</i> |                       |                               |  |                              |          |  |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| TOTALS  |                       | 2166   54                     |  |                              |          |  |  | 301   00                        |  |   |  |                                       |                                    | 290   33                     |  |                  |  |                           |  |                  |  |
| PAY BREAKDOWN FOR THIS PERIOD   |                       |                               |  |                              |          | STATE INCOME TAX INFORMATION   |  |                                 |  |   |  |                                       |                                    |                              |  |                  |  |                           |  |                  |  |
| 28. Amount BF<br>00   |                       | 29. Entitlements<br>2166   54 |  | 30. Allotments<br>301   00   |          | 31. Deductions<br>290   33   |  | 32. Net Earnings<br>1575   21   |  | 33. Amt to be CF<br>00  |  | 34. Income YTD<br>00                  |                                    | 35. Tax W/H YTD<br>00        |  | 36. Exempt       |  | 37. Legal Residence<br>MI |  |                  |  |
| FEDERAL TAX INFORMATION   |                       |                               |  |                              |          |  |  |                                 |  |   |  | <b>BUY U.S.<br/>SAVINGS<br/>BONDS</b> |                                    |                              |  |                  |  |                           |  |                  |  |
| 38. Tax Inc This PD<br>1433   70  |                       | 39. Income YTD<br>12603   00  |  | 40. Tax W/H YTD<br>1288   58 |          | 41. Allowances<br>S   01   |  | 42. Add'l W/H<br>00             |  | 43. FICA Wages<br>1433   70                                   |  | 44. FICA Wage YTD<br>12603   00       |                                    | 45. FICA Tax YTD<br>964   13 |  |                  |  |                           |  |                  |  |

## REMARKS ARE ON BACK

PLEASE VERIFY YOUR ADDRESS SHOWN IN BLOCK 22 OF THIS LES. IF IT IS NOT YOUR CORRECT MAILING ADDRESS, PLEASE PROVIDE A NEW ADDRESS TO YOUR SPO

# Chapter 3 – Survivor Benefit Plan

## Overview

---

### Introduction

Upon a retiree's death, **retired pay stops**. The **only** way a retiree's survivor can receive any monthly annuity payment from the Coast Guard is if the retiree purchases coverage under the Survivor Benefit Plan (SBP).

This chapter will explain how the plan works, the options available, and the costs.

**Note: FOR RESERVE RETIREES ONLY** – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP), this chapter does not apply to you. If you have questions concerning your RCSBP election, contact the Reserve Processing Team at 1-800-772-8724 **extension 3412**.

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### Reference



[Personnel Manual, COMDTINST M1000.6 \(series\), Section 18-F](#)

**Note:** This information is provided to assist you and your spouse to make an informed decision regarding your participation in the SBP program. If you need more information about the plan you may also contact PPC (RAS) for more information about the plan.

 (785) 339-3415 or  
1-800-772-8724

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### In this chapter

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# Chapter 3 – Survivor Benefit Plan

## How SBP Works

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**Purpose of SBP** The purpose of the Survivor Benefit Plan (SBP) is to establish a benefit program to complement the survivor benefits of social security.

The Plan provides retirees an opportunity to leave a portion of their retired pay to their survivors at a reasonable cost.

- Without SBP, survivors of deceased retirees would not receive any money from the Coast Guard, with the exception of any final pay that may be paid to designated beneficiary.

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**Amount of retired pay insured** Under SBP you can choose how much of your retired pay you wish to insure. The part of your retired pay that you choose to insure is called the “*Base Amount*”.

- The minimum base amount is \$300. If your total gross retired pay is less than \$300, then that becomes the minimum base amount.
- The maximum base amount is your full retired pay. An exception to this rule is that, for a REDUX retiree (one who elected the \$30,000 Career Status Bonus), the maximum base amount is the gross retired pay the member would have received had he/she NOT elected the Career Status Bonus.
- Whenever retired pay is increased, the base amount is increased at the same time and percentage.

---

**Amount paid to survivors** The amount that SBP pays to the survivor(s) that you have elected coverage for is called an “*Annuity*”.

- The *Annuity* amount is 55% of the *Base Amount* for a surviving spouse.
- The *Annuity* amount for children is 55% of the *Base Amount* (for as long as the child is eligible).

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### How SBP Works, Continued

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#### Coverage Available

Under SBP, **every member with a spouse and/or dependent child(ren) on the first day of entitlement to retired pay will automatically participate in the Plan at the maximum level allowed under the law, unless:**

- (1) The member submits a written election (on CG PPC 4700) for reduced or no coverage; and
- (2) The member's spouse signs a written, notarized, statement (on CG PPC 4700) concurring with the SBP election of reduced or no coverage.

A member who is not married or has no dependent child(ren) at the time of retirement, but who later marries or acquires a dependent child, may elect to participate in SBP at that time, provided the member's completed and signed election is received by PPC (RAS) **within 1 year of marriage or acquiring that dependent child.**

If there is no eligible spouse or child(ren) at the time of retirement, a member may elect to provide survivor protection to a person with an insurable interest.

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#### Who you can provide coverage for

You may provide SBP coverage for:

- Spouse
    - ➤ The annuity would be paid to the spouse for life, unless the spouse remarries prior to age 55.
  - Spouse and Children
    - ➤ The spouse would be the primary beneficiary, and the children contingent beneficiaries.
  - Children only
    - ➤ Children can receive an annuity until age 18 (until age 22 if attending school on a full-time basis).
    - ➤ Permanently Incapacitated children may receive an annuity, a child must be certified by appropriate medical authority as incapable of self-support and that the incapacity occurred prior to age 18. Please indicate "yes" in Block 32 a. through d. Please call PPC (RAS) if you need assistance.
  - Former Spouse
  - Former Spouse and children you had with the former spouse.
  - Person with an Insurable Interest.
    - ➤ Parent, dependent or non-dependent child, other relative, business associate, etc..
-

## Chapter 3 – Survivor Benefit Plan

### Automatic Coverage

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**No election at the time of retirement will result in automatic participation in SBP**

Unless a member elects not to participate in SBP, or elects to participate at less than the maximum level before the first day on which he or she becomes entitled to retired pay, each member with a spouse and/or dependent child(ren) on the date of retirement will be enrolled in SBP automatically at the maximum level. Coverage will be based on the member's full gross retired pay (except in the case of a REDUX member, where coverage will be based on the gross retired pay the member would have received had he/she NOT elected the Career Status Bonus).

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**Spouse only**

A member with a spouse only will be covered for that spouse at the maximum level.

---

**Spouse and child(ren)**

A member with a spouse and child(ren) will be covered for the spouse and child(ren) at the maximum level with the annuity payable to the spouse or in the event of the death or (*if under age 55*) remarriage of the spouse, to the eligible child(ren).

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**Child(ren) only**

A member with child(ren) only will be covered for the child(ren) at the maximum level.

---

## Chapter 3 – Survivor Benefit Plan

### Optional (Reduced or No) Coverage

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|  |   |
|--|---|
| <b>General</b>                         | Every member with a spouse and/or dependent child(ren) on the date of retirement, who does not desire coverage under the automatic provision of SBP, may elect reduced or no coverage.  |
| <b>Time requirement</b>                | <b>Elections for optional coverage must be signed and submitted to PPC (RAS) prior to midnight on the member’s last day of active duty. The member’s signature and the spouse’s, if there is a spouse must be provided on parts VII and IX of the <i>Retired Pay Account Worksheet and Survivor Benefit Plan Election</i> (CG PPC-4700). Retired personnel being immediately Recalled must also make the SBP election by this deadline.</b>   |
| <b>Spouse only coverage</b>            | A member with a spouse only on the date of retirement may elect to participate at a reduced level or may elect not to participate at all.   |
| <b>Spouse and child(ren) coverage</b>  | A member with a spouse and child(ren) on the date of retirement may elect to cover: <ul style="list-style-type: none"><li>• the spouse and child(ren) at a reduced level</li><li>• the spouse only at the maximum level or at a reduced level</li><li>• children only at the maximum level or at a reduced level</li></ul> or may elect not to participate at all.  |
| <b>Spouse notification/concurrence</b> | Married members must obtain their spouse’s concurrence on any decision not to enroll in SBP or to enroll at less than the maximum coverage available. The spouse’s acknowledgment must be in writing and must be notarized. Space is provided on form CG PPC-4700 for spousal notification and concurrence. If the member and spouse are not collocated, the member’s commanding officer must send a letter of notification/concurrence to the member’s spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PPCINST M1000.2 (series). |

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## Chapter 3 – Survivor Benefit Plan

### Insurable Interest Coverage

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#### General

A member who is unmarried and does not have dependent children on the date of entitlement to retired pay may elect to provide an annuity for a person with an insurable interest in the member. As an exception, a member who is **unmarried** but who has a **dependent child** may provide coverage for that child under the insurable interest provision rather than an election for child.

---

#### Who may qualify as an Insurable Interest

Any person who can reasonably expect to receive some kind of financial benefit from the continuance of the life of the retired or retiring individual may be considered a Person with an Insurable Interest.

An insurable interest will be presumed to exist between the service member and parents, stepparents, grandchildren, aunts, uncles, sisters, brothers, half sisters, half brothers, nondependent children or stepchildren or any other person more closely related than cousins.

If the designation is other than one of the above, proof of financial benefit from the continuance of life of the member is required.

A person to whom a member is engaged to be married does not qualify as an insurable interest party on the relationship alone; the person must have a legal, documented, financial relationship with the member. This proof must be an affidavit from one or more persons attesting to the financial relationship between the member and the insurable interest party, which must be submitted along with a member's SBP election.

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#### Election may be changed

If the retiree later acquires a spouse and/or dependent child(ren), the member may change the election to provide coverage for the spouse and/or child(ren), provided such election is received by PPC (RAS) with 1 year of acquisition of the spouse and/or child(ren).

When such change is made, the insurable interest person remains the eligible beneficiary until the spouse or child(ren) are eligible.

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## Chapter 3 – Survivor Benefit Plan

### SBP Costs

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#### Introduction

The cost for SBP coverage is deducted monthly from your retired pay.

- SBP costs reduce taxable retired pay. SBP annuities paid to survivors are taxable income.
  - SBP coverage is protected against inflation, as it is increased by any Cost-of-Living Adjustments (COLAs).
  - Monthly premiums increase with any COLAs.
- 

#### Paid up Coverage Under Survivor Benefit Plan

*Section 641, Public Law 105-261*, allows collection of monthly SBP premiums from retired pay to stop when the member attains 70 years of age or 360 months (30 years) of premium payments whichever comes later.

- The first opportunity for paid up entitlements begins 1 October 2008.
- 

#### Cost for Spouse or Former Spouse Coverage

As of 1 January 2008 this is the formula for calculating the costs of SBP coverage for a Spouse or Former Spouse of a member who entered the service prior to 1 March 1990.

- If the base amount is **\$1447** or more, cost is 6.5% of the base amount.
- If the base amount is **\$1446** or less, cost is 2.5% of the first **\$675**, plus 10% of the remaining base amount.

**Note:** The above amounts (shown in **bold** print) are subject to change with every COLA adjustment.

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### SBP Costs, Continued

**Cost for Spouse (or Former Spouse) and Children Coverage**

There is a small additional charge to include coverage for children.

- The cost for the coverage is a percentage of the base amount.
- The percentage is determined according to the age of the member, the age of the spouse, and the age of the youngest child.
- When all children cease to be eligible for an annuity, the child cost terminates and only spouse cost continues.
- PPC (RAS) will automatically terminate the SBP child cost once the youngest child reaches age 22. A child whose 22nd birthday occurs before 1 July and after 1 August of a calendar year is considered, under the SBP law, to become 22 years of age on the first day of July after that birthday.
- Actuarial Tables are used to compute SBP cost when election is for spouse (or former spouse) and child coverage.
- Here is a sample of part of an actuarial table:

| Member and spouse<br>Age | Age of Youngest Child |        |        |        |
|--------------------------|-----------------------|--------|--------|--------|
|                          | Age 5                 | Age 10 | Age 15 | Age 20 |
| 45                       | .00038                | .00018 | .00006 | .00001 |
| 50                       | .00055                | .00021 | .00007 | .00001 |
| 55                       | .00144                | .00046 | .00011 | .00001 |
| 60                       | .00393                | .00130 | .00030 | .00003 |

**Example SBP Cost for Spouse and Children Coverage**

In this example computation,

- the member has selected an SBP base amount of \$1500
- the member is 45 years old
- the spouse is 45 years old
- the youngest child is 5 years old

**Example SBP Cost Computation:**

Computation for Spouse coverage:  $\$1500 \times .0650 = \$97.50$

Computation for Children coverage:  $\$1500 \times .00038 = \$00.57$

Total monthly SBP cost:  $\$98.07$

Annuity Payable @ 55% in the amount of \$825.00

*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### SBP Costs, Continued

---

#### Cost for Children Only Coverage

Members may elect coverage under SBP for children only. If the member has a spouse, the spouse must concur with an election for children only coverage.

- Cost is based on the age difference between the member and the member's youngest child.
- Actuarial tables are used to compute the costs.
- Here is a sample of part of an actuarial table:

| Age of Member | Age of Youngest Child |        |        |        |
|---------------|-----------------------|--------|--------|--------|
|               | Age 5                 | Age 10 | Age 15 | Age 20 |
| 45            | .0056                 | .0030  | .0014  | .0005  |
| 50            | .0097                 | .0053  | .0024  | .0005  |
| 55            | .0184                 | .0103  | .0048  | .0016  |
| 60            | .0314                 | .0176  | .0081  | .0026  |

---

#### Example SBP Cost for Children only Coverage

In this example computation,

- the member has selected an SBP base amount of \$1500
- the member is 45 years old
- the youngest child is 5 years old

Computation for Children only coverage:  $\$1500 \times .0056 = \$8.40$

Annuity payable @ 55% in the amount of \$825.00

---

#### Cost for Insurable Interest Coverage

The monthly cost to provide an annuity to a person with an insurable interest is 10% of the member's full retired pay, plus an additional 5% for each full 5 years that the named beneficiary is younger than the retiree. The annuity will be 55% of the retired pay remaining after reduction of SBP costs from the base amount.

- The total cost may not exceed 40% of the member's retired pay.
-

## Chapter 3 – Survivor Benefit Plan

### Election Regulations

---

**Election is Irrevocable**

**Any election not to participate or to participate at a reduced base amount, if not rescinded or changed prior to the first date of entitlement to retired pay, is irrevocable.**

**If coverage is declined for a spouse at the time of retirement, this decision is irrevocable and coverage for your spouse (that spouse or a future spouse) cannot be provided at a later point.**

**Note:** The only exception to this rule is the opportunity in the event of an SBP Open Season.

A decision not to participate or to participate at a reduced base amount, should be reviewed very carefully.

---

**Members with no spouse or eligible children at time of retirement**

A member who has no spouse and/or child(ren) on the date of retirement, but who later acquires a spouse and/or child(ren), may elect to participate in the plan.

**The election to participate must be done within one year of the date of marriage, in the case of a spouse, or the date of birth or adoption, in case of children.**

---

**Situations when an election can be changed or revoked**

These elections may be changed or revoked after the award of retired pay.

- **Opportunity to terminate SBP coverage:** *Section 641, Public Law 105-85* provides for a one-year period, beginning two years after commencement of retired pay, during which SBP participants may choose to discontinue participation in the plan. Written concurrence of the spouse is required. Once participation is discontinued under these provisions, no benefits under SBP may be paid, and no refund of any premiums properly collected shall be made.

- If a member elected to provide coverage for an insurable interest that election may be changed to cover a newly acquired spouse or child(ren).
- 

*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Election Regulations, Continued

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**Situations when an election can be changed or revoked**  
(continued)

- If a member who was unmarried at date of retirement elected to provide coverage for dependent child(ren), the election may be changed to cover a spouse and child(ren) should the member subsequently marry. Election must be made within one year of the date of marriage.
  - A member may discontinue coverage for dependent child(ren) because of ineligibility of all children for an annuity.
  - Elections made by Commandant (CG-1222) on behalf of a member declared incompetent may be changed or revoked by the member within 180 days after he or she has been determined to be competent.
- Members who have spouse coverage who lose their spouse due to divorce or death have their SBP coverage suspended and cost terminated. If the member later remarries, the member has three options, which he/she can exercise within one year of remarriage:
  - 1) Resume coverage at same level as the member had for the first spouse.
  - 2) Increase coverage up to the maximum level  
(This option requires the member to pay the difference between the SBP costs incurred and the costs that would have been incurred if the new level of participation had been elected originally).
  - 3) Elect not to have the spouse portion of coverage resumed  
(This option will require PPC (RAS) to notify the new spouse of the member's election).

---

**Procedure for changing or revoking an election after effective date of retirement**

Only those changes or revocations listed above may be accomplished after the date of retirement.

- You must notify PPC (RAS) in writing of your desire to change coverage.
  - PPC (RAS) will review your request and mail you the appropriate forms and instructions to effect the change in coverage.
-

## Chapter 3 – Survivor Benefit Plan

### Election Procedures

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- Election during retirement process** SBP election during the retirement process is made by completing Parts VI and VII of the *Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election* (CG PPC-4700).
- The instructions for completing the form are contained in Chapter 2 of this guide.
  - Part VI of the form must be completed by all members, whether they are married or not.
  - The form must be completed and returned to PPC (RAS) prior to the effective date of retirement for the SBP election to be effected. Otherwise, for members with a spouse and/or child(ren), the automatic coverage provisions of SBP will take effect.
  - The member's spouse must complete part VII if the member did not elect to participate at the maximum level. This section must be notarized. If the member and spouse are not collocated, the member's commanding officer must send a letter of notification/concurrence to the member's spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PPCINST M1000.2 (series).

- 
- Changing or revoking an election prior to retirement** A retiree who submits an SBP election in conjunction with retirement who changes his/her mind prior to the actual retirement date must follow the following procedure:
- Submit a new PPC-4700 to PPC (RAS) prior to the effective date of retirement.
  - Annotate Parts VI and VII with this statement:  
*“THIS ELECTION REVOKES PREVIOUS ELECTION”*
  - The new election will be accepted by PPC (RAS) only if it is received or is postmarked prior to the member's date of retirement.

**Note:** This does not pertain to Reservist that previously elected option B or C.

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## Chapter 3 – Survivor Benefit Plan

### RCSBP Information for Reserve Personnel

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**Information for reservists who are between 20-years satisfactory service and reaching age 60**

If you have no spouse or children at the 20-year point, and later acquire a spouse and/or children you may elect to enroll your new beneficiaries in the RCSBP. You must request enrollment by completing a [CG PPC-11221](#), *Reserve Component Survivor Benefit Plan (RCSBP) Option - Election Certificate* (<http://www.uscg.mil/PPC/forms/PPC11221.pdf>), **within one year** of obtaining a spouse and/or child. A copy of the marriage and/or birth certificate must accompany request.

If you elect spouse coverage under Option B or C, and your spouse dies, you may suspend your RCSBP spouse coverage. You must notify us and provide a copy of the death certificate. If you elected coverage for both spouse and children, your RCSBP child coverage would continue.

If you elect spouse coverage under Option B or C, and later divorce, you have the following rights:

- You may suspend your RCSBP spouse coverage by providing a copy of your divorce decree.
- You may voluntarily elect to cover your former spouse under the RCSBP. Submit a written request, with a copy of your divorce decree.

If you remarry after losing your RCSBP spouse beneficiary, you have the following rights **within one year** of your remarriage:

- Provide the same RCSBP coverage you had for your previous spouse.
- Terminate your RCSBP spouse coverage.
- Increase your RCSBP Base amount up to full retired pay. (Additional costs will apply.)
- Elect Supplemental RCSBP (at additional cost).

**NOTE:** The opportunity to make any changes to your RCSBP election must be made **within one year** of your remarriage by written notification to us at the address provided below.

Commanding Officer (RAS)  
CG Pay & Personnel Center  
444 SE Quincy St  
Topeka KS 66683-3591

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## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP

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**Q:** I understand my retired pay stops when I die. However, my spouse will be eligible for other Government benefits from the VA and Social Security Administration, right?

**A:** Your spouse could be entitled to a benefit called Dependency and Indemnity Compensation (DIC) from the VA. However, DIC is only payable if your death is found to be "service connected". A surviving spouse can also get social security survivor benefits if the spouse is over age 59, or if you have minor children. However, if you turn down SBP and you die from a non-service connected cause, and you don't have any minor children, your spouse will be without any Government benefits until reaching age 60.

---

**Q:** Does my spouse lose SBP if she or he remarries after I die?

**A:** If your spouse remarries before age 55, the monthly SBP annuity will be stopped. If this remarriage terminates, the annuity restarts.

---

**Q:** Does my spouse have any say in what SBP decision I make?

**A:** A spouse sure does. If you don't elect full coverage, your spouse must be notified and must sign a notarized statement agreeing to your election of no coverage or reduced coverage. If your spouse doesn't agree or doesn't sign the statement, you are put on automatic full SBP coverage.

---

**Q:** What are some of the differences between SBP and life insurance?

**A:** (1) SBP has no cash value, whereas whole life insurance has a cash value and can be borrowed against.  
(2) SBP is government-subsidized.  
(3) SBP annuities rise with inflation, but insurance policies don't.  
(4) SBP premiums are exempt from taxes, whereas insurance premiums are not exempt. SBP annuities paid out are taxable income, whereas insurance proceeds generally are not taxable. SBP coverage cannot be denied due to your age or health, whereas insurance coverage can be.

---

**Q:** What are probably the most important factors in making an SBP decision?

**A:** Your health and that of your spouse, your family longevity and that of your spouse, the difference between you and your spouse's age, and your private financial planning (commercial insurance, etc.).

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP, Continued

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**Q:** Is my SBP decision irrevocable?

**A:** Yes, with the following exceptions.

(1) For future retirees, the window to discontinue SBP will open on the second anniversary after the retired member begins to receive retired pay, and will close on the third anniversary date. Retirees may not elect to discontinue participation without the written concurrence of the spouse, and participants who elect to withdraw will not be entitled to a refund of premiums.

(2) There have been open enrollment seasons once about every 10 years since SBP was adopted in 1972, whereby a retiree could come into the program. However, the costs to come in during open season were much higher based on the retiree's age and how many years the retiree had been retired.

---

**Q:** Are there any cases where I should consider SBP an extremely good buy?

**A:** Yes, in the case of an incapacitated child. If you have a mentally or physically permanently handicapped child, SBP provides excellent protection at little cost. The child must meet service-specific requirements. Contact the PPC (RAS) DEERS desk for application procedures and requirements.

---

**Q:** If I buy SBP coverage for my four children, do they each receive an annuity of 55 percent of my SBP base amount?

**A:** No, the annuity will be equally divided among your four children. When the oldest child reaches majority age, it would be divided into thirds, etc., etc.

**Q:** Is there a down side to purchasing SBP coverage for both my spouse and children?

**A:** One down side might be that the children will only be eligible for an annuity if you have no surviving spouse and your children are still under age 18 - thus you may end up paying for coverage that won't reap benefits. However, remember that child costs are very inexpensive.

---

**Q:** When do my children become ineligible under SBP?

**A:** At age 18, or if they attend an institution of higher learning full-time, at age 22.

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP, Continued

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**Q:** I know that SBP stops if my spouse remarries before age 55. Are there any other instances where SBP is reduced or stopped?

**A:** Yes, if your spouse becomes qualified for Dependency and Indemnity Compensation (DIC) from the VA (a tax-free benefit) due to your service connected death, then the SBP annuity is reduced dollar-for-dollar. For example, if your spouse's SBP annuity was \$1,000 per month and your spouse is awarded \$850 DIC per month, the SBP annuity is reduced to \$150 per month. **HOWEVER**, a partial or full refund of the SBP costs you have paid will be provided to your spouse.

---

**Q:** What about dependents I acquire after I retire - can I cover them under SBP?

**A:** It really depends on your status at retirement. If you have a spouse at retirement, and elect not to cover your spouse under SBP, you would be precluded from electing SBP coverage for a new spouse acquired after retirement, unless there was an SBP open enrollment season. On the same hand, if you have eligible children at retirement, but don't elect SBP child coverage, you would be precluded from electing coverage for children you acquire after retirement, unless there was an SBP open enrollment season. If you have no dependents at retirement, then later acquire dependents, you have one year to request SBP coverage for these dependents.

---

**Q:** Just how important is the COLA protection of SBP?

**A:** Extremely. SBP annuities, for instance, increased 296% between 1972 and 1988 - an annuity that was \$500 in 1972 was \$1,483 in 1988.

Another good example of the COLA protection would be SGLI. In 1972, SGLI coverage was \$15,000. In 2007, SGLI coverage is \$400,000. Just think, at this rate, 35 years from now, SGLI would have to be worth \$10 million!

Be sure to remember the COLA features of SBP when your insurance salesman presents information about purchasing a life insurance policy.

---

**Q:** Once I elect SBP, what responsibilities do I have after I retire?

**A:** To notify PPC if your family status changes. If your spouse or child dies, you divorce, your child marries or reaches age 18, immediately notify PPC so we can stop the SBP deductions from your pay.

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# Chapter 4 – Making Changes to Your Retired Account

## Contacting PPC (RAS)

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### Reporting Change by Telephone

You may telephone us with changes to your mailing address, home address, E-Mail address(es), and telephone number(s). You may also telephone us to change your direct deposit information. Your mailing address is the address used for any correspondence we send you. Examples are the USCG/NOAA Retiree/Annuitant Statement of monthly income, the 1099R (statement of taxable income), and the Retiree Newsletter. Also, please advise your pay technician if this address change will affect any savings bonds you have.

*1-800-772-8724 (press the pound key (#) and dial the extension number for your pay technician or follow the menu)*

*You may also dial our commercial number at 1 785 339-3415*

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### Written Changes

Please write or fax us for requests to make any of the following changes:

- Change, start or stop allotments
- Change Federal Income Tax Withholding (FITW)
- Start or change State Income Tax Withholding (SITW)
- Changes to the Survivor Benefit Plan (SBP). Include substantiating documentation.

Write us:     Commanding Officer (RAS)  
                  CG Pay & Personnel Center  
                  444 SE Quincy St  
                  Topeka KS 66683-3591

Fax: 785 339-3770

Include your name, Employee ID Number, and signature. Allotment and SITW changes can be handled over the telephone, if you desire.

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*Continued on next page*

## Chapter 4 – Making Changes to Your Retired Account

### Contacting PPC (RAS), Continued

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#### **Global Pay Self-Service**

The new U. S. Coast Guard Retired Pay System “*Global Pay*” will offer self-service, web-based access for retirees. Retirees will be able to make the following account changes online:

- Home and mailing address changes
- Email address changes
- Direct deposit account changes
- Allotment (starts, stops & changes)
- Tax withholding changes

The web-based, self-service access will be available in 2008. Our web page at <http://www.uscg.mil/ppc/ras/> will provide access information and detailed instructions.

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#### **Reporting the Death of Coast Guard or NOAA Retiree**

To report the death of a Coast Guard or NOAA retiree please telephone us at 1 800 772-8724. Or you may notify us in writing at:

Commanding Officer (RAS)  
CG Pay & Personnel Center  
444 SE Quincy St  
Topeka KS 66683-3591

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# Chapter 4 – Making Changes to Your Retired Account

## Retiree & Annuitant Services Customer Service Structure

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**Introduction** This section provides an overview the of PPC (RAS) customer service organization.

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**Mailing Address** COMMANDING OFFICER (RAS)  
U. S. COAST GUARD  
PAY & PERSONNEL CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591

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**Email Address** [PPC-DG-RAS@uscg.mil](mailto:PPC-DG-RAS@uscg.mil)

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**Fax** 785-339-3770

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**Retiree & Annuitant Services (RAS) Alpha Breaks** Call 1-800-772-8724 dial the extension number listed below. Ten Pay Technicians each processing a portion of the alphabet for new retirements and maintaining retiree accounts.

| If the 1 <sup>st</sup> letter of you last name is: | Then dial extension number: |
|--|-----------------------------|
| A, C   | 3428                        |
| B, Q   | 3430                        |
| D, E, F  | 3434                        |
| G, I, J, N   | 3417                        |
| K, L, O  | 3426                        |
| M, U, X  | 3442                        |
| H, V, Y, Z   | 3418                        |
| P, R   | 3435                        |
| S  | 3443                        |
| T, W   | 3449                        |

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*Continued on next page*

## Chapter 4 – Making Changes to Your Retired Account

### Retiree & Annuitant Services Customer Service Structure, Continued

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**Reserve** Reserve Processing 20 year letters, reservists entering RET1 or RET2 status; and producing and mailing retirement certificates and pins:

A-Z Ext. 3412

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**Deceased Accounts** Deceased Account Team processing retiree deaths, annuitant starts, and maintaining annuitant accounts.

| If the 1 <sup>st</sup> letter of the deceased's last name is: | Then dial extension number: |
|---|-----------------------------|
| A, B, C, I  | 3424                        |
| D, E, F, G  | 3413                        |
| H, J, K, L, O   | 3438                        |
| M, N, P, Q, R, X, Y, Z  | 3436                        |
| S, T, U, V, W   | 3446                        |

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**DEERS Liaison/ID Card Issues** DEERS Personnel Technician for information and ID Cards –  
Ext. 3441

---

**Newsletter** Newsletter editor for quarterly newsletter –  
Ext. 223

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## Chapter 5 – Forms and Worksheets

### Overview

**Introduction**      The forms and worksheets in this section are the ones used most frequently in retirement processing. Additional forms and worksheets can be obtained from our web site at: <http://www.uscg.mil/ppc/forms/>.

#### In this section

| Form  | Number<br>CG-                   |
|---|---------------------------------|
| <p><b><i>Career Intentions Worksheet</i></b> (Active Duty Only)</p> <ul style="list-style-type: none"> <li>• <b>Required</b> – Submit to your SPO at least 60 days prior to your departure on leave or last day of active duty (whichever is earlier).</li> <li>• <b>Instructions</b> – On the form and <a href="#">Chapter 3-B of the Personnel and Pay Procedures Manual, PPCINST M1000.2(series)</a>.</li> </ul> | <p><a href="#">PPC-2045</a></p> |
| <p><b><i>Retired Pay Account Worksheet</i></b></p> <ul style="list-style-type: none"> <li>• <b>Required</b> – Submit to PPC (RAS) at least 30 days prior to retirement effective date.</li> <li>• <b>Instructions</b> – Chapters 2 and 3 of this guide.</li> </ul>  | <p><a href="#">PPC-4700</a></p> |
| <p><b><i>Retired Allotment Authorization</i></b></p> <ul style="list-style-type: none"> <li>• <b>Optional</b> – Submit to PPC (RAS) whenever you want to start, stop or change an allotment or bond.</li> <li>• <b>Instructions</b> – On the form and Chapter 2 of this guide.</li> </ul>   | <p><a href="#">PPC-7221</a></p> |
| <p><b><i>Pay Delivery Worksheet</i></b></p> <ul style="list-style-type: none"> <li>• <b>Optional</b> – Submit to PPC (RAS) whenever you want to change the account used for your retirement pay.</li> <li>• <b>Instructions</b> – On the form.</li> </ul>   | <p><a href="#">PPC-2015</a></p> |

#### Other forms and worksheets you may need

| Form  | Link  |
|---|---|
| Travel Voucher, DD-1351/2   | <a href="http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1351-2.pdf">http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1351-2.pdf</a> |
| Designation of Beneficiary for Payment of Unpaid Retired Pay, CG PPC-3600 | <a href="http://www.uscg.mil/PPC/forms/PPC3600.pdf">http://www.uscg.mil/PPC/forms/PPC3600.pdf</a>   |
| Reserve Retirement Transfer Request, CG PPC-2055A                         | <a href="http://www.uscg.mil/PPC/forms/PPC2055a.pdf">http://www.uscg.mil/PPC/forms/PPC2055a.pdf</a>   |
| Reserve Component Survivor Benefit Plan (RCSBP)                           | <a href="http://www.uscg.mil/ppc/forms/PPC11221.pdf">http://www.uscg.mil/ppc/forms/PPC11221.pdf</a>   |
| Option - Election Certificate, CG PPC-11121                               |   |
| Withholding Certificate for Pension or Annuity Payments, IRS W-4P         | <a href="http://www.irs.gov/pub/irs-pdf/fw4p.pdf">http://www.irs.gov/pub/irs-pdf/fw4p.pdf</a>   |

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**Department of Homeland Security**

U. S. Coast Guard  
CG PPC-2045 (Rev. 02/09)

# Career Intentions Worksheet

|           |                           |                             |
|-----------|---------------------------|-----------------------------|
| 1. EMPLID | 2. Name (Last, First, MI) | 3. Permanent Unit (Dept ID) |
|-----------|---------------------------|-----------------------------|

**PURPOSE:** Use this form is to convey career intentions to the SPO. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections and complete a Preseparation Counseling Checklist (DD-2648).

**4. Answer these questions. If you answer no to these questions, contact your career counselor or unit administrative staff/SPO**

**Yes**    **No**   Has your unit conducted a 6-month predischarge interview and if you are separating, completed a Preseparation Counseling Checklist?

**Yes**    **No**   Have you been advised on the subject of SRB eligibility and payment options?

**Yes**    **No**   Are you a U. S. Citizen? (If no, you cannot reenlist or extend without authority from CGPC) (Note: Per 1.G.5.5. , CG PERSMAN, this does not apply to a member who enlisted from the Republic of the Philippines)

**Commanding Officer's Determination of Eligibility and Recommendation for Reenlistment/Extension**

5. Per 1-G-5 (for Regular) or 1-G-7 (for Reserve) of CG PERSMAN this member is:

5.A  **Eligible and Recommended** for Reenlistment or Extension of Enlistment

5.B  **Not Eligible/Not Recommend** for Reenlistment or Extension of Enlistment (document IAW CG PERSMAN 1.G.5.3(Reg)/1.G.7.3(Res.) and 12-B-5)

5.C  **Not Eligible** per 1.G.\_\_\_\_ (enter sub-para #. Example 5.4 for regular member in receipt of retirement orders) CG PERSMAN, but **Recommended** for Reenlistment or Extension

5.D CO's signature: \_\_\_\_\_

**Extension/Reenlistment Section**

|   |   |   |
|---|---|---|
| <p><b>6. I plan to....</b></p> <p><input type="checkbox"/> extend   <input type="checkbox"/> reenlist<br/>(min 3 years)</p> | <p><b>7. For # of yrs (Note: if reenlisting, the minimum is 3 years)</b><br/>Regular members with at least 10 years active service <i>may</i> reenlist for an indefinite period</p> <p><input type="checkbox"/> 1yr   <input type="checkbox"/> 2yrs   <input type="checkbox"/> 3yrs   <input type="checkbox"/> 4yrs   <input type="checkbox"/> 5yrs   <input type="checkbox"/> 6yrs   <input type="checkbox"/> Indefinite   <input type="checkbox"/> Other:</p> | <p><b>8. Effective date of Extension/Reenlistment</b></p> |
|---|---|---|

**9. Person administering the oath for extension agreement/reenlistment:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_

|   |   |
|---|---|
| <p><b>10. Reason for Extension/Reextension of Enlistment:</b></p> <p><input type="checkbox"/> Request of individual                      <input type="checkbox"/> Authorized by Commander CGPSC</p> <p><input type="checkbox"/> School training requirement              <input type="checkbox"/> Obligated service for advancement</p> <p><input type="checkbox"/> Obligated service for transfer              <input type="checkbox"/> Obligated service for SRB bonus</p> <p><input type="checkbox"/> Participation in tuition assistance program   <input type="checkbox"/> Completion of deployment aboard vessel</p> <p><input type="checkbox"/> Obligated service for retirement           <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Sell Leave (Effective <b>01SEP2008</b>, members who are serving on an indefinite contract (which began prior to 01SEP2008) are authorized to cancel and immediately reenlist indefinitely for the purpose of selling leave) (Complete block 24 with # days to sell)</p> <p style="text-align:right">See ALCOAST 307/08 for more info.</p> | <p><b>11. Selective Reenlistment Bonus</b></p> <p>Zone (check one) <input type="checkbox"/> "A"   <input type="checkbox"/> "B"   <input type="checkbox"/> Not Eligible</p> <p>Multiple _____</p> <p>Kicker Multiple _____ for _____ Competency Code</p> <p style="text-align:right">See ALCOAST 286/08 for more info.</p> |
|---|---|

**SEPARATION SECTION**

|    |                          |  |
|----|--------------------------|--|
| 12 | <input type="checkbox"/> | I am being discharged involuntarily  |
| 13 | <input type="checkbox"/> | I want to be discharged (military obligation completed)  |
| 14 | <input type="checkbox"/> | I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for <input type="text"/> Years.  |
| 15 | <input type="checkbox"/> | I want to be released from active duty (military obligation not completed).  |
| 16 | <input type="checkbox"/> | Request to be released/discharged <input type="text"/> days early (NTE 30) to pursue a unique schooling or career opportunity per 12.b.8 PERSMAN   |
| 17 | <input type="checkbox"/> | Retire as directed by CGPC (epm/opm) orders dated: _____<br>I will perform travel to: _____<br>My home of selection is: _____ (You have up to one year to make/choose your home of selection.) |

18.  **Yes**    **No**   Have you had a physical examination dated one year or less from your upcoming separation date?  
**Note:** If you answered "No", you must complete a physical during the year prior to your separation.

19.  **Yes**    **No**   Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)?  
Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see <http://www.humana-military.com/> for information on the program.

20. If Disch/Relad I will perform travel to my:                       Home of Record                       Place of Enlistment/Acceptance                       Will not be moving

21. Mode of travel will be (check one):  POC  Gov't Ticket    22. I request advance travel [SF Form 1038](#) is attached  Yes  No

23. Do you occupy government quarters?  Yes  No    If yes, enter date you will terminate quarters:

**24. LEAVE SECTION (Complete for Separations, reenlistments and first extensions of enlistment).** If your leave plans change after completing this worksheet, immediately notify your SPO. **Failure to do so may result in an overpayment for which you will be responsible.**

**I plan to:**  sell \_\_\_\_\_ days of leave (**Note:** You are only authorized to sell a TOTAL of 60 days leave during your career.)

take terminal leave starting \_\_\_\_\_

take leave prior to my separation for periods listed below

Note: If you are entering into an indefinite reenlistment this will be the last opportunity to sell leave before you retire or are discharged.

**Enter inclusive leave dates** (continue on separate page if necessary):

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

more leave dates on separate page

**25. If separating, enter your final mailing address: (This is where your W-2 will be mailed next year.)**

|               |  |
|---------------|--|
| Address _____ | County _____                             |
| City _____    | State _____ Country _____ Zip Code _____ |

26.  Yes  No    Request copy 6 of my DD-214 is sent to State of \_\_\_ Director of Veterans' Affairs.

**27. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:**

|               |             |               |                |  |
|---------------|-------------|---------------|----------------|--|
| Name _____    |             |               |                |  |
| Address _____ |             |               |                |  |
| City _____    | State _____ | Country _____ | Zip Code _____ |  |

**28. FOR RETIREMENT ONLY:**

I have been authorized by CGPC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW CG PERSMAN Art 12.C.1.e.

I have been approved by my command to utilize 20 days permissive temporary duty IAW CG PERSMAN Art 12.C.1.f.

[See ALCOAST 293/08 for more information](#)

Use in the following order: Up dot 20 days permissive temporary duty, processing point permissive orders, and. terminal leave. Contact your admin office for assistance in determining your departure date when using any combination of the above.

|                               |             |           |
|-------------------------------|-------------|-----------|
| <b>Permissive Temp Duty*:</b> | From: _____ | To: _____ |
| <b>Processing Point*:</b>     | From: _____ | To: _____ |
| <b>Terminal leave dates:</b>  | From: _____ | To: _____ |

\*Note: Do not input these dates on the retirement transaction or leave transaction in Direct-Access.

**PRIVACY ACT STATEMENT:** In accordance with 5 USC Section 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

|  |                  |                                      |   |
|--|------------------|--------------------------------------|---|
| 29. Member's Signature: _____              | 29a. Date: _____ | 30. Supervisor' Signature _____      | 30a. Date: _____                                |
| 31. Division/Branch Chief Signature: _____ | 31a. Date _____  | 32. Department Head Signature: _____ | 32a. Date: _____                                |
| 33. Command Approval _____                 | 33a Date: _____  | <b>34. For SPO Use Only</b>          | Action Completed on: _____ By (Initials): _____ |

|   |   |
|---|---|
| <b>Department of Homeland Security</b><br>U. S. Coast Guard<br>CG PPC-4700 (Rev. 02/09) | <b>COAST GUARD &amp; NOAA RETIRED PAY ACCOUNT<br/>         WORKSHEET AND SURVIVOR BENEFIT PLAN ELECTION</b> |
|---|---|

**Privacy Act Statement:** This information is collected under 5 USC section 552a(e)(3), Public Law 92-425, 21 Sep 72: EO 9397. Information will be used to establish retired pay account and to enroll in the Survivor Benefit Plan. The information transmitted in this form is necessary and must be completed to establish the retired pay account.

- Purpose:**
- Provide an address for correspondence with Coast Guard Personnel Service Center
  - Designate your direct deposit account
  - Specify number of exemptions and marital status for Federal income tax withholding
  - Designate State and withholding amount for Voluntary State Tax withholding
  - Designate beneficiaries for unpaid retired pay.
  - Certify eligibility and entitlement to retired pay
  - Enroll in the Survivor Benefit Plan

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

|   |  |  |
|---|--|--|
| 1A. ENTER YOUR APPROVED RETIREMENT DATE | 1b. Retiring from the following Service (select one):<br><br><input type="checkbox"/> NOAA <input type="checkbox"/> Coast Guard Active Duty <input type="checkbox"/> Coast Guard Reserve |  |
| 1c. Name (Last, First, MI.)             | 2. Rank/Pay Grade  | 3. Employee ID Number (EMPLID):  |
| 4. Date of Birth                        | 5. Correspondence Address, Street, City, State and Zip Code  | 6. Area Code & Telephone Number<br><br>Work:<br><br>Home:<br><br>Cell/Other: |

6a. 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) \_\_\_\_\_

**Section II: PAY DELIVERY** (See instructions for proper completion and don't forget to attach a voided check to your application.)  
*Public Law 103-356 makes direct deposit mandatory*

7a.  Direct deposit account shown below.

8. Type of Account:  Checking     Savings

9a. Routing Transit Number (RTN)   Check Digit

9b. Account Number

10. Financial Institution Name \_\_\_\_\_

11. 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   |    |
|--|----|---|----|
| 12. Marital Status (check one): <input type="checkbox"/> Single, <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate |    | 16. State designated to receive tax   |    |
| 13. Total No. of Exemptions Claimed  |    | 17. Requested Monthly Amount for State Tax (Whole dollar amount but not less \$10.00)   | \$ |
| 14. Additional Withholding (optional)  | \$ | <b>Note:</b> The State you designate to receive tax must have an agreement with the Department of Defense for withholding state tax. A listing of states that have agreements for withholding is included with the instructions for this form.<br><br>This election will remain in effect until changed by you. |    |
| 15. "I claim exemption from withholding" Enter "EXEMPT". If you claim EXEMPT status, you <b>must</b> attach current year IRS form W-4.                                   |    |   |    |

**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.

| 18a. Name (Last, First, Middle Initial) | 18b. Relationship | 18c. Address (City, State & ZIP Code) | 18d. Telephone (Including Area Code) | 18e. Share (Total must equal 100%) |
|---|-------------------|---------------------------------------|--------------------------------------|------------------------------------|
| 1.                                      |                   |                                       |                                      |                                    |
| Social Security Number                  |                   |                                       |                                      |                                    |
| 2.                                      |                   |                                       |                                      |                                    |
| Social Security Number                  |                   |                                       |                                      |                                    |
| 3.                                      |                   |                                       |                                      |                                    |
| Social Security Number                  |                   |                                       |                                      |                                    |
| 4.                                      |                   |                                       |                                      |                                    |
| Social Security Number                  |                   |                                       |                                      |                                    |

**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) 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 |
|                | _____  |

|   |                  |  |                          |  |
|---|------------------|--|--------------------------|--|
| <b>Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)</b>   |                  |  |                          |  |
| 19. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  | 20. Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |
| 21. <b>FOR Reserve Retiree Only</b> – Have you elected RCSBP (option B or C) prior to this date <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII<br>IF NO or elected (option A), complete the remainder of Section VI & VII                                    |                  |  |                          |  |
| 22. <b>Beneficiary Category (ies)</b>   |                  |  |                          |  |
| a <input type="checkbox"/> I elect coverage for spouse only. I <input type="checkbox"/> do <input type="checkbox"/> do not have dependent children.   |                  |  |                          |  |
| b <input type="checkbox"/> I elect coverage for spouse and child(ren).  |                  |  |                          |  |
| c <input type="checkbox"/> I elect coverage for child(ren) only. I do <input type="checkbox"/> do not <input type="checkbox"/> have a spouse.   |                  |  |                          |  |
| d <input type="checkbox"/> I elect coverage for the person named in block 45 who has an insurable interest in me.   |                  |  |                          |  |
| e <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse.   |                  |  |                          |  |
| f <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage  |                  |  |                          |  |
| g <input type="checkbox"/> I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)  |                  |  |                          |  |
| 23. Level of coverage (do not complete if <b>22d</b> or <b>22g</b> was elected above)   |                  |  |                          |  |
| a I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):  |                  |  |                          |  |
| <input type="checkbox"/> I elect coverage based on full gross retired pay.  |                  |  |                          |  |
| <input type="checkbox"/> 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):  |                  |  |                          |  |
| <input type="checkbox"/> I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus.   |                  |  |                          |  |
| <input type="checkbox"/> I elect coverage based on my current gross retired pay.  |                  |  |                          |  |
| I understand this represents a reduced base amount and <u>requires spousal concurrence.</u>   |                  |  |                          |  |
| <input type="checkbox"/> I elect coverage with a reduced base amount of \$ _____ (\$300 minimum base amount). <u>This requires spousal concurrence.</u>   |                  |  |                          |  |
| 24. Spouse Name (Last, First, MI.)  |                  | 25. Spouse SSN   | 26. Spouse Date of Birth |  |
| 27. Date of Marriage:   |                  |  |                          |  |
| <b>List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)</b>  |                  |  |                          |  |
| 28. Name (Last, First, Middle Initial.)   | 29. Relationship | 30. Date of Birth  | 31. SSN                  | 32. *Disabled Child                                      |
| a.  |                  |  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b.  |                  |  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c.  |                  |  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d.  |                  |  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *BLOCK 32 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). |                  |  |                          |  |
| <b>Section VII: SBP SPOUSAL CONCURRENCE</b> (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 have signed this statement of my free will.  |                  |  |                          |  |
| 33. Spouse Signature: _____   |                  |  | 38. NOTARY SEAL HERE     |  |
| 34. Subscribed and Sworn to before me in County _____ State _____   |                  |  |                          |  |
| 35. On Month _____ Day _____, 20 _____  |                  |  |                          |  |
| 36. My Commission expires the _____ day _____, 20 _____   |                  |  |                          |  |
| 37. Notary Public (Signature) _____   |                  |  |                          |  |

**Former Spouse** (Complete **ONLY** if 22e or 22f was elected above)

|   |                   |  |
|---|-------------------|--|
| 39. Name (Last, First, MI)                  | 40. SSN           | 41. Address (Street, City, State and Zip Code) |
| 42. Date of divorce/dissolution of marriage | 43. Date of Birth |  |

44. 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 22d was elected above)

|                            |                   |   |
|----------------------------|-------------------|---|
| 45. Name (Last, First, MI) | 46. SSN           | 47. Address (Street, City, State and Zip Code): |
| 48. Relationship           | 49. Date of Birth |   |

|   |   |                          |
|---|---|--------------------------|
| <b>Section VIII: DECLARATION OF SERVICE</b> | 50. Date you first became a member of the Uniformed Services (see note below) | 51. 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.

**52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)**

| FROM |       |      | TO  |       |      | ARMED SERVICE |
|------|-------|------|-----|-------|------|---------------|
| DAY  | MONTH | YEAR | DAY | MONTH | YEAR |               |
|      |       |      |     |       |      |               |

**IF ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:**

|   |  |
|---|--|
| DID YOU PERFORM RESERVE DRILLS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of reserve retirement points earned (attach copies of points statements if available) _____ |
|---|--|

|  |                                 |                              |
|--|---------------------------------|------------------------------|
| 53. Have you ever held a Rank/Rate higher than your current one?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what rank did you hold? | When did you hold this rank? |
|--|---------------------------------|------------------------------|

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| 54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what amount did you receive? | When did you receive such payment? |
|---|--------------------------------------|------------------------------------|

**Section IX: 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 retirement pay. However, if I exercise my option to terminate SBP, future participation is barred.

|  |                                  |          |
|--|----------------------------------|----------|
| 55. Member' Name (last, first, middle initial)                                       | 56. Member's Employee ID Number: |          |
| 57. Member' Signature  | 58. Date                         |          |
| 59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family) | 60. Witness Signature            |          |
| 61. Witness Address (Street, City, State and Zip Code)                               | 62. Witness telephone number     | 63. Date |



### Table of Rules

| Code | Limit   | Type         | Use  |
|------|---|--------------|--|
| B    | <i>See Table of Rules (Savings Bonds) on page 3</i> |              |  |
| S    | One   | Savings      | Payable to any financial institution, other than a finance company, provided the institution is capable of receiving payment through Electronic Fund Transfer (EFT).   |
| H    | One   | Mortgage     | Payable for loans for the purchase of a home, mobile home or trailer used as a residence by the retiree.   |
| N    | One   | NSLI         | National Service Life Insurance premiums.  |
| L    | No Limit  | Loan         | Payable ONLY to Coast Guard Mutual Assistance or morale fund offices and the allotment MUST have a stop date.  |
| T    | No Limit  | Indebtedness | Payable to IRS or other Government agency and MUST have a stop date.   |
| D    | No Limit  | Dependent    | Support of dependents, including a former spouse.  |
| I    | No Limit  | Insurance    | Payable to any insurance company for payments of insurance premiums for the life of the retiree or retiree and family.   |
| I    | One   | VGLI         | Payable to the Office of Servicemember's Group Life Insurance (OSGLI) for Veterans Group Life Insurance. This allotment cannot be started through PPC--it must be started through OSGLI, Newark, NJ, ☎1-800-419-1473 |
| M    | One   | Insurance    | Payable to the Navy Mutual Aid Association.  |
| O    | One   | AAFES        | Army Air Force Exchange Service DPP Program  |
| X    | No Limit  | Dues         | Payable to CPOA, CWOA, Academy Alumni Association, Coast Guard Foundation, Naval Aviation Museum Foundation, and CGHQ Mutual Assistance Campaign.  |

|  |                                       |             |             |
|--|---------------------------------------|-------------|-------------|
| <p><b>Privacy Act Statement:</b> 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 - 10 USC Section 2771.</p> <p><b>Principal Purpose(s)</b> - Used to indicate the type of allotment member requested.</p> <p><b>Routine Use(s)</b> - Updating allotment information.</p> <p><b>Disclosure</b> - Disclosure is voluntary. However, failure to provide this information may delay or impede processing of you allotment/bond request.</p> | Your Signature _____                  |             | Date: _____ |
|  | Your E-Mail Address (optional): _____ |             |             |
|  | <b>For PPC Use Only</b>               |             |             |
|  | Action Completed: _____               | Date: _____ |             |

**FAX to PPC (RAS) at (785) 339-3770**

**You can also mail to:**

**Commanding Officer (RAS)  
U. S. Coast Guard Pay & Personnel Center  
444 S E Quincy St.  
Topeka, KS 66683-3591**

**Retiree and Annuitant Customer Care:**



1-800-PPC-USCG (772-8724)



psc-pf-ras@uscg.mil



<http://www.uscg.mil/hq/psc/ras/>

*Continued on next page*

### Table of Rules (Savings Bonds)

| Code   | Limit    | Type                               | Use  |
|--|----------|------------------------------------|--|
| B  | No Limit | Bond (Series EE or I)              | Payable to any person the retiree designates. Minimum face value denomination is \$100.                    |
| <b>Frequency and Face Value of Series EE Bond:</b> |          | <b>Face Value of Bond</b>          | <b>Actual Monthly Deduction</b>  |
|  |          | <input type="checkbox"/> \$100.00  | <input type="checkbox"/> \$50.00<br><input type="checkbox"/> \$25.00<br><input type="checkbox"/> \$12.50   |
|  |          | <input type="checkbox"/> \$200.00  | <input type="checkbox"/> \$100.00  |
|  |          | <input type="checkbox"/> \$500.00  | <input type="checkbox"/> \$250.00<br><input type="checkbox"/> \$125.00<br><input type="checkbox"/> \$62.50 |
|  |          | <input type="checkbox"/> \$1000.00 | <input type="checkbox"/> \$500.00  |
| <b>Frequency and Face Value of Series I Bond:</b>  |          | <b>Face Value of Bond</b>          | <b>You Will Receive a Bond</b>   |
|  |          | <input type="checkbox"/> \$100.00  | every month<br>every 2 months<br>every 4 months  |
|  |          | <input type="checkbox"/> \$200.00  | every month<br>every 2 months<br>every 4 months  |
|  |          | <input type="checkbox"/> \$500.00  | every month<br>every 2 months<br>every 4 months  |
|  |          | <input type="checkbox"/> \$1000.00 | every month<br>every 2 months<br>every 4 months  |

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<http://www.uscg.mil/hq/PPC/ras.htm>

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|        |                        |                |
|--------|------------------------|----------------|
| EMPLID | Name (Last, First, MI) | Permanent Unit |
|--------|------------------------|----------------|

**Purpose:** Use this form to indicate where you want your net pay to be delivered. Active Duty, retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/ Electronic Fund Transfer (DD/EFT). If a member is on direct deposit and a pay delivery problem occurs, PPC can normally correct the problem and make payment within 48 hours.

Direct Deposit

|   |
|---|
| <b>Type of Account</b><br><br><input type="checkbox"/> Checking<br><br><input type="checkbox"/> Savings |
|---|

- |   |
|---|
| <b>Submit one of the following:</b> <ul style="list-style-type: none"> <li>FMS Form 2231 (FASTSTART)</li> <li>SF 1199A</li> <li>account deposit slip</li> <li>voided check</li> <li>or enter direct deposit account information below (see reverse for instructions)</li> </ul> |
|---|

|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Routing Transit Number     | <table style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;"></td> </tr> </table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Number             | <table style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Title              | _____<br>(Account Holder's Name)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Financial Institution Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Check mailing address (complete only if a waiver of mandatory direct deposit is approved).

|                             |
|-----------------------------|
| Street/Rural Route/P.O. Box |
| City, State, Zip Code       |

Accrue my net pay at PPC  
 (submit a new worksheet when this option is no longer desired)

### DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

|                                |                           |                 |
|--------------------------------|---------------------------|-----------------|
| Name of Depositor-3            | 101                       |                 |
| Street Address                 |                           |                 |
| City, State                    | _____20__                 |                 |
| Pay To The<br>Order Of:        |                           |                 |
| _____                          | \$ _____                  |                 |
| _____                          | Dollars                   |                 |
| Name of Your Bank-4            |                           |                 |
| Payable Through Another Bank-5 |                           |                 |
| For _____                      |                           |                 |
| <b>!:</b> 021001082:!<br>      | <b>123 456 789!!'</b><br> | <b>0101</b><br> |

**Routing Number-1**

**Account Number-2**

**Check Number**

1. **ROUTING TRANSIT NUMBER** – This is a 9-digit number. Here you would put “021001082”
2. **ACCOUNT NUMBER** - Here you would put “123456789” **Note: A maximum of 14 characters used for number. DO NOT add a dash symbols or blank spaces.**
3. **ACCOUNT TITLE** - (must include member’s name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

### 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 - 10 USC Section 2771.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member’s pay may be distributed incorrectly.

|                    |       |                                 |                 |
|--------------------|-------|---------------------------------|-----------------|
| Member’s Signature | Date: | <b>For SPO Use Only</b>         |                 |
| Command Approval   | Date: | Action Completed<br>Date: _____ | Initials: _____ |

|   |  |                |               |
|---|--|----------------|---------------|
| <b>Department of Homeland Security</b><br>U. S. Coast Guard<br>CG PPC-2000 (Rev. 03/2009) | <h2 style="margin: 0;">PCS Departing/Separation Worksheet</h2> |                |               |
| Name (Last, First, MI)  | Rate/Rank  | Permanent Unit | Employee ID#: |

**UNIT COMPLETE THIS SECTION**

**PURPOSE:** Use this form to request PCS/Separation entitlements and provide information needed for completion of Official Travel Orders. If you have any questions, **ASK YOUR YEOMAN.**

|   |                                    |                        |
|---|------------------------------------|------------------------|
| New Duty Station (PCS only)   | Authorized Proceed Time (PCS only) | Authorized Travel Time |
| Date to report _____ or date to depart _____ (as specified by transfer order) |                                    |                        |

*Note: This block for PCS only.*

Does member meet obligated Service as required in PERSMAN Art 4-B-6?  yes  no  
 (If no, complete and attach a Career Intentions Worksheet, CG-PPC-2045)

Does member meet all requirements for PCS as required in PERSMAN Art. 4-B-1?  yes  no

Does member meet weight standards IAW COMDTINST 1020.8(series)?  yes  no

*Note: Does the PCS meet a BAH or OHA rate protection provision? If yes, submit a Housing Allowance Protection Worksheet (CG PPC-2025A)(available at <http://www.uscg.mil/ppc/forms/ppc2025a.pdf>) to Commandant (CG-1222)*

**MEMBER COMPLETE THIS SECTION**

|   |   |
|---|---|
| Departure Date :<br>(Last Day of Duty at current unit): _____ | <b>Leave Address/Phone No.</b><br>_____ |
| No. of Days Leave Requested: _____                            | _____                                   |
| Current leave balance: _____                                  | _____                                   |

**DEPENDENTS TRAVELING**

| Dependent Name | Relationship | DOB/DOM |  |
|----------------|--------------|---------|--|
|                |              |         | <b>Caution:</b> Only request dependent travel advances for confirmed members of your family who will actually travel to your new PDS. Otherwise delay receipt of such dependent travel advances and DLA until travel is confirmed. |
|                |              |         |  |
|                |              |         |  |
|                |              |         |  |

If dependents are traveling on a different date than you, enter date: \_\_\_\_\_

**POC INFORMATION**

If traveling via POC, complete below (authorized two POC's) (may be authorized 3 POC's if requirements of U5015-B, JFTR are met)

| Year | Make/Model | Tag Number |
|------|------------|------------|
|      |            |            |
|      |            |            |

**POV INFORMATION**

If shipping a POV (only authorized one) list locations: From \_\_\_\_\_ To \_\_\_\_\_  
 (*Overseas or INCONUS with COMDT approval IAW JFTR, U5415 or INCONUS without COMDT approval IAW JFTR U5417*)

**REQUEST FOR ADVANCES (SEPARATIONS AUTHORIZED MALT ADVANCES ONLY)**

|                          |  |   |   |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Advance Pay  | # months requested (max. of 3); or, _____ specific amount requested                     | Liquidation period (12 months is max., 24 with CO approval due to hardship caused by PCS, see reverse): # of months _____ |
| <input type="checkbox"/> | *Advance TLE   | <input type="checkbox"/> Member<br><input type="checkbox"/> Dependents _____ # of Depns | Locality: _____ # of days _____<br>Locality: _____ # of days _____  |
| <input type="checkbox"/> | *Advance Dislocation Allowance (DLA) <b>Note:</b> Single members must obtain certification that gov't qtrs are not available |   |   |
| <input type="checkbox"/> | *Advance MALT plus Per Diem for POC Travel   | From _____  | To _____  |
| <input type="checkbox"/> | *Advance Dependent MALT plus Per Diem  | From _____  | To _____  |
| <input type="checkbox"/> | Government Procured Transportation   | <input type="checkbox"/> Mbr <input type="checkbox"/> Depns                             | From _____ To _____   |

| <b>MISCELLANEOUS</b>  |   |                             |
|---|---|-----------------------------|
| Do you currently live in government quarters?<br>If yes, enter date you will terminate quarters _____ | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Do you hold a government Charge Card?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| <b>Household Goods</b>  | <p>It is mandatory to contact your servicing Transportation Officer (T.O.P.S site) to arrange for shipment of household goods whether you're planning a government shipment or you plan to move yourself.</p> <p><input type="checkbox"/> I request government shipment of household goods.</p> <p><input type="checkbox"/> I request personally procured transportation of household goods (<b>see below for information regarding a PPM move</b>)</p> <p><input type="checkbox"/> I request <b>both</b> government shipment and a personally procured move of household goods.</p> <p><input type="checkbox"/> I have household good items in non-temporary storage.</p>  |                             |
| <b>Personally Procured Move (PPM)</b>   | <p>In accordance with JFTR U5320(D), an eligible member may personally arrange for transportation of their HHGs. Member's desiring to use either PPM or non-temporary storage (NTS) of their HHGs are required to receive authorization/approval and counseling from their servicing transportation office.</p> <p>A member who personally arranges for the transportation or NTS of their HHGs is entitled to reimbursement of actual cost not to exceed the government's constructed cost, or payment of a monetary allowance equal to 95 percent of the government's constructed cost.</p> <p>Payment of the PPM incentive requires certified weight tickets from a government or public scale certified for use within the state on all PPMs regardless of weight allowance or type of PPM. <b><u>Certified weight tickets provide the sole basis for payment of the incentive.</u></b> Two certified weight tickets must be obtained. One weight must indicate the tare (empty) weight of the vehicle/truck/trailer/POV. The second must indicate the gross (loaded) weight of the same vehicle.</p> <p>In order to expedite the processing of Personally Procured Move (PPM) Claims for retiring and separating USCG personnel, submit an Online EFT Application <a href="https://www.fincen.uscg.mil/secure/enrollment_form.htm">https://www.fincen.uscg.mil/secure/enrollment_form.htm</a> after the effective date of your retirement or separation.</p> |                             |
| <b>Certified Weight Tickets not obtained or lost/destroyed</b>  | <p>If certified weight tickets were not obtained or were lost/destroyed, use of constructive weights must be authorized/approved under JFTR U5320-D3B by COMDT (CG-1222). The use of a constructive weight will only be approved when unusual circumstances prevented or made obtaining weight tickets impractical or impossible. Members must ensure that weight scales are open and available at the time of the move. If member chooses to move when scales are closed, (e.g. weekend or holidays), then no incentive will be paid, the member will only be reimbursed actual expenses.</p> <p>The following supporting documentation is required to be submitted to COMDT (CG-1222) when requesting the use of constructive weight: (1) Memorandum with a command and transportation officer endorsement explaining why a government or public scale was not available or how weight tickets were lost or destroyed. Include name and telephone numbers of government or public scales used or available, (2) DD Form 1701 (Household Goods Descriptive Inventory) or Surface Deployment Distribution Command (SDDC) weight estimator, (3) Original DD Form 2278, (4) Copy of travel orders and any amendments, (5) SF 1038 (Advance of Funds Application and Account), (6) Legible copy of the vehicle rental contract if applicable.</p>  |                             |
| <b>HHG Transportation and NTS Upon Separation</b>   | <p>Members who are separating from active duty (other than retirement) from the Coast Guard have 180 days following their separation date to ship their HHGs at government expense. In case of extreme hardship (e.g. medical, legal issues), an extension of this time limit may be authorized/approved by COMDT (CG-1222). Requests must be submitted before the 181<sup>st</sup> day following separation, otherwise entitlement expires on the 181<sup>st</sup> day. If an extension is approved, the member is liable for all cost of storage at the government rate beginning on the 181<sup>st</sup> day.</p> <p>Members who are retiring from active duty have 365 days following their retirement date to ship their HHGs at government expense. In cases of education, training or other deserving cases, an extension of this time limit may be authorized/approved by COMDT (CG-1222). Requests must be submitted at least 30 days prior to the one year anniversary of their retirement date; otherwise the entitlement expires after 1 year. If an extension is approved, the member is liable for all costs of storage at the government rate after the first year.</p>  |                             |

Continued on next page →

## TRAVEL ADVANCES

Refer to the Personnel and Pay Procedures Manual, PPCINST M1000.2(series). Compute entitlements by using the "PCS (JFTR, Chap5) Entitlements Worksheet, CG PPC-2003 located on PPC's web site <http://www.uscg.mil/PPC/forms/ppc2003.pdf>

|   |  |
|---|--|
| <b>Temporary Lodging Expense (TLE) (PCS only)</b>   | <p>Authorized to members and their dependents when it is necessary for them to occupy temporary lodging. TLE is authorized for a total of 10 days for CONUS to CONUS and OUTCONUS to CONUS transfers. TLE is authorized for a total for 5 days for CONUS to OUTCONUS transfers. TLE may be used before departing the old PDS, during the elapsed time between PDSs (not including travel days for which per diem is payable), after arrival at the new PDS, or a combination equal to the authorized total. (See JFTR U5700 for more information.)</p> <p><b>NOTE: The days covered must have been spent in the vicinity of the old/new PDS, designated place, or (ICW being ordered to active duty a member's CONUS HOR or initial technical school).</b></p> |
| <b>Temporary Lodging Allowance (TLA) (PCS only)</b> | <p>Authorized to partially reimburse a member for the more than normal expenses incurred during occupancy of temporary lodgings and expenses of meals obtained as a direct result of using temporary lodgings outside the continental U. S. which do not have facilities for preparing and consuming meals. The overseas commander will determine if it is necessary for the member and/or dependent(s) to occupy temporary lodgings when they arrive at an overseas PDS. TLA may also be authorized upon departure from and overseas PDS for a period not to exceed 10 days. (See JFTR U9200 for more information.)</p>   |
| <b>Advance Pay (PCS only)</b>                       | <p>A maximum of 3 months pay or specified amount not to exceed 3 months pay may be requested. Repayment of advance is by payroll deduction and will normally not exceed 12 months. Repayment of Advance Pay in excess of 12 months can only be authorized by your CO and only in the case of severe personal financial hardship caused by the PCS transfer. Attach your letter requesting repayment in excess of 12 months and your CO's endorsement to this worksheet.</p>  |

### 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 - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member's intentions during travel to next permanent duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive advances.

**Member Initials \_\_\_\_\_: I understand that all travel advances applied for herein will be compared to actual travel performed when I submit my final PCS Travel Claim. If advances exceed entitlement for MBR or DEPN travel actually performed (or not), I can expect recoupment of such travel advance, including DLA.**

**I have read and understand the above information regarding HHGs, PPM, and HHG/NTS extensions upon PCS and/or separation.**

|                             |       |  |
|-----------------------------|-------|--|
| Member's Signature          | Date: | <b>For SPO Use Only</b><br>Command Checklist for Overseas Screening verified by SPO Supervisor (if applicable):<br><br>Initials: _____ Date: _____<br><br><i>Action Completed</i><br>Initials: _____ Date: _____ |
| Supervisor's Signature      | Date: |  |
| Department Head's Signature | Date: |  |
| Command Approval            | Date: |  |
|                             |       | <b>For Transportation Officer Use Only</b><br><br>Initials: _____ Date: _____<br><br><i>Action Completed</i><br>Initials: _____ Date: _____  |

PREVIOUS EDITION MAY NOT BE USED.

The PPC-2000 must be prepared in original and one copy as follows:  
The original is given to the SPO, and the copy is taken to the Transportation Officer.

# PCS Travel Entitlements Worksheet

|                        |           |                 |                        |               |
|------------------------|-----------|-----------------|------------------------|---------------|
| Name (Last, First, MI) | Rank/Rate | Permanent Unit: | New PDS: (city, state) | Employee ID#: |
|------------------------|-----------|-----------------|------------------------|---------------|

**PURPOSE:** This is a job aid for Units and SPOs to use while counseling member on PCS entitlements and when preparing PCS, Retirement, and Separation orders. Travel rules and entitlements are subject to change. **Check all references when computing entitlements and advances.**

**REASON FOR TRAVEL:** (Check One)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Regular PCS</b> (Place "X" in applicable box)<br>**If you have depn, will they tvl at the same time <input type="checkbox"/><br>**If you have depn, will they tvl at a different time <input type="checkbox"/> | <input type="checkbox"/> <b>RETIREMENT</b><br>(Advance only if Home of Selection is provided; otherwise mileage only) | <input type="checkbox"/> <b>SEPARATION</b> (RELAD or Discharge)<br>(Advance mileage only; per diem will be paid upon submission of travel claim) |
|--|---|--|

**DLA:** (Applicable rates are shown in JFTR, Chapter 5, Part G, Table U5G-1 - <http://perdiem.hqda.pentagon.mil/perdiem/dla.html>)

**With Dependents** - payable when dependents relocate. Otherwise, at the without dependent rate if government quarters are not assigned at new unit. **Without Dependents** - payable if NOT assigned to government quarters. Advance DLA cannot be paid unless confirmation is provided releasing you from mandatory assignment to government quarters at your new PDS.

- \*\*NOTE:** DLA is NOT payable when:
- 1) Member is assigned to First or Last PDS, IAW JFTR U5630.C,
  - 2) Member (with or without) dependent(s) does NOT relocate household and/or
  - 3) Member E-4 & below who are without dependent(s) are assigned to a Cutter.

**ENTER DLA AMOUNT = \$ \_\_\_\_\_**

**AUTHORIZED TRAVEL TIME:**

**Official Mileage**

Determine Official Mileage by using the Official Table of Distance Guide: *Internet Web Site:* <http://dtod.sddc.army.mil/>

**NOTE:** Compute mileage from "City or Military Installation" to "City or Military Installation". See JFTR, par. U5160. Travel and proceed time are NOT authorized for separating or retiring members.

Official Mileage: \_\_\_\_\_ ÷ 350 miles (if remainder is at least 51 miles, add (1) day) = \_\_\_\_\_ **Total Travel Days**

**FLAT PER DIEM**

Payable for each utilized day of authorized travel time in connection with a PCS transfer, as follows: (Reference JFTR U5105 and U5210)

The CONUS standard per diem rate can be found at <http://perdiem.hqda.pentagon.mil/perdiem/perdiemrates.html>

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>◆ 100% of the CONUS standard per diem rate per day for the member</li> <li>◆ 75% of the CONUS standard per diem rate per day for each dependent 12 years and older</li> </ul> | <ul style="list-style-type: none"> <li>◆ 50% of the CONUS standard per diem rate per day for each dependent under 12 years old</li> <li>◆ 100% of the CONUS standard per diem rate a day for the dependent driving, if traveling separate from member (additional family members, traveling separate from the member but with each other are at the same rate established for traveling with the member).</li> </ul> |
|--|--|

|                                   |                     |                        |                           |       |
|-----------------------------------|---------------------|------------------------|---------------------------|-------|
| MEMBER OR DEPN DRIVING SEPARATELY | # of tvl days _____ | X # of travelers _____ | X \$=_____ (100% PD rate) | _____ |
| DEPN AGE 12 AND OVER              | # of tvl days _____ | X # of travelers _____ | X \$=_____ (75% PD rate)  | _____ |
| DEPN UNDER AGE 12                 | # of tvl days _____ | X # of travelers _____ | X \$=_____ (50% PD rate)  | _____ |

**Note:** See JFTR par. U5116-C3c to compute Per Diem for travel by car ferry **FLAT PER DIEM TOTAL = \$ \_\_\_\_\_**

**MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION (MALT)**

Authorized for the official distance of the PCS transfer at the following rates: (Reference JFTR, Appendix A)

Effective **1 Jan 2009:** **\$0.24 per mile** for each POC authorized (2 members (both on PCS orders) traveling in the same POC are both authorized \$0.24 per mile.). Check <http://perdiem.hqda.pentagon.mil/perdiem/faqpovpast.html> for rate changes after 1 Jan 2009.

**NUMBER OF POC'S AUTHORIZED:**

|   |         |                        |  |
|---|---------|------------------------|--|
| 1 <sup>st</sup> POC: Total mileage _____  | X _____ | cents per mile = _____ |  |
| 2 <sup>nd</sup> POC: Total mileage _____  | X _____ | cents per mile = _____ |  |
| 3 <sup>rd</sup> POC: Total mileage* _____ | X _____ | cents per mile = _____ |  |

**\*NOTE:** See JFTR par. U5015-B for guidelines on authorizing/approving the use of more than two POCs.

**TOTAL MALT = \$ \_\_\_\_\_**

**ALASKA MARINE HIGHWAY SYSTEM CAR FERRY**

The AMHS cost may be advanced ONLY with a confirmed reservation; consult JFTR U5116 for additional information on AMHS.

Authorized AMHS from \_\_\_\_\_ to \_\_\_\_\_

2<sup>nd</sup> leg of the AMHS from \_\_\_\_\_ to \_\_\_\_\_

Vehicle Fees: Number of POC's \_\_\_\_ Total cost of POC's = \$ \_\_\_\_\_

Cost of the Stateroom: \$ \_\_\_\_\_

Ferry Fees: Number of Adults 12 years or older \_\_\_\_ X Cost per person \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Number of Underage Children \_\_\_\_ X Cost per person \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL AMHS COST = \$ \_\_\_\_\_**

**Per Diem for travel by car ferry (JFTR par. U5116-C3e):**

Lodging. Reimbursement for actual cost of required accommodations (unless included in the transportation cost) is authorized. See JFTR par. U3130-C.

Meals and Incidental Expenses (M&IE): M&IE is based and computed for the member and each dependent using the highest CONUS M&IE rate (see JFTR Appendix A) for the arrival day (embarkation) on the ferry through the day before the departure day (debarkation) from the ferry. M&IE for the departure day (debarkation) from the ferry is based on the:

- (a) per diem rate prescribed for the member's new PDS if travel ends on that day, or
- (b) Standard CONUS per diem rate (see JFTR par. U2025) if travel by POC continues on the day after the departure day (debarkation) from the ferry.

**TRAVEL REIMBURSEMENT FOR POV DELIVERY AND/OR PICKUP**

Roundtrip mileage from old PDS to loading port (if separate from PCS travel. Total mileage \_\_\_\_\_ X \$ \_\_\_\_\_ per mile = \_\_\_\_\_

Roundtrip mileage from unloading port to new PDS (if separate from PCS travel. Total mileage \_\_\_\_\_ X \$ \_\_\_\_\_ per mile = \_\_\_\_\_

*\*NOTE: See JFTR U5413 for guidelines. For current "mileage" rates, see Appendix A (Mileage Allowance)*

*\*NOTE: See JFTR, par. U5413-C through E if POV delivery/pickup is ICW PCS travel and TDY enroute is/is not involved.*

**TOTAL TDY MILEAGE = \_\_\_\_\_**

**ADVANCE TEMPORARY LODGING ALLOWANCE (TLE):**

Authorized when member/dependent(s) occupy temporary lodgings due to a PCS transfer. TLE is a reimbursable allowance based on locality per diem rate, the number of travelers occupying temporary lodging. The maximum TLE payment cannot exceed \$290/day for 10 days for CONUS to CONUS and OCONUS to CONUS transfers, 5 days for CONUS to OCONUS transfers. **TLE advances are up to 80% of entitlement. See page 3 for more information on calculating TLE expenses or go to JFTR U5720 for complete formula and examples.**

**OLD PDS**

Member  Dependents \_\_\_\_ # of Depns Total # of nights: \_\_\_\_ Inclusive Dates: \_\_\_\_ to \_\_\_\_

Per diem rate: Lodging: \_\_\_\_ M&IE: \_\_\_\_ Nightly room rate \_\_\_\_ Cooking facilities?  Yes  No

Member  Dependents \_\_\_\_ # of Depns Total # of nights: \_\_\_\_ Inclusive Dates: \_\_\_\_ to \_\_\_\_

Per diem rate: Lodging: \_\_\_\_ M&IE: \_\_\_\_ Nightly room rate \_\_\_\_ Cooking facilities?  Yes  No

**NEW PDS**

Member  Dependents \_\_\_\_ # of Depns Total # of nights: \_\_\_\_ Inclusive Dates: \_\_\_\_ to \_\_\_\_

Per diem rate: Lodging: \_\_\_\_ M&IE: \_\_\_\_ Nightly room rate \_\_\_\_ Cooking facilities?  Yes  No

Member  Dependents \_\_\_\_ # of Depns Total # of nights: \_\_\_\_ Inclusive Dates: \_\_\_\_ to \_\_\_\_

Per diem rate: Lodging: \_\_\_\_ M&IE: \_\_\_\_ Nightly room rate \_\_\_\_ Cooking facilities?  Yes  No

**TOTAL PCS ENTITLEMENTS: \$ \_\_\_\_\_**

**I**AW JFTR U5012-B; Entitlements depend on the member and dependents individual travel circumstances. Travel settlement will be determined by PPC (TVL) based on type of orders / travel voucher and actual travel performed. **IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CONTACT PPC (TVL) @ 1-866-772-8724/866-PPC-USCG or (785) 339-2200.**

**Member is responsible for reviewing the Travel Voucher Summary after submitting a travel claim to ensure that all advances are liquidated correctly. The member will be required to repay to the Government any and all un-liquidated travel advances.**