

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

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## ***Nondisability Retirements***

1900  
15 May 2012

### **MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones GMC  
Thru: B. M. Chief  
CG STA Anywhere

Subj: SEPARATION PAYMENT UPON RETIREMENT FROM ACTIVE DUTY

1. The separation payment provided to you upon your retirement from active duty represents 100 percent of your final pay as calculated by JUMPS. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.

2. Any additional payment to you will be paid by the Coast Guard Coast Guard Pay & Personnel Center (PPC) after your separation transactions have processed in JUMPS and a final review of your pay account is made. This will normally be within 45 days after your date of retirement. You will also be sent a final Leave and Earnings Statement (LES) within 45 days after retirement.

3. If an overpayment is discovered upon final review of your active duty pay account, PPC will initiate action to collect the overpayment from your retired pay.

4. Your final LES and any additional payment will be mailed to the address you provided on the Career Intentions Worksheet (CG-2045) at the time of separation processing. If you wish to receive your final LES and any additional payment at a different address, you must notify PPC (SEP) in writing within 20 days. Your letter must include your name, Employee Identification number (EMPLID) and the address you want the payment sent to. Please address your correspondence to:

COMMANDING OFFICER (SEP)  
COAST GUARD PAY & PERSONNEL CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

5. Your IRS form W-2 for calendar year 20\_\_ will be mailed by PPC to the address indicated on the Career Intentions Worksheet (CG-2045) unless PPC (SEP) is notified otherwise in writing. Your IRS form W-2 will be mailed by 31 January next year.

6. Any questions concerning the final LES, additional payment, the IRS form W-2, retirement travel entitlements or settlement of travel claims should be coordinated with PPC (ccb) at 1-866-PPCUSCG (1-866-772-8724).

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## ***Survivor Benefit Plan Election Requirements***

1900  
15 May 2012

### **MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones, GMC

Subj: SURVIVOR BENEFIT PLAN

1. As a concerned commanding officer, I am writing this letter to ensure that you are fully aware of the Survivor Benefit Plan (SBP).
2. As you near retirement, it is important that you fully understand SBP.
  - If you do not make an election, you will be automatically enrolled at maximum level.
  - You may elect coverage at less than maximum or not to participate at all.
  - You will have a one-year period, beginning two years after the commencement of retired pay, to voluntarily terminate SBP coverage. You will be notified when you reach your second anniversary of retired pay, and if you wish to terminate SBP you should contact PPC (ras) for the disenrollment form. Once participation is discontinued under these provisions, no benefits may be paid in conjunction with your previous participation. No refund of any premiums properly collected shall be made and you may not resume participation in SBP for any category or beneficiary.
  - The decision not to participate at retirement in SBP is irrevocable.
3. If you do not elect coverage at the maximum level, your spouse must concur with your election.
  - You are required to advise your spouse of your election.
  - Your spouse may indicate concurrence with your SBP election by signing part VII of the Retired Pay Account Worksheet and Survivor benefit Election (CG-4700) in the presence of a notary public.
  - If your spouse does not concur with your decision or is not available for signature, I am required by Public Law 99-145 to advise your spouse of their options. Your spouse can concur with your election of less than maximum. However, if your spouse does not concur or should not respond to my letter prior to your retirement, **you will be enrolled at the maximum level of participation**.
4. Your election is to be made on CG-4700 (<http://www.uscg.mil/ppc/forms/>) and should be completed approximately 60 days prior to your retirement or date of departure on terminal leave. Failure to return a completed election will result in you being enrolled in the SBP at maximum level of participation, **regardless of your wishes**.
5. If you have any questions concerning the Survivor Benefit Plan, (enter name of local work-life Career Information Specialist or unit contact and phone number), or the staff at Coast Guard Pay & Personnel Center, Retiree and Annuitant Services (RAS) at 1-800-PPCUSCG (800-772-8724) or (785-339-3415) are available to assist you and your spouse.

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***Spousal Notification/Concurrence Letter***

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

(Mr./Mrs.) \_\_\_\_\_

Date: \_\_\_\_\_

Dear (Mr./Mrs.) \_\_\_\_\_:

I am writing to tell you about the Survivor Benefit Plan (SBP) and a decision your spouse has made about participation in the SBP. It is important that you understand this, so please read it carefully.

In the event of your spouse's death, their Coast Guard retired pay automatically stops. Under SBP, your spouse can provide an annuity of up to 55 percent of their retired pay to you and /or your children. In order for you to receive the SBP annuity, your spouse must designate a "base amount" of \$300.00 up to the full amount of their monthly-retired pay. Your annuity would be 55 percent. The premium costs to participate in SBP are a small percentage of the designated base amount, and would be deducted from your spouse's monthly-retired pay.

Under this plan, your spouse must choose one of the following options before retirement:

- a. To cover both you and your children at the maximum level possible (full retired pay). This means you (or your children) would receive 55 percent of your spouse's retired pay after their death.
- b. To cover only you, or only your children, at the maximum level possible.
- c. To cover you or your children or both, at less than the maximum level. This means you (or your children) would only receive an annuity of 55 percent of this reduced "base amount."
- d. Not to participate in SBP at all, which means you (and your children) would receive no annuity in the event of your spouse's death.

Your spouse has elected option (b, c, or d). They have elected to choose the appropriate option below that corresponds to the member's election in blocks 8 and 9 of CG-4700.

- (cover only your children at the maximum base amount and not cover you).
- or (cover you and your children but only at a reduced base amount of \$XXX.XX).
- or (cover only you at a reduced base amount of \$XXX.XX).
- or (cover only your children at a reduced base amount of \$XXX.XX).
- or (not participate in SBP at all).

Under Public Law 99-145, your written consent is required before the above election made by your spouse can be effective. It is important that you understand the decision not to participate in SBP at retirement is irrevocable, meaning it cannot be changed. The only exception to this may occur if there is an open season for election into the SBP.

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*Continued on next page*

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**STANDARD SEPARATION LETTERS**

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After election into the Plan at any level, there is one opportunity to disenroll. This occurs two years after the commencement of retired pay, when your spouse will have a one year opportunity to voluntarily terminate SBP coverage. As His/Her spouse, you must also concur with that election if made. The decision to terminate SBP coverage during this one-year period is also irrevocable, and once participation is discontinued, no benefits may be paid in conjunction with previous participation, no refunds of any premiums properly collected shall be made and (he/she) may not resume participation in SBP for any category of beneficiary. Your choices at this time are as follows:

- a. Concur with your spouse's election; or
- b. Not concur with your spouse's election, in which case your spouse will be enrolled in SBP at the maximum level (based on full retired pay); or
- c. Not respond to this letter, in which case, your spouse will be enrolled in the SBP at the maximum level (based on full retired pay).

Your signature, which must be notarized if you concur with your spouse's election, is required on the endorsement below. Return this letter and your endorsement to this Command. If your response to this letter is not received by (30 days prior to date of member's retirement), we will assume that you have chosen not to respond to this letter.

If you or your spouse have any questions about SBP, please write or call me at \_\_\_\_\_. I will be pleased to discuss this issue with you further and help you arrange the SBP coverage you both desire.

Sincerely,

Commanding Officer's Signature

**RETURN ENDORSEMENT**

I, [Enter spouse's full name], [Enter "wife" or "husband"] of [Enter Retiree's Name, rank/rate and SSN] have been advised that my [Enter "husband" or "wife"] has made the following election under the Survivor Benefit Plan: [enter retiree's election--must be identical to the fourth paragraph of the above letter].

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I do not consent to my spouse's election (Sign below and return this letter)

Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_

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I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I have signed this statement of my own free will. (Sign below in the presence of a notary public and return this letter)

Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to before me in County \_\_\_\_\_ State \_\_\_\_\_

On Month \_\_\_\_\_ Day \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL HERE

My Commission expires the \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_

Notary Public (Signature) \_\_\_\_\_

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***Separation Pay (member due money)***

1900  
15 May 2012

**MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones GMC  
Thru: B. M. Chief  
CG STA Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The separation payment provided to you upon your separation from active duty represents a substantial portion of your final pay and includes payment for any unused leave due you through your date of separation from the Coast Guard. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.
2. Any additional payment due you will be paid by the Coast Guard Pay & Personnel Center (PPC) after your separation transactions have processed in Direct Access/JUMPS and a final review of your pay account is made. This will normally be within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment will be mailed to your home address as listed in Direct Access.
4. Your IRS Form W-2 for this year will be mailed by PPC to the address indicated on your Leave and Earnings Statement (LES) unless PPC (SEP) is notified otherwise in writing. Your IRS Form W-2 will be mailed by 31 January next year.
5. Any questions concerning the final LES, additional payment, the IRS form W-2, separation travel entitlements or settlement of travel claims after separation can be answered by PPC Customer Care (CCB) at 1-866-PPC-USCG/(785) 339-2200. Claims for reimbursement of Self Procured/Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504.

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***Separation Pay (member owes money)***

1900  
xx xxx 20xx

**MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones GMC  
Thru: B. M. Chief  
CG STA Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The Coast Guard Pay & Personnel Center (PPC) has determined that you are not entitled to any final payment upon your separation from the Coast Guard
2. A final review of your pay account will be made by PPC (SEP) after your separation transactions have been processed in Direct Access/JUMPS. If this review indicates that you have been overpaid, you will be notified in writing of the nature and amount of any indebtedness. If the review indicates that you are entitled to additional moneys, a special check payment will be sent to you by PPC (SEP). The payment should be mailed to you within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment (or notification of overpayment letter, if indebted) will be mailed to your home address as listed in Direct Access.
4. Your IRS Form W-2 for this calendar year will be mailed by PPC to the address indicated your LES unless PPC (SEP) is notified otherwise in writing. Your IRS Form W-2 will be mailed by 31 January next year.
5. Any questions concerning the final LES, additional payment, the IRS form W-2, separation travel entitlements or settlement of travel claims after separation can be answered by PPC Customer Care (CCB) at 1-866-PPC-USCG/(785) 339-2200. Claims for reimbursement of Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504.

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STANDARD SEPARATION LETTERS

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***Information Regarding Active Duty Separation Status***

1900  
xx xxx 20xx

**MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones GMC  
Thru: B. M. Chief  
CG STA Anywhere

Subj: INFORMATION REGARDING ACTIVE DUTY SEPARATION STATUS

1. You have been given DD Form 214, Certificate of Release or Discharge from Active duty. We recommend that you store it in a safe place, as you will undoubtedly have need for it at some future date. The purpose of the DD Form 214 is to provide separated personnel with a concise record of data pertaining to active service within the Armed Forces for the purpose of obtaining civilian employment commensurate with service qualifications and experience. The DD Form 214 is also necessary for obtaining such benefits as may accrue under various federal and state legislatures as the result of active service in the Armed Forces. In the event the original of the DD Form 214 contains an erroneous entry, you may obtain a correction by addressing a request to Commander (PSC-mr), Personnel Service Center, US Coast Guard Stop 7200, 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON DC 20593-7200. If your DD Form 214 is lost, or you require a copy of your medical records, you may obtain a copy of them at the above address within the first six months of your separation. Once you have been separated for more than six months, you may obtain a copy of your DD Form 214 by addressing a request to National Personnel Record Center, Military Records-CG, 9700 Page Blvd, St. Louis, MO 63132-5100. The Department of Veterans Affairs will maintain your medical record, and you may obtain a copy by writing to the VA Records Management Center, PO Box 5020, St Louis, MO 63115. Any such request as noted above must include your full name, rank, social security number, date of separation, and reason for request.
2. Upon separation from the U.S. Coast Guard, all persons are required to surrender all identification cards that may be in their possession, including your Armed forces Identification and Privilege Cards for yourself and all dependents.
3. The "Ex-servicemen's Unemployment Compensation Act of 1958" (Public Law 85-848) authorized unemployment insurance protection of ex-servicemen of all ranks who began their active service in the Armed Forces after 31 January 1955. The Department of Labor has prepared an informative pamphlet concerning the provisions of the Act. The pamphlet is available through normal source of supply.
4. Enclosed are travel vouchers for you and dependents (if applicable). Failure to submit these claims will result in you not receiving the per diem portion of your travel entitlements. When submitting these claims you are required to submit a copy of the original DD Form 214. You are required to complete the travel claims and submit them in the self-addressed envelope to: Commanding Officer (TVL), Coast Guard Pay & Personnel Center, 444 SE Quincy Street, Topeka, KS 66683-3591.
5. If you have Servicemember's Group Life Insurance (SGLI) in force, you may convert to Veteran's Group Life Insurance (VGLI) for a 5-year period commencing with the post-service SGLI coverage, which is the 121st day after separation. Applications, payments and inquires concerning SGLI and VGLI should be sent to: Office of Servicemember's Group Life Insurance, 212 Washington Street, Newark, NJ 07102. Any Veterans Administration Office can supply information and forms.

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*Continued on next page*

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Subj: INFORMATION REGARDING ACTIVE DUTY SEPARATION STATUS

1900  
xx xxx 20xx

6. If you have contributed to the Thrift Savings Plan (TSP) during your career, you need to make a withdrawal option once you separate from the Coast Guard. You will need to complete Form TSP-U-70, Withdrawal Request, to specify the TSP withdrawal option you want. Mail the form to the TSP Service Office on the form. After your separation, the National Finance Center will be your primary contact for information about your account and withdrawal procedures.

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Encl: (1) Travel Vouchers

Enclosure 4  
STANDARD SEPARATION LETTERS

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**Release from Active Duty and Transfer to the IRR**

1900  
xx xxx 20xx

**MEMORANDUM**

From: M. R. Roberts CAPT  
CG GP Somewhere

To: John P. Jones GMC  
Thru: B. M. Chief  
CG STA Anywhere

Subj: TERMINATION OF ACTIVE DUTY IN THE REGULAR COAST GUARD AND TRANSFER TO THE  
COAST GUARD **INDIVIDUAL READY RESERVE (IRR)**

Ref: (a) 10 USC 651  
(b) Reserve Policy Manual, COMDTINST M1001.28 (series)

1. Effective (**insert date of separation**) your active duty in the regular Coast Guard is hereby terminated by reason of expiration of enlistment. You are hereby immediately transferred to the Coast Guard Individual Ready Reserve (IRR) and concurrently released to inactive duty. You will be required to serve in the Coast Guard Individual Ready Reserve until (**insert expected loss date**), unless sooner discharged by competent authority.

2. During the period of your obligated service in the Coast Guard Individual Ready Reserve you shall be subject to such additional training as may now or hereafter be prescribed by law for such Reserve component. Failure to fulfill all or any part of your service obligation may result in trial by appropriate authorities of the United States for violation of reference (a). Additionally, all members in the Ready Reserve or Standby Reserve, Active Status who are retirement qualified, except for having reached sixty years of age, must accrue a minimum of 50 retirement points in an anniversary year to remain in an active status per Section 4.B.5 of reference (b).

3. You have stated that your mailing address is: (**insert correct final address**)

4. Subsequent to this date, your new unit will be **Commander, Personnel Service Center (rpm-3), MS 7200, 2703 MARTIN LUTHER KING JR AVE SE, WASHINGTON DC 20593-7200**. This command will advise you fully as to your obligations and other matters connected with your service in the Coast Guard Individual Ready Reserve. **You will keep PSC-rpm-3 informed of any change of address and any physical condition or other factor that would affect your immediate availability for active military service. You must promptly answer all official correspondence. You must maintain physical fitness and weight standards. Your initial uniform issue must be kept for a period of four years.** Any information you desire regarding your reserve obligation or status should be requested from your Commanding Officer or your unit administration Office. For more information on the IRR, visit: <http://www.uscg.mil/PSC/rpm/rpm3/>

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Copy: Member PDR

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*Continued on next page*

Enclosure 4  
STANDARD SEPARATION LETTERS

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***Release from Active Duty and Transfer to the IRR (continued)***

Include the following Order Note on the member's separation orders:

**R35 Order Note**

YOU ARE ASSIGNED TO THE INDIVIDUAL READY RESERVE (IRR) CG-PSC-RPM-3.

WHILE A MEMBER OF THE IRR YOU ARE OBLIGATED TO:

- RESPOND TO OFFICIAL CORRESPONDENCE
- ADVISE CG-PSC-RPM-3 OF ANY CHANGES IN RESIDENCE, PHONE NUMBER, MARITAL/DEPENDENCY STATUS, MEDICAL READINESS AT THE ADDRESS BELOW.
- MAINTAIN PHYSICAL STANDARDS (PHA AND WEIGH-IN)
- COMPLETE YOUR ANNUAL SCREENING QUESTIONNAIRE (ASQ)

FAILURE TO COMPLY WITH THE ABOVE CONTRACTUAL OBLIGATIONS MAY RESULT IN DISCHARGE FROM THE COAST GUARD OR TRANSFER TO THE STANDBY RESERVE, INACTIVE STATUS LIST (ISL).

FOR ADDITIONAL INFORMATION ON THE IRR, VISIT

<http://www.uscg.mil/rpm/>

FOR SPO:

ENSURE MEMBER RECEIVES A COPY OF THESE ORDERS.

ENSURE ALL CONTACT INFORMATION IS UPDATED IN DIRECT ACCESS PRIOR TO RELAD.

MEMBER'S RECORDS (PERSONNEL AND MEDICAL) MUST BE SENT TO:

Commander, Personnel Service Center  
PSC(rpm-3), MS 7200  
2703 MARTIN LUTHER KING JR AVE SE  
WASHINGTON DC 20593-7200

***Reserve Civilian Employer Thank You Letter***

Civilian Employer  
Attn:  
1234 Anywhere St  
Elsewhere, KS 66601-0001

Dear Sir or Madam:

I am writing this letter to thank Civilian Employer for its past support of John Smith's participation as a valued member of U. S. Coast Guard Unit. It is only with positive support from our reserve members' family and employers that the United States military services are able to protect the national interests of our country.

At this time I need to advise you that – due to recent events – John Smith has been involuntarily called to active duty with Unit under Title 10 of the United States Code. As a Yeoman Second Class (YN2) at Unit, he will be deployed either within the United States or overseas as directed by proper authority. These orders are for a period of 1 Year, but it is impossible to tell at this time if they might be shortened or lengthened.

I am enclosing some information from the Employer Support of the Guard and Reserve (ESGR) that might answer questions that you have concerning your rights and the employee's rights under the law, and provide some resources to answer others. I'd also like you to feel comfortable in contacting me personally, at **(insert phone number)**, should you still have questions or concerns.

Once again, my personal thanks for the part your organization is playing in helping to keep America strong.

Sincerely,

RICHARD H. SMITH  
Captain  
U. S. Coast Guard

**Statement of Service Letter/120 Certification**

Title  
Attn:  
Address 1  
Address 2  
City, ST, Zip

Dear Sir or Madam:

In compliance with 5 U.S.C. § 2108a, The Hire Heroes Act of 2011 (P.L. 112-56) this letter is to certify that **(ENTER RANK/PAYGRADE & NAME)** has served on Active Duty in the United States Coast Guard since **March 1999**, and is within 120 days from separation.

**(ENTER RANK/PAYGRADE & LAST NAME)** is currently serving in accordance with Active Duty orders at **(ENTER CURRENT UNIT & ADDRESS)** since July 2014 and will separate from the United States Coast Guard on October 31, 2016.

Full Name:	<b>(FIRST MI LAST)</b>
Rank/Rate:	Lieutenant
Pay Grade:	O-3
Date of Birth:	February 09, 1976
Active Duty Base Date:	February 16, 2000
Separation Date:	October 01, 2016
Terminal Leave Date:	August 01, 2016
Character of Service:	Honorable

If you have any further questions contact me at the above number.

Sincerely,

A. B. SEA  
Chief Warrant Officer  
U. S. Coast Guard  
By direction

I authorize the release of the above information.

**(FIRST MI, LAST), LT, USCG**

**Request to PPC (RAS) for Active Duty Retirement Certificates**

U.S. Department of  
Homeland Security

United States  
Coast Guard



1800

**MEMORANDUM**

From:

Reply to

Attn of:

To: CGPPC-ras (via e-mail to: [ppc-dg-cert@uscg.mil](mailto:ppc-dg-cert@uscg.mil))

Subj: RETIREMENT CERTIFICATE REQUEST

Ref: (a) Personnel & Pay Procedures Manual, PPCINST M1000.2 (series), Chap 3-B

1. The following information is submitted per reference (a).

- |  |   |
|--|---|
| a. Is this request for replacement certificates? | Yes/No<br>If yes, explain.                                      |
| b. Member's full name:                           | First Middle Last   |
| c. Member's gender:                              | Male / Female   |
| d. Member's employee ID number:                  | 1234567   |
| e. Member's Rate/Rank:                           | Yeoman First Class / Lieutenant<br>Commander                    |
| f. Member's branch of service:                   | Active Duty /Reserve  |
| g. Permanent Disability                          | Yes / No  |
| h. Member's marital status:                      | Married / Single  |
| i. Spouse's Name:                                | If married – First MI Last                                      |
| j. Spouse's Gender:                              | If married – Male /Female                                       |
| k. Relationship:                                 | If married – Husband / Wife / Spouse                            |
| l. Date of retirement ceremony:                  | Enter date. Submit at least 60 days prior to<br>this date.      |
| m. Retirement date:                              | Enter date.   |
| n. Retiree's total years in service:             | Enter total years of service                                    |
| o. Active Duty Base Date (ADBBD)                 | Enter Date.   |
| p. Unit name:                                    | Name of unit  |
| q. Unit mailing address:                         | Full mailing address<br>Including<br>City, State, and zip code. |
| r. Unit point of contact (POC) name:             | Enter the name of the POC                                       |
| s. POC rank/rate/title:                          | Enter the POC's title   |
| t. POC daytime telephone number:                 | Enter the POC's phone number with area<br>code.                 |
| u. POC e-mail address:                           | First.m.last@uscg.mil   |
| v. Comments/Requests:                            | Enter any additional information.                               |

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STANDARD SEPARATION LETTERS

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**Request to PSC EPM-1/RPM-1 for 30 Year Presidential Letter of Appreciation**

Commander  
United States Coast Guard  
Unit

Unit Address  
City, State Zip  
Phone: ((000) 000-0000

1800

## MEMORANDUM

From: I.M. Last Name, RATE, EMPLID  
CG Unit

To: CG PSC-epm-1 (for enlisted personnel)/CG-PSC-opm-1 (for officers)/ CG-PSC-rpm-1 (for reservists)  
(Submit via e-mail to [ARL-PF-CGPSC-EPM-1-Retirements@uscg.mil](mailto:ARL-PF-CGPSC-EPM-1-Retirements@uscg.mil) (AD enlisted), or [arl-pf-cgp-sc-rpm-Query@uscg.mil](mailto:arl-pf-cgp-sc-rpm-Query@uscg.mil) for (reservists))

Subj: LETTER OF APPRECIATION FOR MILITARY/CIVILIAN RETIREE

Ref: (a) Presidential Recognition on Retirement from Military Service, DoD Instruction 1348.34

1. Request for Presidential Retirement Letter of Appreciation for:

- a. **Name:** First MI. Last
- b. **Rank:** (Insert Rank/Rate Here)
- c. **Service:** U.S. Coast Guard
- d. **Years of Service:** ## years
- e. **Retirement Date:** DD Month YYYY
- f. **Ceremony Date:** DD Month YYYY
- g. **Home Address:**  
Street Address  
City, State, Zip Code
- h. **Unit Address:**  
U. S. Coast Guard  
Unit Name  
Street Address  
City, State, Zip Code
- i. **Disposition Instructions:** Mail to unit address or home address?
- j. **Attention:** RANK First MI. Last
- k. **POC:** RANK First MI. Last, (###) ###-####, First.MI.Last@uscg.mil

#

Enclosure: Retirement Authorization

Enclosure 4  
STANDARD SEPARATION LETTERS

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***Request to PSC OPM-1 for 30 Year Presidential Letter of Appreciation***

Commander  
United States Coast Guard  
Personnel Service Center

STOP 7200  
2703 MARTIN LUTHER KING JR  
AVE SE  
WASHINGTON DC 20593-7200  
Staff Symbol: CG PSC-opm-1  
Phone: (703) 872-6432  
Fax: (202) 493-1618

1800  
12 March 2013

MEMORANDUM FOR THE MILITARY ASSISTANT TO THE PRESIDENT THRU  
EXECUTIVE SECRETARY TO THE SECRETARY OF HOMELAND SECURITY

Subject: LETTER OF APPRECIATION FROM MILITARY/CIVILIAN RETIREE

Request for Presidential Retirement Letter of Appreciation for:

**Name:**

**Rank:**

**Service:** U.S. Coast Guard

**Years of Service:**

**Retirement Date:**

**Ceremony Date:**

**Home Address:**

**Unit Address:**

**Disposition Instructions:** Mail to unit address?

**Attention:**

**POC:**

Chief, Separations Branch OPM-1  
By Direction

Enclosure: Retirement Orders

Email to: [ARL-PF-CGPSC-OPM-1-Separations@uscg.mil](mailto:ARL-PF-CGPSC-OPM-1-Separations@uscg.mil)