

## IMPORTANT INFORMATION CONCERNING YOUR RETIRED PAY APPLICATION

**Congratulations! The day you have worked for has finally arrived!**

**To ensure that your application is received and certified without problem, read and comply with all of the enclosed instruction sheets BEFORE completing the forms.**

The enclosed retired pay application forms **MUST BE COMPLETED, SIGNED, DATED, WITNESSED, AND RETURNED TO THIS COMMAND.** The data must be entered into our computer system **at least 9 months prior to your 60th birthday.** Failure to submit in a timely manner may result in a delay to the start of your retired pay. Minimum documents **REQUIRED** to start the process are:

- Completed DD Form 108 (Application for Retired Pay Benefits), **enclosed**
- Completed DD Form 2656 (Data for Payment of Retired Personnel), **enclosed**
- Completed SF 1199A (Direct Deposit Sign-Up Form), **[Must obtain from your financial institution]**

If you have had any changes in your life (death, divorce, remarriage, adoptions, births) you must provide copies of the appropriate documents as part of your retirement application. If your social security number does not match that found with your statement(s) of service you must attach a photocopy of your social security card.

If the retirement packet sent to you contained an AHRC Form 249-2-E (Chronological Statement of Retirement Points) **AND YOU FEEL THAT IT IS CORRECT, ATTACH A COPY** to your application. You do not have to complete blocks 9 through 17 of the DD Form 108. **IF YOU FEEL IT IS INCORRECT**, attach **COPIES** of Leave and Earning Statements (LES) which prove the additional points earned. **IF** the packet sent to you **DOES NOT** include a **RETIREMENT POINT STATEMENT** and you were a member of the **NATIONAL GUARD**, attach a copy of the last **NGB FORM 23B** to your application. If you do not have the form, **CONTACT** the state headquarters or your last Guard unit for a copy.

**\*\*\*\* DO NOT HOLD OR DELAY YOUR APPLICATION WHILE WAITING FOR CORRECTION OF RETIREMENT POINTS. THEY WILL BE CORRECTED AS PART OF THE APPLICATION OR AFTER YOU HAVE STARTED RECEIVING RETIRED PAY.** Should you die after 60 and **HAVE NOT** submitted your retirement application, your Survivor Benefit Plan (SBP) will have been voided, and your spouse **WILL NOT BE ENTITLED TO SBP BENEFITS.**

It is critical to the retired pay process that all blocks on the enclosed DD Form 108 and DD Form 2656 are completed **WHERE APPLICABLE**. All signature blocks must be signed and dated, to include those of your spouse and witnesses. Proper completion and submission 9 months prior to your 60<sup>th</sup> birthdate will ensure timely disbursement of your retired pay.

If you have been **RETAINED BEYOND AGE 60** a copy of the orders must be included with your application. Those soldiers extended beyond age 60 should submit for retired pay at least 6 months prior to the expiration of their extension/mobilization period. Along with the application you must include a copy of the extension order and memorandum of extension authorization from your MACOM or higher authority. For those Soldiers mobilized past age 60, a copy of the mobilization orders must be attached. If you were given an administrative grade reduction, please provide a copy of the reduction order and a copy of the order promoting you to a higher grade.

**VETERANS GROUP LIFE INSURANCE (VGLI)** is available to Retired soldiers who previously held Servicemen's Group Life Insurance (SGLI). Those soldiers interested in converting their SGLI to VGLI should write to: SGLI, 213 Washington Street, Newark, New Jersey 07102-2904.

Questions pertaining to the completion of the enclosed forms may be directed to the Communications HUB Office (CHO) of this Command by dialing **1-800-318-5298**. **YOU WILL NOT RECEIVE NOTICE OF RECEIPT OF YOUR APPLICATION.** If you desire a receipt, it is recommended that you enclose with your application a self-addressed and stamped return post card. Upon receipt of your application the post card will be dated stamped and returned to you. **DO NOT RETURN THE COMPLETED APPLICATION BY CERTIFIED OR REGISTERED MAIL AS THAT TYPE OF POSTAGE IS DELIVERED TO A DIFFERENT MAIL ROOM.**

**ALL FORMS AND INFORMATION MAY BE OBTAINED FROM OUR WEBSITE:**

**<https://www.hrc.army.mil/site/reserve/>**

## **RETIRED PAY APPLICATION CHECKLIST**

(All signatures must be originals on DD 108, DD 2656, and 1199A)

### Documents Required:

- DD Form 108 Application for Retired Pay Benefits (Ensure it is signed and dated)
- DD Form 108 (Complete blocks 1-8 and 18-19)
- DD Form 2656 Data for Payment of Retired Personnel (Ensure it is signed and dated)
- DD Form 2656 (Section XI) ensure you sign/date and also have witness sign/date)
- DD Form 2656 (XII) Spouse must concur if you elect child(ren) only coverage (26c), does not elect full spouse coverage (27a) or declines coverage (26g) when married.
- Retirement Points History Statement (NGB 23B, NGB 22) need documents for periods of service not covered on NGB 23B, NGB 22
- 20 Year Letter or 15 Year Letter (Eligibility for Retired Pay at AGE 60)
- SF 1199A Direct Deposit form (see your bank) or complete (Section II) DD Form 2656)
- Promotion or Reduction Order (for soldiers applying at higher rank held)
- Separation Order (Transfer orders to Retired Reserves)
- Age 60 Extension Waiver (if applicable)
- DD Form 2656-5 or DD form 1883 Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate.
- DD Form 2656-6 (RCSBP Election Change Certificate) with supporting documents (marriage, death, birth certificates and Divorce Decree) (if applicable)
- Reduced Age/90 Day Drop (Write on top of DD Form 108 & 2656) with Mobilization Orders, Retired Reserve Orders, and DD 214. Eligibility must be after 29 JAN 2008 to qualify for Early Age Drop (the law)

Please read complete packet and if you still have question call 1-888-276-9472 or 502-613-8950

**APPLICATION FOR RETIRED PAY BENEFITS**

*See back for Instructions and Privacy Act Statement.*

1. TO	2. DATE OF BIRTH (YYYYMMDD)	3. DATE RETIRED PAY TO BEGIN (YYYYMMDD)
4. HIGHEST MILITARY PAYGRADE HELD		
5. APPLICANT NAME (Last, First, Middle Initial)	6a. SERVICE NUMBER (If applicable)	b. SOCIAL SECURITY NUMBER
7a. PRESENT HOME ADDRESS (Street, Apt No., City, State, ZIP Code)	8. PRESENT ASSIGNMENT	
b. HOME TELEPHONE NUMBER ( )		

**SERVICE BEFORE 1 JULY 1949**

9. ARMED FORCE AND COMPONENT	10. GRADE OR RATING	11. APPROXIMATE DATES OF SERVICE						12. ACTIVE DUTY								
		a. FROM			b. TO			a. FROM			b. TO					
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR			

**SERVICE AFTER 30 JUNE 1949**

13. RETIREMENT YEAR						14. ARMED FORCE AND COMPONENT	15. GRADE OR RATING	16. ACTIVE DUTY						17. RETIREMENT POINTS EARNED				
a. FROM			b. TO					a. FROM			b. TO							
DAY	MONTH	YEAR	DAY	MONTH	YEAR			DAY	MONTH	YEAR	DAY	MONTH	YEAR					

18. SIGNATURE	19. DATE SIGNED (YYYYMMDD)
---------------	----------------------------

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 1331; EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Used by members and former members of the Reserve Components to apply for retired pay at age 60. Application is reviewed to determine eligibility.

**ROUTINE USE(S):** Information provided by the member is used to:

- a. Identify the individual and his/her service record.
- b. Determine eligibility for retired pay under 10 U.S.C. 1331.
- c. Determine effective date that retired pay can and will commence.

**DISCLOSURE:** Voluntary; however, unless this form is completed, the individual will not receive retired pay.

## INSTRUCTIONS

**GENERAL.** This form is to be submitted in one copy (*duplicate for Naval personnel*). Entries must be typewritten or hand printed. Brief instructions for making entries are provided below in numerical order. Submission of official statements of service is not required. If all information required is not readily available, prepare form to the best of your ability.

**NOTE:** Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

**ITEM 1.** Addresses of Headquarters of Armed Forces for purpose of forwarding application for retired pay are listed below. Application will be addressed to the Armed Force in which you are presently (or were last) a member.

**ARMY:** Commander  
United States Army Reserve Personnel Center  
9700 Page Boulevard, St. Louis, MO 63132-5200

**NAVY:** Commanding Officer  
Naval Reserve Personnel Center (Code N221)  
4400 Dauphine St.  
New Orleans, LA 70149-7800

**AIR FORCE:** United States Air Force Military Personnel  
Center (AFPMPR)  
Building 499C  
Randolph Air Force Base, TX 78148-9997

**MARINE CORPS:** Commandant  
United States Marine Corps  
(Code MMSR-5)  
Washington, DC 20380-0001

**COAST GUARD:** Commandant  
United States Coast Guard (SP-4)  
Washington, DC 20593-0001

**ITEM 2.** Enter correct date of birth (*proof of date of birth may be required before final action is taken on application.*)

**ITEM 3.** Enter date you desire retired pay to begin (*cannot be before age 60*).

**ITEM 4.** Enter highest grade or rating held in Armed Forces.

**ITEM 5.** Enter your name in the order indicated.

**ITEM 6a.** Enter service (serial) number. If you have been a member of more than one Armed Force, enter the service number of each, i.e. "2 532 430 ARMY" and "603-1-91 NAVY."

**ITEM 6b.** Enter your Social Security Number.

**ITEM 7.** Enter your present home address and telephone number.

**ITEM 8.** Enter the complete designation of your present organization. If you are presently a member of a National Guard organization, give name of state. If not a member of a reserve organization, enter "none."

**NOTE:** Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

**ITEM 9.** Enter the Armed Force and component for periods of service covered in Item 11. Example: "Army, USAR", "Navy, USNR." All enlisted service will include organization to which you were assigned. For National Guard service, include name of state.

**ITEM 10.** Enter the highest grade or rating held during each period of service shown in Item 11.

**ITEM 11.** Enter approximate dates of each individual period of service. Example: 2 May 1936 to 1 May 1939; 20 Oct 1942 to 15 Nov 1946.

**ITEM 12.** Enter inclusive dates of all periods of active duty performed during each individual period of service indicated in Item 11.

**ITEM 13.** Enter inclusive dates of each individual year of service performed after 30 June 1949. Example: If you were a member of a reserve component on 1 July 1949, your retirement year will be from 1 July 1949 to 30 June 1950, your second year will be 1 July 1950 to 30 June 1951, etc. If you were not a reservist on 1 July 1949 or have had a break in service since that time, your retirement year will begin on the date of acquiring an active status in a reserve component and end one year later. Example: 15 Sep 1956 to 14 Sep 1957.

**ITEM 14.** Enter the Armed Force and component in which you served during each year as shown in Item 13. All enlisted service will also include the organization to which you were assigned during the year specified, and, in the case of National Guard service, name of state.

**ITEM 15.** Enter highest grade or rating held during each year of service shown in Item 13.

**ITEM 16.** Enter inclusive dates of all periods of active duty, including active duty for training, performed during the year or years indicated in item 13.

**ITEM 17.** Enter the total retirement points earned for each period shown in Item 13. This total to include points earned through drills, correspondence courses, active duty, membership, etc.

**ITEM 18.** Place your signature in this space. Signature appearing therein must coincide with the name shown in Item 4.

**ITEM 19.** Insert date application is prepared.



## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b> 15-51 000		AUSTIN, TEXAS	Check No. 0000 415785						
	<table border="1" style="font-size: small;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>08</td><td>31</td><td>84</td></tr> </table>	Month	Day	Year	08	31	84	00 <b>(C)</b>	28 28
Month	Day	Year							
08	31	84							
Pay to the order of	<div style="border: 1px solid black; border-radius: 15px; width: 150px; height: 20px; margin: 0 auto; text-align: center;"><b>(A)</b></div>		<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"><b>(F)</b></div>						
			<table border="1" style="font-size: x-small;"> <tr><td>DOLLARS</td><td>CTS</td></tr> <tr><td>\$****100</td><td>00</td></tr> </table>	DOLLARS	CTS	\$****100	00		
DOLLARS	CTS								
\$****100	00								
<b>NOT NEGOTIABLE</b>									
:00000518: 041571926"									

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## SURVIVOR BENEFIT PLAN INFORMATION

*(Subsequent to Enactment of Public Law 95-397 on 1 Oct 78)*

The following information is intended to answer questions pertaining to the Survivor Benefit Plan (SBP) most frequently asked by members (former members) of the Army Reserve (AR) or Army Reserve National Guard (ARNG) about to start receiving military retired pay under Title 10 U.S. Code, Chapter 1223. This information is geared specifically to the Reserve Component member (or former member) within a few months of becoming age 60.

### 1. General:

The SBP offers a means of providing income to your surviving spouse, dependent children, or other person with an insurable interest when your death occurs after the effective date you are placed on the Army of the United States (AUS) Retired List and concurrently granted retired pay. If you have not elected Option B or Option C under the extended Reserve Component SBP of 1 Oct 78 and die before you are placed on the AUS Retired List (usually on your 60th birthday, but later if you so choose), you are not covered by the SBP and your survivor(s) will not be eligible for status as a retiree's dependent(s). Similarly, an individual who was eligible for retired pay at age 60 and has not elected Option B or Option C under the extended SBP coverage, but waits until after age 60 to apply for retired pay and dies before being placed on the AUS Retired List, also excludes his survivor(s) from an SBP annuity. **If you already have made an election to participate in the Extended SBP under Option B or Option C, your previous Option election now remains in effect and is irrevocable unless you and your spouse are divorced, or your designated survivor(s) dies before you.**

### 2. Definitions:

a. For SBP purposes your surviving spouse is an eligible beneficiary under one of the following conditions: (1) Was married to you on the date you became eligible for retired pay, and is married to you on the date of your death; or (2) Married you after retirement and remained married to you at least one year immediately before your death; or (3) Married you after retirement, is married to you less than one year before you die but is the parent of your child during that marriage.

b. Dependent child must be unmarried and meet one of the following conditions: (1) Be an adopted, step, foster or natural child of your present or previous marriage; and (2) Be under 18 years of age; or (3) Be between 18 and 22 and be a full-time student; or (4) Be incapable of self-support because of a mental or physical incapacity which existed before the 18th birthday, or was incurred before age 22 while a full-time student.

c. An "insurable interest", if you are not married and have no eligible beneficiaries, may be a non-dependent parent or child, other close relative, or a non-relative business associate or employee. If the designation is other than brother, sister, parent or non-dependent child, proof of financial benefit from the continuance of the life of the retiree may be required.

3. The amount of the SBP annuity paid monthly to your designated survivor(s) is up to 55% of whatever "base amount" of your monthly retired pay you choose. The "base amount" you choose can be anywhere from 100% of your retired pay down to a percentage of retired pay which is less than 100%, but is greater than or equal to \$300.00 when computed; or a given dollar amount which is greater than or equal to \$300.00, but less than 100% of retired pay. Any dollar amount will be converted to a percentage of retired pay as of the effective date of the election. Under the insurable interest coverage, you must use your total retired pay as the base amount. Benefits to a spouse terminate upon his/her remarriage before age 55, but will be resumed upon application if her/his remarriage ends through death, divorce or annulment. However, resumption of the benefit will be limited to the monthly annuity payment only: the annuitant will not be entitled to any other benefits.

4. If you have not elected Option B or Option C and live to collect retired pay, the cost of your participation in the SBP will be deducted from your monthly retired pay. That deduction will be:

a. For your spouse alone - 2 1/2% of the first \$595.00 of the base amount you elect plus 10% of the balance. Your deduction terminates if your spouse dies before you.

b. Effective 1 Mar 90, DFAS began using the two-tiered method of computation for SBP cost. For members that are participating in the plan prior to 1 Mar 90, DFAS will use both 2 1/2 % of the first \$595.00 plus 10% of the balance or 6 1/2% of base retired pay. The cost that is beneficial to the member will be used. Effective 1 Mar 90, your SBP cost is 6 1/2% of base retired pay.

c. For your spouse with the addition of survivorship rights for your children - a slight increase over the cost for your spouse alone will be in the neighborhood of an additional deduction of the 1/2 of 1% of the base amount. A portion of the child's cost will continue indefinitely even though eligibility is lost.

d. For your dependent children alone - normally about 3% of the base amount you choose, depending upon your age and that of the youngest child.

e. For a designated person with an insurable interest (which may be elected only if you have no spouse or dependent child) - 10% of your full retired pay, plus an additional 5% for each 5 years that the beneficiary is younger than you, up to a maximum reduction of 40%.

5. If you previously elected Option B or Option C and live to collect retired pay, the cost of your participation in the SBP from the time of your earlier election and henceforth will be deducted from your monthly retired pay. That deduction will equal the amount of the cost of coverage after your 60th birthday (as indicated in paragraph 4, above), **plus** the additional cost for the coverage you provided in the event you had died before age 60. Obviously, the deduction from your retired pay will be greatest if you previously chose Option C; less if you earlier chose Option B; and least if you previously chose Option A, or failed to make an election.

6. At the time you apply for retired pay, provided you have not previously elected Option B or Option C, full coverage is automatic unless you elect to take less than full participation, or not to participate at all. In either of those two latter cases, or in case you elect to provide coverage for your children but **not** for your living, legal spouse, the law requires that your spouse be notified in writing of your decision. In that event, your spouse must sign in Section VIII of DD Form 2656 (Data for Payment of Retired Personnel) before the Army Finance Center will initiate your retirement pay account.

7. Should your spouse pre-decease you, cost of spouse coverage is suspended.

8. If you do not have a spouse at the time of your retirement but marry subsequently, you may elect to participate in SBP within one year following your marriage by notifying the Army Finance Center.

9. Annuity payments to children are divided equally and reapportioned as a child loses eligibility due to age, marriage, or death.

10. As cost of living increases in retired pay occur, the base amount you selected and the corresponding cost to you will increase proportionately. The annuity your survivor will receive will reflect interim increases in the cost of living. After your death, there will be automatic increases in the SBP annuity as there are increases in the cost of living.

11. SBP payments are deducted from your retired pay by the Finance Center. SBP payments are exempt from Federal Income Tax. There is no assumed asset in your estate to create an obligation for Federal Estate Tax purposes. Payments to your spouse are subject to Federal Income Tax.

12. Persons authorized retired pay under provision of Title 10, USC, Section 1331-1337, may also receive civil service retired pay under the provision of Title 5, USC, Section 8331-8348 based on their civilian employment by the United States.

13. In summary, SBP is a relatively inexpensive means of providing your surviving spouse a guaranteed life-time income.