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| <b>U.S. DEPARTMENT OF<br/>HOMELAND SECURITY</b><br>U.S. Coast Guard<br>CG-2020C (Rev. 02-10)   | <h1>STATEMENT OF FORMER SPOUSE</h1>              |  |
| <b>PURPOSE:</b> To accompany request for an ID card for a former spouse  |  |  |
| <b>Part I: Information relative to sponsor</b>   |  |  |
| EMPLID   | Name (Last, First, MI)                           | Rank                                     |
| Current Unit or Date of Retirement:  |  |  |
| <b>Part II: Information relative to former spouse</b>  |  |  |
| Name (Last, First, MI)   |  |  |
| Home address, city, state and zip code   | Employer name, address, city, state and zip code |  |
| Home area code and phone number  | Employer area code and phone number              |  |
| <b>Part III: Information relative to marriage</b>  |  |  |
| Date of marriage to sponsor  | Date marriage was terminated                     | Reason (divorce, dissolution, annulment) |
| <b>Part IV: Declaration</b>  |  |  |
| I am the former spouse of the sponsor named above. To the best of my knowledge our marriage lasted at least 20 years, my spouse served at least 20 years of service, creditable in determining eligibility for retired pay and there was an overlap of at least 15 years between the marriage and military service period.   |  |  |
| Have you remarried since date of divorce from sponsor?   | <input type="checkbox"/> <b>YES</b>              | <input type="checkbox"/> <b>NO</b>       |
| Are you presently employed?  | <input type="checkbox"/> <b>YES</b>              | <input type="checkbox"/> <b>NO</b>       |
| Do you have medical coverage under an employer sponsored health plan?  | <input type="checkbox"/> <b>YES</b>              | <input type="checkbox"/> <b>NO</b>       |
| I certify that to the best of my knowledge the above information is true and correct. I understand that in the event this information is false, my ID card will be retrieved and I am liable to reimburse the government for medical care and other benefits received. I will immediately notify Commanding Officer (RAS), U. S. Coast Guard Pay & Personnel Center, 444 SE Quincy Street, Topeka, KS 66683-3591, if any changes in the above statement occur. I understand that making a false, fictitious, or fraudulent claim is a violation of 18 USC Section 287 the penalty for which is a fine up to \$10,000 and imprisonment for up to 10 years.  |  |  |
| _____<br>Signature of former spouse  | _____<br>Date                                    |  |
| Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.  |  |  |
| <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:<br><b>Authority</b> - 10 USC Section 1072.<br><b>Principal Purpose(s)</b> - Used to determine eligibility for dependent ID card and benefits.<br><b>Routine Use(s):</b> In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DHS as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The Routine Uses published in the United States Coast Guard Military Pay and Personnel system of records notice applies (DHS/USCG-014.).<br><b>Disclosure</b> - Disclosure of this information (including your home address and employer) is voluntary, but without disclosure application for dependent ID card and benefits may be delayed as additional research will be necessary to verify your identity and eligibility for an ID card and benefits. |  |  |