

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

U.S. Coast Guard  
CG-7201 (Rev. 02-10)

**WAIVER APPLICATION FOR RETIREE**

**INSTRUCTIONS:**

- a. Submit this application to PPC (RAS). Attach enclosures that support or clarify your request. Answer all pertinent questions. Use a typewriter or print clearly in ink. Sign and date your request.
- b. A waiver application must be received by the Coast Guard or the General Accounting Office within a 3 year period following date of discovery of the error which caused the erroneous payment.

1. Name (Last, First, MI.)		2. Employee ID Number (EMPLID):
3. Rank/Rate	4. Date of Retirement	5. Area Code & Telephone Number Work: Home

6. Amount of original debt/erroneous payment      \$ \_\_\_\_\_

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

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

19. Explain when and how you first became aware of this debt/overpayment. State any recollection of actions taken by you to correct the error that caused the overpayment.

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

**Privacy Act Statement**

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

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

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

**Routine Use(s):** The information may be provided to the Comptroller General.

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

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

21. Member's Signature

22. Date