

ADMINISTRATIVE REMARKS

Entry Type: Separation (SEP-22), SELRES Obligated Service for the Post 9/11 G.I. Bill
 Reference: Department of Defense Instruction, Number 1341.13, May 31, 2013, Subject: Post-9/11 GI Bill
 Responsible Level: Unit or SPO

Entry: I, _____, agree to obligate additional service to meet the requirements of the Post 9/11 GI Bill allowing the transfer of my education benefits to my dependents. (Read and initial below).

1. _____ I understand that the determination of remaining benefits is made by the Department of Veterans Affairs .
2. _____ I understand that I must have 6 years in the Armed Forces (Selected Reserve and/or Active Duty) to transfer benefits. My spouse may use benefits immediately and children may use benefits after I have served 10 years in the Armed Forces.
3. _____ I agree to remain in the Armed Forces (Selected Reserve and/or Active Duty) for four years from the date of my Transfer of Education Benefits (TEB) web application and that this time runs concurrent with any other contract or agreement.
4. _____ I understand that if Service policy or statue does not allow me to complete my obligated service, I agree to serve the maximum amount of time allowed by such policy or statute.
5. _____ I understand this agreement does not obligate the military service to retain me in the Selected Reserve or on Active Duty.
6. _____ I understand that failure to complete this service agreement after transferring entitlement may result in an overpayment of educational assistance is subject to collection by the Department of Veterans Affairs.

 (Member: Sign and Date)

 (Supervisor Name/Title: Sign and Date)

 (Supervisor Name/Title: Printed)

Transfer of Education Benefits Approval Requirements.
 Eligible TEB requests will be approved upon receipt of member's CG-3307 for obligated service. The CG-3307 may be faxed to 202-372-8347 or emailed to ReserveVAEducation@uscg.mil. The cover sheet or email should contain the member's contact information.

1. NAME OF PERMANENT UNIT	2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER (<i>Last, First, MI</i>)	4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7