

Department of Homeland Security U. S. Coast Guard CG PSC-2020 (Rev. 6/03)		<h1>Dependency Worksheet</h1>	
EMPLID	Name (Last, First, MI)		Permanent Unit
PURPOSE: Use this form to add/delete BAH eligible dependent(s) listed on your CG-4170A.			
EMERGENCY DATA: Report changes in beneficiaries and other emergency data information by updating/completing a CG-4170A.			
DEERS: When reporting dependency changes you must also complete a DD-Form-1172 at your servicing ID card issuing facility to update the DEERS database. When adding dependents, failure to update DEERS will result in denial of medical/dental benefits. When deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.			
<input type="checkbox"/> Add dependent, (see documentation requirements on reverse side)		<input type="checkbox"/> Delete dependent Reason: (Attach documentation as applicable)	
Name (Last, First, MI):			SSN:
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
If spouse is in the service provide: SSN (above) Branch:		Duty Station:	
If the dependent child does not reside with you provide: Amount of support \$		Date of divorce/separation:	
Name of Custodian		Method of support	
<input type="checkbox"/> Add dependent, (see documentation requirements on reverse side)		<input type="checkbox"/> Delete dependent Reason: (Attach documentation as applicable)	
Name (Last, First, MI):			SSN:
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
If spouse is in the service provide: SSN (above) Branch:		Duty Station:	
If the dependent child does not reside with you provide: Amount of support \$		Date of divorce/separation:	
Name of Custodian		Method of support	
PRIVACY ACT STATEMENT			
<small>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 - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay.</small>			
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	Action Completed Date: _____ Initials: _____

Supporting documentation requirements are listed on the reverse side of this worksheet. →

DEPENDENCY DOCUMENTATION REQUIREMENTS

RULES:	<ul style="list-style-type: none"> ◆ The member must furnish documentary proof of dependency. ◆ Unless otherwise specified, legible photostatic copies or properly notarized legible copies of original documents are acceptable. ◆ Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member. ◆ To delete a dependent, submit divorce or annulment decree, death certificate, etc... ◆ To add a dependent submit the appropriate documentation as indicated below. 	
Relationship	And	Documentation to be submitted
SPOUSE	U. S. MARRIAGE	Marriage certificate
	*FOREIGN MARRIAGE	Translated marriage certificate and CG-4170A
	*COMMON LAW	Affidavit and CG-4170A
	PREVIOUSLY MARRIED	Final divorce/annulment decree
LEGITIMATE CHILD		Birth certificate
ADOPTED CHILD		*Amended birth certificate and adoption decree (final or interlocutory)
CHILD PLACED FOR ADOPTION		*Birth certificate, court order, and documents from placement agency
STEPCHILD		Birth certificate, marriage certificate and spouse's divorce decree
ILLEGITIMATE CHILD	MEMBER-MOTHER HAS CUSTODY	Birth certificate
	MEMBER FATHER HAS CUSTODY	Birth certificate, proof of parentage, and CG-4170A
	*MEMBER-MOTHER DOES NOT HAVE CUSTODY	Birth certificate, support statement (CG PSC-2020A), and CG-4170A
	*MEMBER-FATHER DOES NOT HAVE CUSTODY	Birth certificate, proof of parentage, support statement (CG PSC-2020A), and CG-4170A
WARD	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG PSC-2020A), birth certificate, court order, and CG-4170A.
CHILD OVER AGE 21 Legitimate, Illegitimate, adopted, stepchild or ward	*INCAPACITATED	Doctor's statement, birth certificate, support statement (CG PSC-2020A), court order or adoption decree, and CG-4170A
	FULL TIME STUDENT UNDER AGE 23	Birth certificate, support statement (CG PSC-2020A) support statement for full-time student (CG PSC-2020B), proof of full-time student status, court order or adoption decree (if necessary)
PARENT, PARENT-IN-LAW, PARENT IN LOCO PARENTIS, STEPPARENT, PARENT BY ADOPTION	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG PSC-2020A), statement showing member's financial contributions for the past six months, and CG-4170A

Note: For all children, proof of support is also required if the child is not in the custody of the member.

(*): These claims must be reviewed and approved by CO, PSC (LGL). Send this form along with other supporting documentation to your PERSRU first. They will update your CG-4170A form and forward it to PSC for approval.

Do not send this form directly to PSC.