

<b>Department of Homeland Security</b> U. S. Coast Guard CG PSC-1900 (Rev. 11/03)		<b>RETIRED PAY PROJECTION REQUEST</b> (For online information go to <a href="http://www.uscg.mil/hq/psc/retirementEst.htm">http://www.uscg.mil/hq/psc/retirementEst.htm</a> )	
SSN or EMPLID NUM:	Name (Last, First, MI):	Rank/Rate:	
Address:		Work Phone:	Home Phone:
Date You Intend to Retire:	Pay Base Date:	Active Duty Base Date:	
Marital Status & Number of Exemptions for Federal Tax: _____ (if none, we will use S-1)			
Total Reserve Retirement Points ( <b>Reserve Members Only</b> ): _____			
<b>Survivor Benefit Plan (SBP) Coverage Desired</b>			
I want SBP to cover the following person(s)		I want my survivor(s) to receive coverage at the following level (check one):	
<input type="checkbox"/>	My spouse only	<input type="checkbox"/>	<b>Maximum Basic Coverage</b> - 55% of my full retired pay until my spouse reaches age 62 then 35% of my full retired pay from age 62 on
<input type="checkbox"/>	My spouse & child(ren)	<input type="checkbox"/>	<b>Maximum Supplemental Coverage</b> - 55% of my full retired pay for life
<input type="checkbox"/>	My child(ren) only	<input type="checkbox"/>	<b>Partial Supplemental Coverage</b> - 55% of my full retired pay until my spouse reaches age 62 then (circle a percentage) 55%, 50%, 45%, 40% of my full retired pay from age 62 on
<input type="checkbox"/>	My former spouse	<input type="checkbox"/>	<b>Minimum Coverage Allowable</b> - I want to insure \$300.00 of my retired pay, to provide an annuity of \$165.00 per month until my spouse reaches age 62, then \$105.00 per month from age 62 on
<input type="checkbox"/>	My former spouse & my child (ren) of my former spouse	<input type="checkbox"/>	<b>Between the Maximum and Minimum</b> - I want to insure \$ _____ of my retired pay to provide an annuity of 55% of this amount to my survivors until my spouse reach age 62, then 35% of this amount from age 62 on
<input type="checkbox"/>	Insurable interest) (other relative, friend, etc.)	<input type="checkbox"/>	
<input type="checkbox"/>	I desire no SBP coverage	<input type="checkbox"/>	
Your Date of Birth		Spouse's Date of Birth	Your Youngest Child's Date of Birth
<b>PRIVACY ACT STATEMENT</b> AUTHORITY 10 USC 1447-1460, 14 USC 423 PRINCIPAL PURPOSES: To obtain a projection of military retired pay entitlements DISCLOSURE Voluntary.			<b>Member's Signature</b>
			<b>Date</b>
<b>FOR PSC USE ONLY: All dollar amounts listed are estimates. All calculations are based on pay rates effective _____.</b>			
Monthly Gross Retired Pay (Computed on Base Pay of \$ _____ X _____ %)			
SBP Spouse cost (Computed on SBP Base of \$ _____)			
(Cost = 6.5% of Base amount) or (Cost = 2.5% of \$ _____ + 10% of \$ _____)			
SBP Child cost (Computed on SBP Base of \$ _____ X \$ _____ %)			
SBP Insurable Interest cost (Cost = 10% X \$ _____ + _____ % of \$ _____)			
SBP Supplemental cost (Post age 62 coverage) (Computed on SBP Base of \$ _____ X _____ %)			
SBP Annuity until Spouse reaches age 62 (Computed on SBP Base of \$ _____ X 55%)			
SBP Annuity of Spouse after age 62 (Computed on SBP Base of \$ _____ X _____ %)			
Monthly Federal Tax (FITW)			
Monthly Net (take home) Retired Pay			

<b>Instructions:</b>	
Complete all spaces. The bottom section will be completed by PSC	
Full Name	Self-explanatory
Address	Enter current address mailing address PSC will use this address when returning the form
SSN / EMPLID	Social Security Number / Employee ID Number
Rank/Rate	Self-explanatory
Current Duty Station	Self-explanatory
Work Phone	Self-explanatory
Home Phone	Self-explanatory
Date You Intend to Retire	Self-explanatory
Pay Base Date	Enter date shown in block 3 on your LES
Active Duty Base Date	Enter date shown in block 4 on your LES
Martial Status	Self-explanatory
Total Reserve Retirement Points	Enter total number of retirement points you have earned
Survivor Benefit Plan (SBP) Coverage Desired	Check which person(s) you want covered and which coverage desired
Date of Birth	Self-explanatory
Spouse's Date of Birth	Enter spouse's date of birth. If you check the insurable interest block in the SBP coverage section, enter the date of birth of the insurable interest person
Child's Date of Birth	Enter your youngest child's birth date Enter none if no children
Signature	Self-explanatory
Date	Self-explanatory
PSC USE ONLY	PSC (RAS) will compute your estimated retired pay (based on current pay rates) and enter the member's projected retired pay in spaces provided. The form will be returned to you with estimated pay projection.