UNIFORMED SERVICES FORMER SPOUSES' PROTECTION ACT
10 U.S.C. 1408

6th Edition

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Provided by
COMMANDING OFFICER (LGL)
UNITED STATES COAST GUARD
PERSONNEL SERVICE CENTER (PSC)
444 SE QUINCY ST
TOPEKA KS 66683-3591

Telephone
785-339-3595
785-339-3788 (Fax)
E-Mail
PSC-LGL@HRSIC.USCG.MIL

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Natural Work Group Product – 2003 Edition

Originally published in August 1994 and revised in March 1997, January 1998, March 1999 and August 2001 by personnel of the Legal (LGL) and Retiree and Annuitant Services (RAS) Branches of the Coast Guard Personnel Service Center.

FSPA

Former Spouses' Protection Act (FSPA), Public Law 97-252, 8 September 1982, provides several benefits for former spouses of Coast Guard or NOAA Corps retirees including direct payments from retired pay for child support, alimony, or as a division of property.

Property Division

FSPA permits, but does not require, state courts to divide military disposable retired pay as marital property between parties in a divorce action. The courts cannot treat military retired pay as property unless the court has jurisdiction over the member by reason of: (a) the member's residence, other than because of military assignment, in the territorial jurisdiction of the court; (b) the member's domicile in the jurisdiction of the court; or (c) the member's consent to the jurisdiction of the court. Divorces finalized before 26 June 1981 (the date of the U.S. Supreme Court "McCarty" decision, in which case the court ruled that military retired pay was not subject to division as property in a divorce case) cannot be modified to call for a portion of the member's retired pay based on this legislation. However, divorces after that date can be modified.

What is Disposable Retired Pay?

For divorces before 3 Feb 91:

Disposable retired pay is the member's gross pay entitlement, less authorized deductions. Those authorized deductions include the following:

1. **Debts owed to the United States.**

2. **Fines and forfeitures ordered by a court-martial.**

3. **Amounts waived in order to receive compensation under Title 5 or Title 38, United States Code, i.e., dual compensation and Veterans Administration compensation.**

4. **Federal employment taxes withheld.**

5. **Amounts local properly withheld for federal, state, or income tax purposes, if such withholding is authorized or required by law and if the amounts withheld are not greater than would be the case if the individual claimed all dependents to which entitled.**

What is disposable retired pay?

For divorces before 3 Feb 91: (Continued)

6. **Additional tax amounts withheld at the voluntary request of the member, but only when the member presents evidence satisfactory to PSC (LGL) of a tax obligation that supports the additional withholding.**

7. **Amounts paid as a result of the member's election to provide an annuity under the Retired Serviceman's Family Protection Plan or the Survivor Benefit Plan to a former spouse to whom payment of a portion of the member's retired pay is being made pursuant to a court order under the FSPA.**

8. **Any other amounts required by law to be deducted including portions of retired pay attributable to disability if divorced on or after 14 November 1986 (see item 3 below).**

For divorces on and after 3 Feb 91:
Disposable retired pay is the total monthly retired pay to which a member is entitled less amounts which--

1. are owed by that member to the United States for previous overpayments of retired pay and for recoupments required by law resulting from entitlement to retired pay;

2. are deducted from the retired pay of such member as a result of forfeitures of retired pay ordered by a court-martial or as a result of a waiver of retired pay required by law in order to receive compensation under title 5, dual compensation, or title 38, VA compensation;

3. [in the case of a member entitled to retired pay under Title 10 U.S. Code, Chapter 61] are equal to the amount of retired pay of the member under that chapter computed using the percentage of the member's disability on the date when the member was retired (or the date on which the member's name was placed on the temporary disability retired list); or

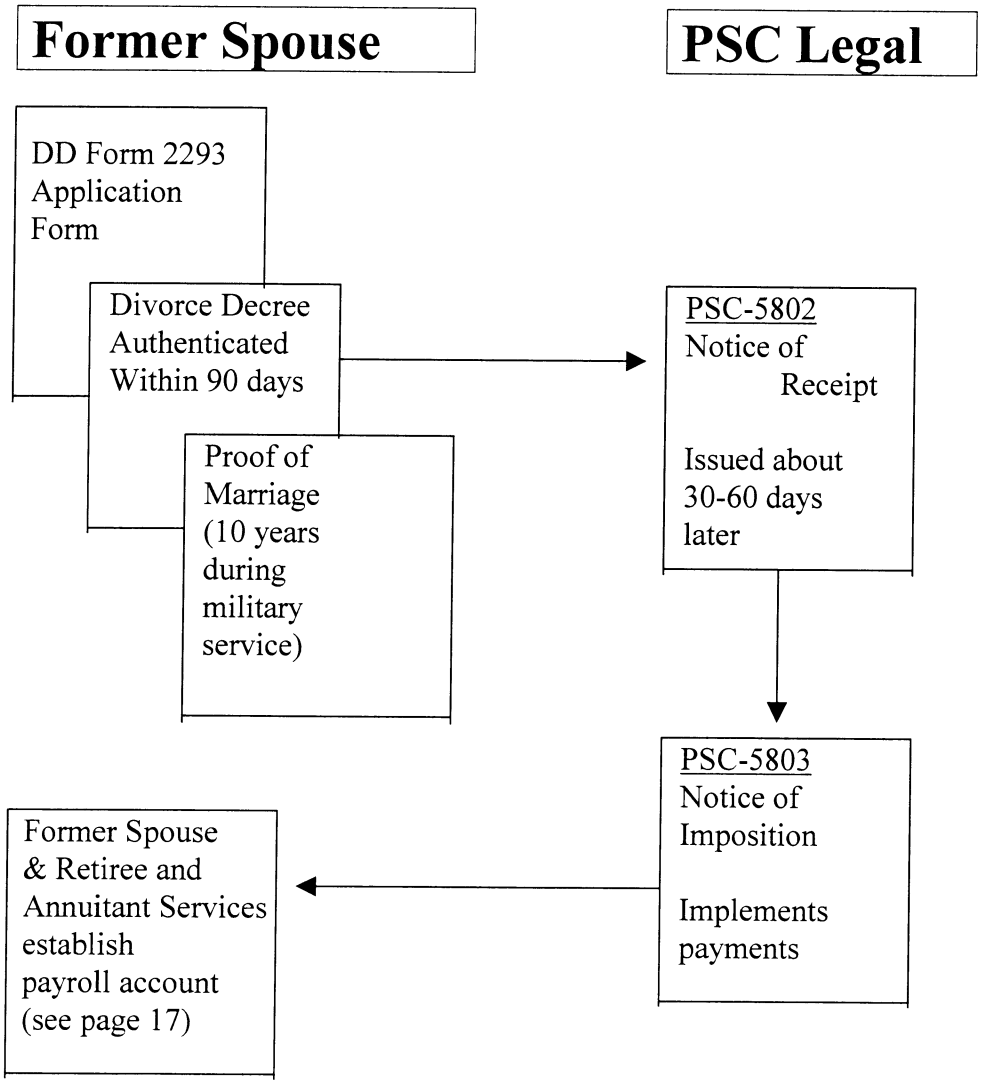
4. are deducted because of an election under chapter 73 of this title to provide an annuity to a spouse or former spouse to whom payment of a portion of such member's retired pay is being made pursuant to a court order under this section.

Direct Payment

FSPA permits the Coast Guard Personnel Service Center to make direct payments to a former spouse from a retiree's disposable retired pay for:

1. **Division of retired pay as marital property**
2. **Alimony (spousal support)**
3. **Child support**
4. **Combination of above.**

The amount that can be paid cannot exceed 50 percent of disposable retired pay except when the retiree's pay is also subject to garnishment. Then, not more than 65 percent of disposable retired pay may be withheld to fulfill legal obligations. To qualify for a direct payment of retired pay as a property division, the former spouse must have been married to the member for ten years or more, during which the member performed at least ten years of creditable military service. There is no length of marriage requirement to qualify for a direct payment from retired pay for child support or alimony.



FSPA

Application Information for Direct Payments under
UNIFORMED SERVICES FORMER SPOUSES' PROTECTION ACT

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1. Complete the enclosed application form, DD Form 2293, issued by the Department of Defense. Our previous and similar form, HRSIC-2293, is also acceptable.

2. Enclose a certified copy of your *final decree of divorce, dissolution, annulment, or legal separation*. It is required that the court order be authenticated or certified within 90 days immediately preceding its service on the Coast Guard. It must furthermore be issued by a court that had jurisdiction over your former spouse by virtue of his or her residence within the territorial jurisdiction of the court for purposes other than military assignment, or his or her domicile within the territorial jurisdiction of the court, or his or her consent to the court's exercise of jurisdiction over him.

3. Enclose a certified copy of the court order - if not included in your divorce, dissolution, annulment or separation decree - directing that you receive a specific percentage or dollar amount of your former spouse's retired pay. This may be in the form of a court ordered, ratified or approved property settlement incident to such final decree.

4. Provide sufficient identifying information about your former spouse to permit processing of your request including his or her full name and social security number. Additional identifying information may be included in the application form (DD Form 2293).

5. If the court order does not specify that you were married to your former spouse for ten years during the course of which he or she performed ten years of service creditable in determining eligibility for retired pay, you must provide sufficient evidence for the Coast Guard to verify that this requirement has been met.

6. If the court order was issued while your former spouse was on active duty and he or she was not represented in court, the court order must specify or be accompanied by documents that certify that the former spouse's rights under the Soldiers and Sailors Civil Relief Act of 1940, 50 U.S.C. Appendix 501-591, were met.

7. This material may be sent by facsimile, electronic transmission, or mail, to:

COMMANDING OFFICER (LGL)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

FAX: 785-339-3788

APPLICATION FOR FORMER SPOUSE PAYMENTS FROM RETIRED PAY

(Please read instructions on back before completing this form.)

Form Approved
OMB No. 0730-0008
Expires Sep 30, 2001

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0008), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS LISTED ON BACK.

FOR OFFICIAL USE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 1408; EO 9397.

PRINCIPAL PURPOSE(S): To request direct payment through a Uniformed Service designated agent of court ordered child support, alimony, or division of property to a former spouse from the retired pay of a Uniformed Service member.

ROUTINE USE(S): Information provided will be disclosed to the retired member for verification and comment. Additionally, it may be disclosed to state social service agencies for human services benefit entitlement purposes; to the Internal Revenue Service, and state and local taxing authorities for income tax purposes.

DISCLOSURE: Voluntary; however, failure to provide requested information may delay or make impossible processing this direct payment request.

1. APPLICANT IDENTIFICATION	2. SERVICE MEMBER IDENTIFICATION
a. **NAME** *(As appears on court order) (Last, First, Middle Initial)*	a. **NAME** *(Last, First, Middle Initial)*
b. **CURRENT NAME** *(Last, First, Middle Initial)*	b. **SOCIAL SECURITY NUMBER**
c. **SOCIAL SECURITY NUMBER**	c. **BRANCH OF SERVICE**
d. **ADDRESS** *(Street, City, State, ZIP Code)*	d. **ADDRESS** *(Street, City, State, ZIP Code) (If known)*

3. REQUEST STATEMENT

I request direct payment from the retired pay of the above named Uniformed Service member based on the enclosed court order.

I request payment of:

(1) Child support in the amount of $ _____ per month.

(2) Alimony, spousal support or maintenance in the amount of $ _____ , or _____ percent of disposable retired pay per month.

(3) A division of property in the amount of $ _____ , or _____ percent of disposable retired pay per month.

I certify that any request for current child and/or spousal support is not being collected under any other wage withholding or garnishment procedure authorized by statute. Furthermore, I certify that the court order has not been amended, superseded or set aside and is not subject to appeal. As a condition precedent to payment, I agree to refund all overpayments and that they are otherwise recoverable and subject to involuntary collection from me or my estate, and I will notify the appropriate agent (as listed on back) if the operative court order, upon which payment is based, is vacated, modified, or set aside. I also agree to notify the appropriate agent (as listed on back) of a change in eligibility for payments. This includes notice of my remarriage, if under the terms of the court order or the laws of the jurisdiction where it was issued, remarriage causes the payments to be reduced or terminated; or notice of a change in eligibility for child support payments by reason of the death, emancipation, adoption, or attainment of majority of a child whose support is provided through direct payments from retired pay. I hereby acknowledge that any payment to me cannot lawfully exceed 50 percent of the member's disposable retired pay which is gross retired pay minus deductions such as those authorized or required for income tax, Federal indebtedness, or disability reasons; that my payments may not exceed any lesser amount or percentage specified by court order; and that any court-ordered percentage must be construed as a percentage of disposable retired pay.

4. I HAVE ENCLOSED ALL PERTINENT DOCUMENTATION TO INCLUDE: *(X as applicable)*		
	a. A copy of the operative court order and other accompanying documents that provide for payment of child support, alimony or a division of retired pay as property, containing a certification dated by the clerk of the court within 90 days preceding the date the application is received by the designated agent.	
	b. Evidence of the date(s) of my marriage to the member if the application is for the direct payment of a division of the member's disposable retired pay as property. Give **MARRIAGE DATE** *(YYYYMMDD)* in this block unless stated in court order.	
	c. If payment request includes child support, give name(s) and birth date(s) of child(ren):	
	(1) NAME OF CHILD *(Last, First, Middle Initial)*	**(2) DATE OF BIRTH** *(YYYYMMDD)*
	d. Other information *(please identify)* or remarks.	

5a. APPLICANT'S SIGNATURE	b. DATE SIGNED

INSTRUCTIONS FOR COMPLETION OF DD FORM 2293

GENERAL. These instructions govern an application for direct payment from retired pay of a Uniformed Service member in response to court ordered child support, alimony, or a division of property, under the authority of 10 USC 1408.

SERVICE OF APPLICATION. You may serve the application by mail on the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:

(1) ARMY, NAVY, AIR FORCE, AND MARINE CORPS: Director, Defense Finance and Accounting Service - Cleveland Center, ATTN: DFAS-CL/L, P.O. Box 998002, Cleveland, OH 44199-8002;

(2) COAST GUARD: Commanding Officer (LGL), United States Coast Guard, Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591;

(3) PUBLIC HEALTH SERVICE: Office of General Counsel, Department of Health and Human Services, Room 722A, Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201;

(4) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION: Same as U.S. Coast Guard.

IMPORTANT NOTE: Making a false statement or claim against the United States Government is punishable. The penalty for willfully making a false claim or false statement is a maximum fine of $10,000 or maximum imprisonment of 5 years or both (18 USC 287 and 1001).

ITEM 1.
a. Enter full name as it appears on the court order.
b. Enter current name if different than it appears on court order.
c. Enter Social Security Number.
d. Enter current address.

ITEM 2.
a. Enter former spouse's full name as it appears on the court order.
b. Enter former spouse's Social Security Number.
c. Enter former spouse's branch of service.
d. Enter former spouse's current address, if known.

ITEM 3. Read the Request Statement carefully.

ITEM 4. A certified copy of a court order can be obtained from the court that issued the court order. Other documents include, but are not limited to, final divorce decree, property settlement order, and any appellate court orders. If the court order does not state that the former spouse was married to the member for ten years or more while the member performed ten years creditable service and the request is for payment of a division of property, the applicant must provide evidence to substantiate the ten years' marriage condition. Additional evidence must show that the ten years' requirement has been met, including: Uniformed Service orders, marriage certificate, and other documents that establish the period of marriage. Other information or documents included with the request should be clearly identified by the document's title and date. Remarks may be provided to clarify specific points.

ITEM 5. Self-explanatory.

Survivor Benefit Plan

Retirees may name a former spouse as their beneficiary under the Survivor Benefit Plan (SBP) at the time of retirement, even if the member has remarried. For retirees who have SBP coverage for their spouse, and later divorce, they have one year from the date of the divorce to voluntarily elect former spouse coverage, if they so desire. A divorce decree terminates SBP coverage for a spouse unless the retiree voluntarily elects to provide former spouse coverage or coverage on behalf of the former spouse is deemed by the Coast Guard or NOAA Corps. Former spouses have one year from the date of their divorce to request that the Coast Guard deem their election as a former spouse beneficiary. For divorce decrees entered before 14 November 1986, the Coast Guard or NOAA Corps may deem election of SBP coverage for a former spouse if the member voluntarily agreed to former spouse coverage in writing. For divorce decrees entered on or after 14 November 1986, state courts may order SBP coverage for the former spouse without the voluntary agreement of the member (P.L. 99-661), and the Coast Guard or NOAA Corps may deem the election based on the decree.

ADDRESS FOR USCG DEEMED ELECTIONS
COMMANDING OFFICER (LGL)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

ADDRESS FOR NOAA DEEMED ELECTIONS
COMMISSIONED PERSONNEL CENTER
NATIONAL OCEANIC & ATMOSPHERIC ADMN
1315 EAST-WEST HWY
SILVER SPRING MD 20910-3283

NOTE: Provided on the reverse side of this page, is our form PSC-2618 for the voluntary election of former spouse coverage by Coast Guard retirees who have previously elected SBP spousal coverage. On pages 9 and 10 is form DD-1883 for the election of coverage by active duty members. Please contact the following office for other situations including elections by reserve members.

COMMANDING OFFICER (RAS)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591
TELEPHONE: 1 800 772-8724

DEPT OF HOMELAND SECURITY
US COAST GUARD
CG PSC-2618

FORMER SPOUSE ELECTION BY COAST GUARD RETIREE

I _____ _____ _____ _____, hereby elect Survivor Benefit Plan (SBP) coverage as follows:
(Full Name) (SSN) (Rank) (Date of Birth)

☐ **Former spouse only**

_____
(Former Spouse Full Name)

_____
(Former Spouse SSN)

_____
(Former Spouse Date of Birth)

_____

_____
(Former Spouse Address)

Date of Marriage to Former Spouse

_____

Date of divorce

_____

☐ **Former spouse and children**

_____
(Former Spouse Full Name)

_____
(Former Spouse SSN)

_____
(Former Spouse Date of Birth)

_____

_____
(Former Spouse Address)

List the full names, SSN's, Dates of Birth, and relationships of any children for whom SBP is desired:

_____

_____

_____

I also make the following election under the Supplemental Survivor Benefit Plan (SSBP) [Note: You may add SSBP, drop SSBP, or increase SSBP--however, you may not decrease SSBP]:

☐ None ☐ 5% ☐ 10% ☐ 15% ☐ 20%

Is this election made pursuant to a voluntary written agreement entered into, as part of, or incident to, a preceding of divorce, dissolution, annulment, or legal separation?

☐ Yes ☐ No

If the above question is answered "yes", has the voluntary written agreement been incorporated in or ratified or approved by a court order?

☐ yes ☐ no *[If yes, provide copy of order.]*

Has the retiree remarried? If yes, provide New Spouse's Name:

☐ Yes ☐ No _____

_____
(Retiree's Signature & Date)

_____
(Witness' Signature & Date)

_____
(Former Spouse's Signature & Date)

_____
(Witness' Signature & Date)

NOTE: THIS ELECTION FORM MUST BE SUBMITTED WITHIN ONE YEAR OF DIVORCE/DISSOLUTION/ANNULMENT.

SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 - See Page 2.)

Reserved for Service Use Only		
a	b	c HRSIC (LGL)
d	e	f

SECTION I - INFORMATION CONCERNING MEMBER RETIRING AFTER 21 SEP 72

1. LAST NAME, FIRST, M.I.	2. SOCIAL SECURITY NO.	3. RETIREMENT DATE	4. RANK OR GRADE	5. DATE OF BIRTH

SECTION II - MARITAL, DEPENDENCY, AND ELECTION STATUS

6. **Are you married?** ☐ Yes ☐ No

7. **Do you have dependent children?** ☐ Yes ☐ No

8. **Check one of the following to indicate the type of coverage you desire:**
   - ___ a. Spouse only
   - ___ b. Spouse and children
   - ___ c. Children only
   - ___ d. Natural person with insurable interest *(may be elected only if you have no spouse and/or children)*
   - ___ e. None
   - ___ f. Former Spouse *(Complete items 10, 11, & 12)*
   - ___ g. Former Spouse and children *(Complete 10, 11, 12, & 15)*

   *If married, corrections in Section II require initials of both you and your spouse.

9a. **If you checked 8a, b, or c, do you elect to provide an annuity based on the full amount of retired pay or on a reduced portion of retired pay?**

☐ FULL ☐ REDUCED

9b. **If you want to provide a reduced annuity, show the amount of retired pay *(base amount)* upon which you want the annuity computed.**

$ _____

9c. (See instruction on page 2)
- ___ Option A (Defer)
- ___ Option B (Age 60)
- ___ Option C (Immediate coverage)

IMPORTANT: The decision you make with respect to participation in this Survivor Benefit Plan is a permanent irrevocable decision. Please consider your decision and its effect very carefully.

SECTION III - FAMILY INFORMATION *(List additional names on Page 2)*

10. NAME OF SPOUSE *(Last, First, M.I.)*	11. SPOUSE SOCIAL SECURITY NO.	12. SPOUSE DATE OF BIRTH

13. PLACE OF MARRIAGE *(City, County, State, Country)*	14. DATE OF MARRIAGE

15. I have the following unmarried dependent children under age 22 (or over age 22 and incapable of self-support because of a disability incurred before age 18 or, after age 18 but before age 22 while attending school).

15a. Last name, first, M.I.	15b. Social Security No.	15c. Date of birth	15d. Relationship (natural, step, adopted, foster)

SECTION IV - INSURABLE INTEREST COVERAGE

16. If you are unmarried and have no dependent children, and you checked item 8d, complete this section with information pertaining to the person you want to receive an annuity who has an insurable interest in you.

17. LAST NAME, FIRST, M.I.	17a. SOCIAL SECURITY NO.	17b. RELATIONSHIP

17c. MAILING ADDRESS	17d. DATE OF BIRTH

SECTION V - ADDITIONAL INFORMATION

18. Is this the only election of coverage you have submitted under the new Survivor Benefit Plan?

☐ Yes ☐ No

SECTION VI - SIGNATURES

SIGNATURE OF RETIREE	SIGNATURE OF WITNESS	DATE

Item 9c applies only to Reserve and National Guard members who have been notified that they have completed the required years of recognized Federal Service to be eligible for retired pay upon application at age 60.

Instructions for completing Item 9c. You should elect one of the options offered under Item 9c. The following is an explanation of each option:

Option A-- I decline to make an election at this time. (I will remain eligible to make an election for coverage at age 60).

Option B-- I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday.

Option C-- I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60.

IF RETIREE DOES NOT ELECT OPTION B OR C AT THIS TIME, AND SHOULD DIE BEFORE AGE 60, THE SURVIVORS WILL NOT RECEIVE BENEFITS UNDER PUBLIC LAW 95-397.

SIGNATURE OF RETIREE	DATE	SIGNATURE OF SPOUSE *(If married)*
RETIREE'S SSN		**SPOUSE'S SSN** *(if applicable)*
ADDRESS		**TELEPHONE NO.**

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 92-425, 21 Sep 72; EO 9397.
PRINCIPAL PURPOSE(S): Used by retirees who retired subsequent to September 20, 1972, to enroll in the Survivor Benefit Plan at less than maximum limits.
ROUTINE USES: Uniformed Services review form for completeness, validate and record level of participation.
DISCLOSURE IS VOLUNTARY: However, the information transmitted in this form is necessary to administer the above law. Without it, retirees could not enroll in the Survivor Benefit Plan at less than maximum limits.

PRINCIPAL PURPOSE(S): To allow military personnel to elect to participate in the Survivor Benefit Plan.

ROUTINE USES: Information will be used by USCG personnel to act upon individual's request for Survivor Benefit Plan coverage.

DISCLOSURE IS VOLUNTARY: However, if individual fails to return form and elect one of the options, his/her dependents would not be covered under the Survivor Benefit Plan.

Initial one of the following:

___ I ELECT SUPPLEMENTAL RC-SBP COVERAGE FOR THE SPOUSE/FORMER SPOUSE PORTION OF MY ELECTION AT ( ) PERCENT OF RETIRED PAY. (enter percentage desired in blank: 5 percent, 10 percent, 15 percent, or 20 percent)

___ I DECLINE SUPPLEMENT SSBP COVERAGE.

Medical, Commissary & Exchange Privileges

Background

The ID Card is the key for accessing your privileges. These benefits can include medical, commissary, exchange and theater privileges under Morale, Well-Being, and Recreation (MWR).

Minimum Eligibility requirements.

Benefits are authorized only if **all three** of the following criteria are met:

1. The marriage lasted at least 20 years *and*
2. the member served at least 20 years service creditable for retired pay *and*
3. the marriage overlapped the service creditable for retired pay by 15 years or more.

Benefits Authorized

The number of years the marriage overlapped the service creditable for retired pay determines the extent of the benefits as shown in the table below:

IF minimum eligibility requirements are met and ...	Then Under...	Privileges entitled to...
Marriage and service overlapped by at least 20 years	20/20/20 rule	• Commissary • Exchange • Theater • Medical coverage provided the former spouse does not have an employer sponsored health plan.
Divorced before 1 April 1985	20/20/15 rule	• Medical coverage provided the former spouse does not have an employer sponsored health plan.
Divorced after 31 March 1985 and before 29 September 1988	20/20/15 rule	• none
Divorced on or after 29 September 1988	20/20/15 rule	• Medical coverage is authorized for one year after divorce, and then the former spouse is offered an option to choose a conversion policy.

Continued on next page

Identification and Privileges Card (ID Card)

Restrictions

- All privileges are terminated if former spouse remarries.
- If remarriage ends in death or divorce Commissary, Exchange, and Theater benefits are reinstated. Medical benefits are not reinstated.
- CHAMPUS/Tricare benefits terminate when a former spouse becomes eligible for Part A of Social Security Medicare benefits.

First time you apply for an ID Card

- All initial determinations regarding former spouses of Coast Guard personnel must be approved by the Coast Guard Personnel Service Center
- (PSC)
- No other Coast Guard units or Department of Defense units are authorized to make this determination.
- Occasionally PSC does not maintain all required information, and may have to order the service member's record from the National Personnel Records Center. If PSC orders the records a delay of approximately 2 months can be expected.

How to apply for ID card

1. Complete the enclosed application for Uniformed Services Identification Card (DD Form 1172), sign block 90. Your signature must be notarized.

2. Complete the enclosed Statement of Former Spouse (PSC 2020C).

3. Enclose the following forms (translated if from a foreign country):

    - Certified copy of marriage certificate to former military spouse, or statement from appropriate state certifying common-law marriage.
    - Certified copy of divorce decree from former military spouse.
    - Certified copy of divorce/annulment decree from remarriage if applicable.
    - Certificate from Social Security Administration certifying whether you are eligible for Medicare Part A. This is required if you are 65 or older or disabled.

4. Mail the DD Form 1172 and all related documents to:

    - COMMANDING OFFICER (RAS)
      COAST GUARD PERSONNEL SERVICE CENTER
      444 SE QUINCY ST
      TOPEKA KS 66683-3591

Continued on next page

Identification and Privileges Card (ID Card)

Conversion policy (CHCBP)

The conversion policy know as the Continued Health Care Benefit Program (CHCBP) is available for the former spouse under the following eligibility requirements:

- For former spouses under 20/20/15 rule divorced on or after 29 September 1988 upon expiration of the one year covered period, the former spouse is entitled to elect coverage, at a cost, under CHCBP within 60 days.
- Effective 1 October 1994 there is no minimum creditable service requirement for unremarried former spouse or former spouse whose remarriage was annulled. A former spouse must elect within 60 days of divorce health coverage, at a cost, under the CHCBP.

Additional information concerning CHCBP, can be obtained by writing or calling:

CHCBP ADMINISTRATOR
HUMANA MILITARY HEALTHCARE SERVICES INC.
PO BOX 740072
LOUISVILLE KY 40201 1-800-444-5445

Social Security Medicare benefits

- When a former spouse becomes eligible for Part A of Social Security Medicare benefits CHAMPUS/Tricare benefits normally terminate. This usually occurs when the former spouse turns 65.
- Former spouses retain eligibility for care at a Uniformed Services hospital or clinic on a space available basis after 65.
- In cases where the former spouse becomes disabled before 65, qualifies for Part A Medicare, and is enrolled in Medicare Part B, CHAMPUS/Tricare does not terminate but becomes a second payer to Medicare.

Morale, Well-Being and Recreation privileges

MWR authorizes use of base gymnasium, clubs, and discount tickets for various events.

Department of Homeland Security U. S. Coast Guard CG PSC-2020C (Rev.03-97)	**Statement of Former Spouse**

PURPOSE: To accompany request for an ID card for a former spouse

Part I: Information relative to sponsor

SSN	Name (Last, First, MI)	Rank

Current Unit or Date of Retirement

Part II: Information relative to former spouse

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

Part III: Information relative to marriage

Date of marriage to sponsor	Date marriage was terminated	Reason (divorce, dissolution, annulment)

Part IV: Declaration

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?	☐ **YES**	☐ **NO**
Are your presently employed?	☐ **YES**	☐ **NO**
Do you have medical coverage under an employer sponsored health plan?	☐ **YES**	☐ **NO**

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 PSC, 444 SE Quincy ST, 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.

_____

Signature of former spouse Date

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 1072. Principal Purpose(s) - Used to determine eligibility for dependent ID card and benefits. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure application for dependent ID card and benefits may not be approved.

Reverse Blank

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

MARK HERE FOR GUARD OR RESERVE PRE-ELIGIBILITY →

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT

Form Approved
OMB No. 0704-0020
Expires Jul 31, 2002

SECTION I SPONSOR INFORMATION

1. NAME *(Last, First, Middle)*				2. SEX	3. SSN *(or SN)*	4. STATUS	5. BR OF SERVICE
6. PAY GRADE	7. RANK	8. GEN. CAT	9. TYPE OF CARD ISSUED		10. ID NO.	11. LAST UPDATE *(YYYYMMMDD)*	12. V/I
13. CURRENT RESIDENCE ADDRESS				14. SUPPLEMENTAL ADDRESS INFORMATION			
15. CITY		16. STATE	17. ZIP CODE	18. COUNTRY	19. UIC	20. HOME TELEPHONE NO. *(Include Area Code)*	
21. DATE OF BIRTH *(YYYYMMMDD)*	22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT	26. WEIGHT	27. MEDICARE	28. MARITAL STATUS
29. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	30. CARD EX/ELIG END DATE *(YYYYMMMDD)*	31. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* MC MS C MWR EU EL				32. END ELIG REASON	

SECTION II DEPENDENT INFORMATION

33. NAME *(Last, First, Middle)*				34. SEX	35. RELATIONSHIP	36. SSN	37. ID NO.
38. LAST UPDATE *(YYYYMMMDD)*	39. V/I	40. CURRENT RESIDENCE ADDRESS			41. SUPPLEMENTAL ADDRESS INFORMATION		
42. CITY		43. STATE	44. ZIP CODE	45. COUNTRY	46. HOME TELEPHONE NO. *(Include Area Code)*		47. DATE OF BIRTH *(YYYYMMMDD)*
48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT	55. WEIGHT	56. MARITAL STATUS DATE *(YYYYMMMDD)*
57. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	58. CARD EX/ELIG END DATE *(YYYYMMMDD)*	59. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* MC MS C MWR EU EL					60. END ELIG REASON
61. NAME *(Last, First, Middle)*				62. SEX	63. RELATIONSHIP	64. SSN	65. ID NO.
66. LAST UPDATE *(YYYYMMMDD)*	67. V/I	68. CURRENT RESIDENCE ADDRESS			69. SUPPLEMENTAL ADDRESS INFORMATION		
70. CITY		71. STATE	72. ZIP CODE	73. COUNTRY	74. HOME TELEPHONE NO. *(Include Area Code)*		75. DATE OF BIRTH *(YYYYMMMDD)*
76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT	84. MARITAL STATUS DATE *(YYYYMMMDD)*
85. ELIG ST/MC EFF DATE *(YYYYMMMDD)*	86. CARD EX/ELIG END DATE *(YYYYMMMDD)*	87. PRIVILEGES AUTHORIZED *(Enter correct abbreviation AFTER privilege)* MC MS C MWR EU EL					88. END ELIG REASON

SECTION III SPONSOR DECLARATION AND REMARKS

89. REMARKS *(Cite legal documentation, as applicable.)*

NOTARY SIGNATURE AND SEAL

I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge.
(If not signed in the presence of the verifying official, the signature must be notarized.)

90. SIGNATURE	91. DATE SIGNED *(YYYYMMMDD)*

SECTION IV VERIFIED BY

92. TYPED NAME *(Last, First, Middle)*		93. PAY GRADE	94. UNIT/COMMAND NAME
95. TITLE	96. UIC	97. DUTY PHONE NO.	98. UNIT/COMMAND ADDRESS *(Street, City, State, ZIP Code)*
99. SIGNATURE		100. DATE VERIFIED *(YYYYMMMDD)*	

SECTION V ISSUED BY

101. TYPED NAME *(Last, First, Middle)*		102. PAY GRADE	103. UNIT/COMMAND NAME
104. TITLE	105. UIC	106. DUTY PHONE NO.	107. UNIT/COMMAND ADDRESS *(Street, City, State, ZIP Code)*
108. SIGNATURE		109. DATE ISSUED *(YYYYMMMDD)*	

SECTION VI RECEIPT

RECEIPT OF NEW CARD IS ACKNOWLEDGED

110. SIGNATURE	111. DATE ISSUED *(YYYYMMMDD)*

DD FORM 1172, JUL 1999 PREVIOUS EDITION MAY BE USED.

This form valid for issue of ID card 90 days from date of verification.

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0020), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.

SECTION VII - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2), E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

ROUTINE USE(S): To appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS IN CONNECTION WITH CLAIMS: FINE OF UP TO $10,000 OR IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.

(ACT June 25, 1948, 18 U.S. Code 287, 1001)

Establishing Your Automated Payroll Account

Background

Once you have received Notice of Imposition of Direct Payment (PSC-5803) from the PSC legal staff, you should complete pages 20 & 21 and return them to the Retiree and Annuitant Services:

COMMANDING OFFICER (RAS)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

Our Retiree and Annuitant Services need this information for various purposes. Your home mailing address will be used for sending you pay statements, newsletters, tax information, and correspondence.

Payment methods

Your monthly payment must be issued by direct deposit and is payable on the first working day of the month following implementation. Complete the FastStart Direct Deposit Form (PSC-2231) on page 21.

EARNINGS AND TAX STATEMENTS

Monthly Statement of Income

You will only receive a Monthly Statement of Income when there is a change to your account.

DIRECT PAYMENTS FROM DISPOSABLE RETIRED PAY (IRS Form 1099R)

Under Public Law 101-510, 5 November 1990, all amounts defined as a "Division of Property" are taxable to you. Each year on December 31, we will report this taxable income to you and to the Internal Revenue Service (IRS) using an IRS Form 1099R. The tax year runs from 1 December through 30 November of each year. If you are receiving a portion of retired pay as a division of property, and wish to specify the federal taxes withheld, please complete the IRS form W-4P. If you do not complete this form we will automatically withhold taxes at the "married, three (3) exemption" rate. Your year-end taxable income will reduce the retired members taxable gross. The reduction to the member's taxable income takes place before the 1099R is processed.

State Income Tax

Although your FSPA direct payment may be subject to state income tax, we cannot withhold state income tax from your FSPA direct payments.

Establishing Your Automated Payroll Account

Background

Retiree and Annuitant Services (RAS) need a variety of information to establish your FSPA account for payment. This is the business line you will deal with once your FSPA account is established.

Payment method

Your monthly FSPA payment **must** be issued by direct deposit. Complete the Faststart Direct Deposit Form (PSC-2231) on page 21.

Payment Date

The FSPA payments will be payable on the first working day of each month, following the month of implementation.

Updating Account Information

It is important for you to keep RAS informed of any changes affecting your account.

If question concerns.....	Then contact ..	At.....
• direct deposit • home mailing address • non receipt	RAS by phone	telephone 1 800 772-8724 or commercial number 785 339-3415 fax number 785 339-3770
• taxes • annual certification	RAS in writing	COMMANDING OFFICER (RAS) USCG PERSONNEL SERVICE CENTER 444 SE QUINCY ST TOPEKA KS 66683-3591

Statement of Monthly Income

You will **only receive** a Statement of Monthly Income when there is a change to your account.

Taxes

- Under Public Law 101-510, 5 November 1990, all amounts defined as a "Division of Property " are taxable to you.
- Each year on 31 December, we will report this taxable income to you and to the Internal Revenue Service (IRS) using IRS Form 1099R.
- The tax year runs from 1 December through 30 November of the following year.
- Your year end taxable income will reduce the retired members taxable income.
- The reduction to the member's taxable income takes place before the 1099R is processed.

Establishing Your Automated Payroll Account

Federal Income Tax Withholding	• If you are receiving a portion of retired pay as a division of property, and wish to specify the federal taxes withheld, please complete the IRS form W-4P on page 20. • If you do not complete this form we will automatically withhold taxes at the rate of married with three (3) exemptions.
State Income Tax	Although your FSPA direct payment may be subject to state income tax, we cannot withhold state income tax from your FSPA direct payment.
Annual Certification	After your account has been established, you will be required to annually provide RAS with certification of your eligibility to continue receiving FSPA direct payments. We will notify you of this requirement each year, and will ask you to complete, sign and return a form to us.

FORM FOR ESTABLISHING AN AUTOMATED FORMER SPOUSE ACCOUNT

Please print or type the following information, then sign and return this form to the Retiree and Annuitant Services business line (address shown on page 17):

YOUR NAME _____
(Full Name, as to be reported to the Internal Revenue Service)

SOCIAL SECURITY _____ DATE OF BIRTH _____

HOME MAILING ADDRESS _____

_____

TELEPHONE NUMBERS HOME _____ WORK _____

RETIREE'S NAME _____

Your monthly payment is required to be sent by direct deposit. Please complete the ***FASTSTART*** direct deposit form on page 21.

_____ _____
Signature Date

If you are receiving a ***division of property*** direct payment, you have the option of having Federal income tax withheld from your pay. Please complete the following form:

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0415

200_

Type or print your full name

Home address (number and street or rural route)

Marital Status ☐ Single ☐ Married

City or town, state and ZIP code

Complete the following applicable items:

1 I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3) ▶ ☐

2 I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on line 3.) ▶ _____ Enter No. of Allowances

3 I want the following additional amount withheld from each payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. ▶ $_____

Your signature ▶ Date x

PSC-2231 (8-03)

Direct Deposit

1. PAYEE INFORMATION

SOCIAL SECURITY NUMBER ☐☐☐ ☐☐ ☐☐☐☐

NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Last, First, Initial)

TELEPHONE NUMBERS HOME ☐☐☐ ☐☐☐ ☐☐☐☐ WORK ☐☐☐ ☐☐☐ ☐☐☐☐

2. TYPE OF ACCOUNT

CHECKING ☐
SAVINGS ☐

3. DIRECT DEPOSIT ACCOUNT INFORMATION

ROUTING TRANSIT NUMBER ☐☐☐☐☐☐☐☐ CHECK DIGIT ☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ACCOUNT TITLE _____

FINANCIAL INSTITUTION _____

4. TYPE OF PAYMENT

FSPA DIRECT PAYMENT ☐

5. HELPFUL INFORMATION

NAME OF DEPOSITOR
ADDRESS
CITY STATE ZIP

1001

_____ 200___

Pay to the Order of _____ $ ☐

_____ DOLLARS

HOMETOWNBANK
Topeka, KS 66683

For _____ _____

⑈123456789⑈ ⑆123456789⑆ ⑈ 3⑆ 1001

Routing Number | Account Number | Check Number

1. **ROUTING TRANSIT NUMBER**
   Here you would put "123456789"
2. **ACCOUNT NUMBER**
   Here you would put "123-456-789". Please use the dash symbol where the following symbols appear on the check or card: ⑆ ⑈
3. **ACCOUNT TITLE** (must include recipient's name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or sharedraft includes "payable through under the bank name, contact the financial institution to obtain the correct Routing Transit Number for Direct Deposit processing.

6. AUTHORIZATION

_____ ----------
Signature of Payee Date

Reserved for future use

Comments

The Coast Guard Personnel Service Center needs your input and feedback on this information packet. If there are any areas that are not clear, complete, or accurate we would like to know about them.

Just write your suggestions in the space below, and mail them to:

COMMANDING OFFICER (LGL)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66668-3591

The following information is optional but necessary if you would like to know the status of your comments and/or recommendations.

Your Name (Optional) _____

Address _____

City, State & Zip Code _____

Telephone _____

U.S. Department of
Homeland Security

United States
Coast Guard

COMMANDING OFFICER (LGL)
COAST GUARD PERSONNEL SERVICE CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

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