

# **HOW TO APPLY FOR YOUR RETIRED PAY & SURVIVOR BENEFIT PLAN GUIDE**



**FOR ADDITIONAL INFORMATION  
PLEASE CONTACT**

**COMMANDING OFFICER (RAS)  
COAST GUARD  
PERSONNEL SERVICE CENTER  
444 SE QUINCY STREET  
TOPEKA, KS 66683-3591**

**PHONE: (785) 339-3415 or 1 (800) 772-8724  
FAX: (785) 339-3770**

Updated 02/22/2008

# Chapter 1 Pre-Retirement

## TABLE OF CONTENTS

Chapter	Page
---------	------

### 1. Pre-Retirement

Important Pre-Retirement Information .....	1-1
Helpful Telephone Numbers.....	1-4

### 2. Establishing Your Retired Pay Account

Establishing your Retired Pay Account .....	2-2-
USCG & NOAA Retired Pay Account Worksheet (CG-PSC-4700) Instructions.....	2-3
Allotments.....	2-8

### 3. Survivor Benefit Plan

Chapter Overview .....	3-1
How SBP Works .....	3-2
Automatic Coverage .....	3-4
Optional (Reduced or No) Coverage .....	3-5
Insurable Interest Coverage .....	3-6
SBP Costs.....	3-7
Election Regulations .....	3-10
Election Procedures .....	3-12
Reserve Component SBP for Reserve Personnel.....	3-13
Common Questions about the Survivor Benefit Plan.....	3-14

### 4. Making Changes to your Retired Account

Contacting PSC (RAS) .....	4-1
Retiree & Annuitant Services Customer Service Structure .....	4-3

### 5. Forms and Worksheets

Chapter Overview .....	5-1
Career Intentions Worksheet.....	5-3
Retired Pay Account Worksheet.....	5-5
Retired Allotment Authorization .....	5-9
Pay Delivery Worksheet .....	5-11

# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information

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**Purpose** This information will assist you in making a smooth transition from active duty into retirement.

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**Physical** If you haven't scheduled your physical, you should do so immediately. Your retirement physical will assist with any claims you may make with the Department of Veterans Affairs.

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**Career Intentions Worksheet CG PSC-2045** Complete the Career Intentions Worksheet at least two months before your planned departure (on leave or last day of active duty, whichever is earlier) and forward it to your Servicing Personnel Office, via your chain of command.

- <http://www.uscg.mil/hq/psc/forms/>
- 

**Final Active Duty Pay** The Separations Entitlements Service (SES) branch at PSC monitors your final active duty payments. If you have questions about your final active duty pay, LES, or W-2 you may contact PSC Customer Care (CCB) at 785-339-2200/1-866-772-8724.

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**Travel** PSC's Travel branch processes your final travel claim once it is received. Direct any questions to PSC Customer Care (CCB) 785-339-2200 or 1-866-772-8724.

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**Retirement Certificates and Pin** Your Retirement Certificates and Pin will be issued & mailed by PSC (RAS) to your unit up to 6 months prior to your retirement date. If not received by the unit, or if needed more than 6 months prior to your retirement date, they should contact us at 785-339-3415.

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# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information, Continued

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### Retirement Forms and Information

Necessary forms are included in this document and can also be accessed online (link to PSC forms web page below). Please complete the forms and worksheets legibly. We strongly recommend you fill them out online using the Adobe Acrobat program on the Coast Guard Standard Workstation. Completion of form CG-PSC-4700 is **mandatory** to establish your account so you can be **paid on time**. The completed form **should be mailed to PSC (RAS) at least 30 days prior to date of retirement.**

- <http://www.uscg.mil/hq/psc/forms>
- 

### Recalled to Active Duty?

Even though you are immediately recalled to active duty, with no break in service, your account must be established on the retired rolls. You are required to make an SBP election prior to your retirement date, and you must waive retired pay to receive active duty pay. Please do not delay sending in your retirement forms.

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### Common problems

One common problem is that the CG PSC 4700 is not filled out completely nor witnessed on the same date as signed by member. Additionally, if you are married and a decline SBP or elect reduced SBP coverage, your spouse must concur with your election and acknowledge his/her concurrence on form CG PSC-4700. Your spouse's signature must be notarized. Please review instructions carefully and check with your unit, SPO or PSC (RAS) if you need any assistance.

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### Your Health Record

Please make a copy of your Health Record before you retire. We often receive requests for copies of records. PSC (RAS) does not have your active duty records. They are broken down and distributed in accordance with COMDTINST M1080.10 (series), Military Personnel Data Records (PDR) System Manual.

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# Chapter 1 Pre-Retirement

## Important Pre-Retirement Information, Continued

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### Retired Pay

Retired pay is **paid on the first working day of the month** the month following your retirement date and each **month** thereafter.

- **Taxable year** for retired pay is 1 December through 30 November of the next year.
  - **Retired pay stops when you die.** If you elected the Survivor Benefit Plan (SBP), an annuity will be started for your survivor.
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### Retired Leave and Earnings Statements

You will receive a statement of income **only when there is a change to your retired pay.** You should retain these statements. **Monthly LES's are not sent to retired members.**

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### Questions

Please contact us if you have any questions regarding your retired pay account:

Phone: 1-800-772-8724 or 785-339-3415

Fax: 785-339-3770

email: [PSC-DG-RAS@uscg.mil](mailto:PSC-DG-RAS@uscg.mil)

Postal mail: COMMANDING OFFICER (RAS)

U. S. COAST GUARD

PERSONNEL SERVICE CENTER

444 SE QUINCY ST

TOPEKA KS 66683-3591

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# Chapter 1 Pre-Retirement

## Helpful Telephone Numbers

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Final separation or sale of leave PSC (SES)	785 339-3550
Discrepancy of time or Statements of Service PSC (SES)	785 339-3554
Discrepancy of your Reserve Retirement Point Statement (Drilling / Non Drilling Reservist) – PSC (SES)	785 339-3354
(Retired Reservist (RET-2 or RET-1) – PSC (RAS)	785 339-3415
Travel Claim PSC (TVL)	866-772-8724 785 339-2200
Retirement Orders: Officer (CGPC-opm-1)	202 267-2339
Enlisted (CGPC-epm-1)	202 267-1123
Office of Servicemembers' Group Life Insurance (OSGLI)	800 419-1473
or	201 802-7676
Department of Veteran's Affairs (VA)	800 827-1000
Social Security Administration	800 772-1213
Delta Dental of California (Retired Members)	888 838-8737
Medical Care - Tricare for Life	800 942-2422
To obtain copies of your DD-214, awards, etc. contact:	
National Personnel Records Center (MPR)	
9700 Page Blvd	
St. Louis, MO 63132-5100	314 538-2050

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### Helpful Web Sites

Please our web page for links to other helpful sites:  
<http://www.usc.mil/hq/psc/ras/>

# Chapter 2 -- Establishing Your Retired Pay Account

## Overview

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**Purpose** Your retired pay account is not automatically transferred from active duty or reserve. To establish your retired pay account, **the necessary forms in Chapter 5 of this package must be fully completed, signed, witnessed (and notarized if required) and forwarded to PSC (RAS).**

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### In this chapter

Topic	See Page
Before You Begin	2-2
USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions	2-3
Allotments	2-8

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## Chapter 2 -- Establishing Your Retired Pay Account

### Before You Begin

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#### Notes

If you have any questions regarding these instructions or your upcoming retirement, please call PSC (RAS) at 785-339-3415 or 1-800-772-8724.

- The forms in Chapter 5 of this package should be filled out using Adobe Acrobat on the CG Workstation.
  - The forms may also be typed or printed **neatly** in ink.
  - These forms are also available to download & print from PSC's website at <http://www.uscg.mil/hq/psc/forms/>.
  - These forms should be submitted as soon as possible, but not later than 30 days prior to retirement.
  - Mail completed forms to: COMMANDING OFFICER (RAS)  
USCG PERSONNEL SERVICE CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591
- 

#### First Payment

You will receive your first retirement payment on the first working day of the month following retirement unless:

- (a) your retirement documents are not received on time; or
- (b) your effective retirement date is after the monthly payroll cutoff (the monthly payroll cutoff is normally approximately the 20th of the month).

**Example 1:** You retire on 1 July. Your retirement documents are received on time. You will receive your first retirement payment on 1 August (covering the period 1 thru 31 July).

**Example 2:** You retire on 28 July. You will receive your first retirement payment on 1 September (covering the period 28 July through 31 August).

**Note:** Saturdays, Sundays, and federal holidays are not considered working days.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions

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#### Introduction

Information you provide on the Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election (CG PSC-4700) is used to:

- establish your retired pay account,
- record your Survivor Benefit Plan Election (SBP), and to
- record your spouse's concurrence with the SBP election.

**Note:** This form is now used to start a Coast Guard Active Duty Retirement, a Coast Guard Reserve Retirement, & a NOAA Retirement.

Listed below are some problems frequently noted on the Form 4700:

- form not signed where required (Sect. VII & Sect. IX.)
  - form not **notarized** where required (Sect. VII)
  - not signed & witnessed on same date (Sect. VII & Sect. IX.)
  - incomplete or inaccurate state tax request (Sect. III)
  - witnessed by relative. (Sect. IX)
  - current address and phone for contact not provided. (Sect. I.)
- 

#### Instructions for completion of the CG PSC-4700

Most items on the CG PSC-4700 are self-explanatory.

General instructions for the completion of this form are listed below. If you need any assistance or have any questions regarding the CG PSC-4700, please call PSC (RAS) at 785-339-3415 or at 1-800-772-8724.

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#### Blank forms

CG-PSC 4700 is designed to be filled out using the Adobe Acrobat software on the Coast Guard Standard Workstation. The form cannot be submitted electronically, it must be printed, signed, and mailed to PSC (RAS). A blank form is in Chapter 5 of the guide. The form can also be obtained from our web site: <http://www.uscg.mil/hq/psc/forms>.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions, Continued

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#### Part I, Identification and Address

Fill out this section completely.

Item 1a - Enter retirement date

Item 1b - Enter branch of service you are retiring from

Item 1c - Enter complete name (Last, First, Middle Initial)

Item 2 - Provide both your rank and paygrade (e.g., CDR/O5, MK1/E-6).

Item 3 - Enter Employee ID Number

Item 4 - Enter your Date of Birth

Item 5 - Enter the mailing address desired for the Coast Guard & NOAA Retiree/Annuitant Statement, Federal Tax Withholding Statements, and the Retiree Newsletter.

Item 6 - Enter telephone number for work and home (if available)

6a - Provide your home and business email addresses so we can contact you in case telephone contact can't be established.

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#### Part II, Pay Delivery

Delivery of your retired pay by direct deposit is mandatory (Public Law 104-134). Waivers may be granted when it is determined it would be in the best interest of both the individual and the Coast Guard.

- **Presently on Direct Deposit.** If you receive your active duty or reserve pay by direct deposit and desire to have your retired pay deposited into the same account/financial institution, write on your current LES, “**CONTINUE DIRECT DEPOSIT**”. Please see page 2-10 of this guide for an example of how to annotate the LES. (Your LES is also used to annotate continuation of allotments as discussed in the next section of this guide.)
    - To request a waiver of mandatory direct deposit:
  - Send a letter to PSC (RAS) stating the reason(s) you cannot participate.
  - Provide a check mailing address on the letter or on CG PSC-2015, Pay Delivery Worksheet (<http://www.uscg.mil/hq/psc/forms>).
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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions, Continued

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**Part III, Tax Withholding Information**

Item 14 – If you would like us to withhold an additional \$\$ amount in Federal Tax Withholding you must enter whole dollar amounts here. (i.e., \$10.00)

Item 15 - If exempt status is claimed you must submit the current year's IRS Form W-4 at the beginning of each year.

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**Part III, Tax Withholding Information**

Item 16 - The following states have a state tax agreement for us to withhold state income taxes as of January 1, 2008. This does not mean that all these states tax retired pay. For example, Kansas does not tax military retired pay; however, if a member wants Kansas state tax withheld from his/her pay, we can withhold it because we have an agreement with them.

**Note:** State withholding agreements are subject to change at any time. See:

<http://www.dfas.mil/retiredpay/taxinformation/stateincometaxwitholdingsitw.html> for the latest updates.

Alabama	Kansas	North Carolina
Arizona	Louisiana	North Dakota
Arkansas	Maine	Ohio
California	Maryland	Oklahoma
Colorado	Massachusetts	Oregon
Connecticut	Minnesota	Rhode Island
Delaware	Missouri	South Carolina
Dist of Columbia	Montana	Utah
Georgia	Nebraska	Vermont
Idaho	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa		

Item 17 – If you select a designated state to receive taxes from the above list, you must enter a dollar amount in this block. If there is no dollar amount entered, we will not take out any taxes. This amount must be in whole dollars but not less than \$10.00.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions, Continued

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#### Part IV, Designation of Beneficiaries for Unpaid Retired Pay

This information is used to establish your beneficiaries for any unpaid retired pay due to you at the time of your death.

**Item 18a-e:** Enter the name(s) of those you designate to receive unpaid retired pay. Include their Social Security number, their relationship to you, their address and their phone number. If more than one person is entered, indicate the percentage of your pay each is to receive.

The share must equal 100 percent.

You cannot designate a trust to receive your final retired pay due, but you can designate the trustee as the final pay recipient, for example, "John W. Doe, Trustee."

If your beneficiary changes notify PSC (RAS) immediately.

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#### Part V, Certification Data for Payment of Retired Personnel

This information is used to identify conditions that may affect your retired pay.

**Note:** Retirees, who go to work for a foreign government, or a company, educational institution, or other concern controlled/owned in whole or in part by a foreign government, forfeit their retired pay unless they obtain prior employment approval from the Departments of State and Homeland Security.

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#### Part VI, Survivor Benefit Plan Election

The Survivor Benefit Plan will provide a monthly income for a retiree's survivors after his/her death. If a retiree does not elect SBP coverage, upon his/her death, survivors will not be entitled to any money from the Coast Guard other than unpaid retired pay.

**Very Important - The retiree must elect whether to participate in SBP prior to actual retirement date. The retiree must also select which survivors will be covered. This also applies to personnel being immediately Recalled on the first date of retirement. Failure to submit the CG PSC-4700 prior to first date eligible to receive retired pay will result in automatic maximum SBP coverage.**

Detailed information required for making an SBP election can be obtained by attending a Military Pre-Retirement seminar or by reading Chapter 4 of this guide.

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## Chapter 2 -- Establishing Your Retired Pay Account

### USCG & NOAA Retired Pay Account Worksheet (CG PSC-4700) Instructions, Continued

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#### Part VI, Survivor Benefit Plan Election (continued)

Remember to change your SBP if you get a divorce, remarry, or your beneficiary has deceased. **You will have only 1 year to change the election and it is irrevocable if the change is not made within that time period.**

**Item 21 – FOR RESERVE RETIREE ONLY** – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP) you DO NOT have to complete Section VI. Provide a copy of the previous RCSBP election with your CG-PSC-4700 worksheet.

If you previously deferred your RCSBP election until age 60 (option A) you MUST complete Section VI.

**Items 22e and 22f** - If electing coverage for a former spouse pursuant to a court order or property settlement, provide a copy of the court order or property settlement.

**Item 32** - If child is disabled, attach a medical statement, signed by a physician, indicating when disability started and if disability is permanent or temporary.

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#### Part VII, SBP Spousal Concurrence

Your decision concerning participation in SBP will have a direct impact on your spouse. If you elect not to participate, or to participate at less than the maximum level, your spouse must be notified of your decision and complete this section of the form. Your spouse's endorsement must be **notarized**.

**Note:** If you and your spouse are not collocated, your commanding officer must send a letter of notification/concurrence to your spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PSCINST M1000.2 (series).

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#### Part VIII, Declaration of Service

This section is used to obtain information concerning any prior service you have had which may affect the computation of your retired pay.

- Complete all items that are applicable.
  - **Item 52 - For Coast Guard Active Duty & NOAA Retirees ONLY.** If you have prior service in a reserve component, attach to this form copies of point statements (or other documentation), which substantiate reserve retirement points you have previously earned.
- 

#### Part IX, Member's Certification

**Item 57 – 63:** Your signature must be witnessed by someone over the age of 18 who is not a member of your family. This is required for retired pay to begin.

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## Chapter 2 -- Establishing Your Retired Pay Account

### Allotments

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#### Introduction

The Retired Allotment Authorization Form (CG PSC 7221) is an optional form. It may be used to start, stop or change an allotment or bond. **All of your allotments will be automatically stopped on the active duty pay system.** Any allotments you request be carried forward will be restarted in the retired pay system. The types of allotments authorized for continuation into retirement are listed on the reverse side of PSC Form 7221.

A blank CG PSC-7221 is included in the forms section for your use. The form can also be obtained from our web site: <http://www.uscg.mil/hq/psc/forms>.

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#### Carrying allotments forward from active duty

If you elect to carry allotments forward from active duty, you may do so by making a copy of your active duty LES, lining out the allotments you want stop, and sending it to us with your CG PSC-4700.

- All allotments must be made by direct deposit.

On your LES, line through the allotments you desire to cancel upon retirement. All authorized allotments not lined through will be transferred to your retired pay account, if made by direct deposit. Please see page 2-10 of this guide for an example of how to annotate the LES.

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#### Starting new allotments

All allotments must be sent by direct deposit. Therefore, in order to start a new allotment, you need to provide a signed letter request, including your account number, the name of the financial institution, and a voided check or pre-printed deposit slip; or provide the information in the EFT section of the CG PSC 7221.

If you desire to change or stop any allotment after you are retired, simply notify PSC by letter or use the CG PSC 7221.

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## Chapter 2 -- Establishing Your Retired Pay Account

### Allotments, Continued

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**Other allotment tidbits** Your active duty allotments will be paid through your final month of active duty and deducted from your separation pay.

- In the event the amount of allotments paid from your active duty pay exceeds available entitlements, then the overpayment will be collected from your retired pay account. This normally would happen only if your retirement date is other than the first of the month.
  - SGLI (active duty) continues for 120 days after separation from active duty at no cost to the member. Info concerning conversion to VGLI will be sent to member by the Office of Servicemembers Group Life Insurance. VGLI allotment must be started through Office of Service Members' Group Life. (1 800 419-1473).
  - Delta Dental for retired personnel is not an allotment. When you enroll for the dental program you are authorizing Delta to make a deduction each month from your retired account. Cancellations or changes must also be made through Delta Dental. You may contact them at 1 888 838-8737 or 1 888 336-3260.
  - Allotments are not authorized for CFC.
-

# Chapter 2 -- Establishing Your Retired Pay Account

*Exhibit 1: Active Duty LES annotated with allotment information for retired pay account*

<b>Department of Homeland Security</b>		<b>U.S COAST GUARD</b>				MEMBER COPY NAME/ INIT.     JONES /JP													
U.S. COAST GUARD CG-5209(REV 2/98)		<b>LEAVE AND EARNINGS STATEMENT</b>																	
1. Period Covered 01-30 JAN 00		2. EMPLID 1234567		3. Pay Base Date 80-01-23		4. AD Base Date 80-01-23		5. Exp Ad Term Date 00-01-30		6. Exp Loss Date 00-01-30									
YOUR  NET  PAY	7. Mid Mo 788.10	PAY SENT TO				LEAVE INFORMATION													
	8. End Mo 787.11	9. Acct Nr: 12345678				11. Bal Bf 18   0		12. Earn 2   5		13. Used 1   0		14. SoldPd 0   0		15. Bal Eom 19   5		16. LosPrFY 0   0		17. SoldCtd 0   0	
	10. Route Nr: 1001100010				19. Name YN2 JOHN P JONES								NEXT MONTH PAY PERIOD ESTIMATES						
18. USCGR Tra/Pay Cat: E-5		22. Mailing Address 2409 ROLE BLV JABRONI KS 66604-3020				23. Date 00-02-15		Amount 787.56		24. Date 00-03-01		Amount 798.92							
25. ENTITLEMENTS				26. ALLOTMENTS				27. DEDUCTIONS											
BASIC PAY		1433   70		SAVINGS		001B		300   00		ENL BAS REG		8   38							
CLOTHING STD		21   42		<del>CEC</del>		<del>001B</del>		<del>1   00</del>		SGLI		16   00							
ENL BAS REG		251   40								SINGLE DENTAL		8   09							
LVRATS		7   43								FEDERAL TAX		148   18							
BAH WITH DEP		452   59								FICA TAX		109   68							
<i>Continue EFT &amp; savings allot John P. Jones 11 Nov 00</i>																			
TOTALS		2166   54						301   00						290   33					
PAY BREAKDOWN FOR THIS PERIOD						STATE INCOME TAX INFORMATION													
28. Amount BF 00		29. Entitlements 2166   54		30. Allotments 301   00		31. Deductions 290   33		32. Net Earnings 1575   21		33. Amt to be CF 00		34. Income YTD 00		35. Tax W/H YTD 00		36. Exempt		37. Legal Residence MI	
FEDERAL TAX INFORMATION												<b>BUY U.S. SAVINGS BONDS</b>							
38. Tax Inc This PD 1433   70		39. Income YTD 12603   00		40. Tax W/H YTD 1288   58		41. Allowances S   01		42. Add'l W/H 00		43. FICA Wages 1433   70								44. FICA Wage YTD 12603   00	

## REMARKS ARE ON BACK

PLEASE VERIFY YOUR ADDRESS SHOWN IN BLOCK 22 OF THIS LES. IF IT IS NOT YOUR CORRECT MAILING ADDRESS, PLEASE PROVIDE A NEW ADDRESS TO YOUR SPO



# Chapter 3 – Survivor Benefit Plan

## Overview

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### Introduction

Upon a retiree's death, **retired pay stops**. The **only** way a retiree's survivor can receive any monthly annuity payment from the Coast Guard is if the retiree purchases coverage under the Survivor Benefit Plan (SBP).

This chapter will explain how the plan works, the options available, and the costs.

**Note: FOR RESERVE RETIREES ONLY** – If you elected options B or C under the Reserve Component Survivor Benefit Plan (RCSBP), this chapter does not apply to you. If you have questions concerning your RCSBP election, contact the Reserve Processing Team at 1-800-772-8724 **extension 3412**.


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### Reference



[Personnel Manual, COMDTINST M1000.6 \(series\), Section 18-F](#)

**Note:** This information is provided to assist you and your spouse to make an informed decision regarding your participation in the SBP program. If you need more information about the plan you may also contact PSC (RAS) for more information about the plan.

 (785) 339-3415 or  
1-800-772-8724

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### In this chapter

Topic	See Page
How SBP Works	3-2
Automatic Coverage	3-4
Optional (Reduced or No) Coverage	3-5
Insurable Interest Coverage	3-6
SBP Costs	3-7
Election Regulations	3-10
Election Procedures	3-12
RCSBP Information for Reserve Personnel	3-13
Common Questions About SBP	3-14

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## Chapter 3 – Survivor Benefit Plan

### How SBP Works

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**Purpose of SBP** The purpose of the Survivor Benefit Plan (SBP) is to establish a benefit program to complement the survivor benefits of social security.

The Plan provides retirees an opportunity to leave a portion of their retired pay to their survivors at a reasonable cost.

- Without SBP, survivors of deceased retirees would not receive any money from the Coast Guard, with the exception of any final pay that may be paid to designated beneficiary.

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**Amount of retired pay insured** Under SBP you can choose how much of your retired pay you wish to insure. The part of your retired pay that you choose to insure is called the “*Base Amount*”.

- The minimum base amount is \$300. If your total gross retired pay is less than \$300, then that becomes the minimum base amount.
- The maximum base amount is your full retired pay. An exception to this rule is that, for a REDUX retiree (one who elected the \$30,000 Career Status Bonus), the maximum base amount is the gross retired pay the member would have received had he/she NOT elected the Career Status Bonus.
- Whenever retired pay is increased, the base amount is increased at the same time and percentage.

---

**Amount paid to survivors** The amount that SBP pays to the survivor(s) that you have elected coverage for is called an “*Annuity*”.

- The *Annuity* amount is 55% of the *Base Amount* for a surviving spouse.
- The *Annuity* amount for children is 55% of the *Base Amount* (for as long as the child is eligible).

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### How SBP Works, Continued

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#### Coverage Available

Under SBP, **every member with a spouse and/or dependent child(ren) on the first day of entitlement to retired pay will automatically participate in the Plan at the maximum level allowed under the law, unless:**

- (1) The member submits a written election (on CG PSC 4700) for reduced or no coverage; and
- (2) The member's spouse signs a written, notarized, statement (on CG PSC 4700) concurring with the SBP election of reduced or no coverage.

A member who is not married or has no dependent child(ren) at the time of retirement, but who later marries or acquires a dependent child, may elect to participate in SBP at that time, provided the member's completed and signed election is received by PSC (RAS) **within 1 year of marriage or acquiring that dependent child.**

If there is no eligible spouse or child(ren) at the time of retirement, a member may elect to provide survivor protection to a person with an insurable interest.

---

#### Who you can provide coverage for

You may provide SBP coverage for:

- Spouse
    - ➤ The annuity would be paid to the spouse for life, unless the spouse remarries prior to age 55.
  - Spouse and Children
    - ➤ The spouse would be the primary beneficiary, and the children contingent beneficiaries.
  - Children only
    - ➤ Children can receive an annuity until age 18 (until age 22 if attending school on a full-time basis).
    - ➤ Permanently Incapacitated children may receive an annuity, a child must be certified by appropriate medical authority as incapable of self-support and that the incapacity occurred prior to age 18. Please indicate "yes" in Block 32 a. through d. Please call PSC (RAS) if you need assistance.
  - Former Spouse
  - Former Spouse and children you had with the former spouse.
  - Person with an Insurable Interest.
    - ➤ Parent, dependent or non-dependent child, other relative, business associate, etc..
-

## Chapter 3 – Survivor Benefit Plan

### Automatic Coverage

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**No election at the time of retirement will result in automatic participation in SBP**

Unless a member elects not to participate in SBP, or elects to participate at less than the maximum level before the first day on which he or she becomes entitled to retired pay, each member with a spouse and/or dependent child(ren) on the date of retirement will be enrolled in SBP automatically at the maximum level. Coverage will be based on the member's full gross retired pay (except in the case of a REDUX member, where coverage will be based on the gross retired pay the member would have received had he/she NOT elected the Career Status Bonus).

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**Spouse only**

A member with a spouse only will be covered for that spouse at the maximum level.

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**Spouse and child(ren)**

A member with a spouse and child(ren) will be covered for the spouse and child(ren) at the maximum level with the annuity payable to the spouse or in the event of the death or (*if under age 55*) remarriage of the spouse, to the eligible child(ren).

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**Child(ren) only**

A member with child(ren) only will be covered for the child(ren) at the maximum level.

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## Chapter 3 – Survivor Benefit Plan

### Optional (Reduced or No) Coverage

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<b>General</b>	Every member with a spouse and/or dependent child(ren) on the date of retirement, who does not desire coverage under the automatic provision of SBP, may elect reduced or no coverage.
<b>Time requirement</b>	<b>Elections for optional coverage must be signed and submitted to PSC (RAS) prior to midnight on the member’s last day of active duty. The member’s signature and the spouse’s, if there is a spouse must be provided on parts VII and IX of the <i>Retired Pay Account Worksheet and Survivor Benefit Plan Election</i> (CG PSC-4700). Retired personnel being immediately Recalled must also make the SBP election by this deadline.</b>
<b>Spouse only coverage</b>	A member with a spouse only on the date of retirement may elect to participate at a reduced level or may elect not to participate at all.
<b>Spouse and child(ren) coverage</b>	A member with a spouse and child(ren) on the date of retirement may elect to cover: <ul style="list-style-type: none"><li>• the spouse and child(ren) at a reduced level</li><li>• the spouse only at the maximum level or at a reduced level</li><li>• children only at the maximum level or at a reduced level</li></ul> or may elect not to participate at all.
<b>Spouse notification/concurrence</b>	Married members must obtain their spouse’s concurrence on any decision not to enroll in SBP or to enroll at less than the maximum coverage available. The spouse’s acknowledgment must be in writing and must be notarized. Space is provided on form CG PSC-4700 for spousal notification and concurrence. If the member and spouse are not collocated, the member’s commanding officer must send a letter of notification/concurrence to the member’s spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PSCINST M1000.2 (series).

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## Chapter 3 – Survivor Benefit Plan

### Insurable Interest Coverage

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#### General

A member who is unmarried and does not have dependent children on the date of entitlement to retired pay may elect to provide an annuity for a person with an insurable interest in the member. As an exception, a member who is **unmarried** but who has **a dependent child** may provide coverage for that child under the insurable interest provision rather than an election for child.

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#### Who may qualify as an Insurable Interest

Any person who can reasonably expect to receive some kind of financial benefit from the continuance of the life of the retired or retiring individual may be considered a Person with an Insurable Interest.

An insurable interest will be presumed to exist between the service member and parents, stepparents, grandchildren, aunts, uncles, sisters, brothers, half sisters, half brothers, nondependent children or stepchildren or any other person more closely related than cousins.

If the designation is other than one of the above, proof of financial benefit from the continuance of life of the member is required.

A person to whom a member is engaged to be married does not qualify as an insurable interest party on the relationship alone; the person must have a legal, documented, financial relationship with the member. This proof must be an affidavit from one or more persons attesting to the financial relationship between the member and the insurable interest party, which must be submitted along with a member's SBP election.

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#### Election may be changed

If the retiree later acquires a spouse and/or dependent child(ren), the member may change the election to provide coverage for the spouse and/or child(ren), provided such election is received by PSC (RAS) with 1 year of acquisition of the spouse and/or child(ren).

When such change is made, the insurable interest person remains the eligible beneficiary until the spouse or child(ren) are eligible.

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## Chapter 3 – Survivor Benefit Plan

### SBP Costs

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#### Introduction

The cost for SBP coverage is deducted monthly from your retired pay.

- SBP costs reduce taxable retired pay. SBP annuities paid to survivors are taxable income.
  - SBP coverage is protected against inflation, as it is increased by any Cost-of-Living Adjustments (COLAs).
  - Monthly premiums increase with any COLAs.
- 

#### Paid up Coverage Under Survivor Benefit Plan

*Section 641, Public Law 105-261*, allows collection of monthly SBP premiums from retired pay to stop when the member attains 70 years of age or 360 months (30 years) of premium payments whichever comes later.

- The first opportunity for paid up entitlements begins 1 October 2008.
- 

#### Cost for Spouse or Former Spouse Coverage

As of 1 January 2008 this is the formula for calculating the costs of SBP coverage for a Spouse or Former Spouse of a member who entered the service prior to 1 March 1990.

- If the base amount is **\$1447** or more, cost is 6.5% of the base amount.
- If the base amount is **\$1446** or less, cost is 2.5% of the first **\$675**, plus 10% of the remaining base amount.

**Note:** The above amounts (shown in **bold** print) are subject to change with every COLA adjustment.

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### SBP Costs, Continued

**Cost for Spouse (or Former Spouse) and Children Coverage**

There is a small additional charge to include coverage for children.

- The cost for the coverage is a percentage of the base amount.
- The percentage is determined according to the age of the member, the age of the spouse, and the age of the youngest child.
- When all children cease to be eligible for an annuity, the child cost terminates and only spouse cost continues.
- PSC (RAS) will automatically terminate the SBP child cost once the youngest child reaches age 22. A child whose 22nd birthday occurs before 1 July and after 1 August of a calendar year is considered, under the SBP law, to become 22 years of age on the first day of July after that birthday.
- Actuarial Tables are used to compute SBP cost when election is for spouse (or former spouse) and child coverage.
- Here is a sample of part of an actuarial table:

Member and spouse Age	Age of Youngest Child			
	Age 5	Age 10	Age 15	Age 20
45	.00038	.00018	.00006	.00001
50	.00055	.00021	.00007	.00001
55	.00144	.00046	.00011	.00001
60	.00393	.00130	.00030	.00003

**Example SBP Cost for Spouse and Children Coverage**

In this example computation,

- the member has selected an SBP base amount of \$1500
- the member is 45 years old
- the spouse is 45 years old
- the youngest child is 5 years old

**Example SBP Cost Computation:**

Computation for Spouse coverage:  $\$1500 \times .0650 = \$97.50$

Computation for Children coverage:  $\$1500 \times .00038 = \$00.57$

Total monthly SBP cost:  $\$98.07$

Annuity Payable @ 55% in the amount of \$825.00

*Continued on next page*



## Chapter 3 – Survivor Benefit Plan

### SBP Costs, Continued

**Cost for Children Only Coverage**

Members may elect coverage under SBP for children only. If the member has a spouse, the spouse must concur with an election for children only coverage.

- Cost is based on the age difference between the member and the member's youngest child.
- Actuarial tables are used to compute the costs.
- Here is a sample of part of an actuarial table:

Age of Member	Age of Youngest Child			
	Age 5	Age 10	Age 15	Age 20
45	.0056	.0030	.0014	.0005
50	.0097	.0053	.0024	.0005
55	.0184	.0103	.0048	.0016
60	.0314	.0176	.0081	.0026

**Example SBP Cost for Children only Coverage**

In this example computation,

- the member has selected an SBP base amount of \$1500
- the member is 45 years old
- the youngest child is 5 years old

Computation for Children only coverage:  $\$1500 \times .0056 = \$8.40$

Annuity payable @ 55% in the amount of \$825.00

**Cost for Insurable Interest Coverage**

The monthly cost to provide an annuity to a person with an insurable interest is 10% of the member's full retired pay, plus an additional 5% for each full 5 years that the named beneficiary is younger than the retiree. The annuity will be 55% of the retired pay remaining after reduction of SBP costs from the base amount.

- The total cost may not exceed 40% of the member's retired pay.

## Chapter 3 – Survivor Benefit Plan

### Election Regulations

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**Election is Irrevocable**

**Any election not to participate or to participate at a reduced base amount, if not rescinded or changed prior to the first date of entitlement to retired pay, is irrevocable.**

**If coverage is declined for a spouse at the time of retirement, this decision is irrevocable and coverage for your spouse (that spouse or a future spouse) cannot be provided at a later point.**

**Note:** The only exception to this rule is the opportunity in the event of an SBP Open Season.

A decision not to participate or to participate at a reduced base amount, should be reviewed very carefully.

---

**Members with no spouse or eligible children at time of retirement**

A member who has no spouse and/or child(ren) on the date of retirement, but who later acquires a spouse and/or child(ren), may elect to participate in the plan.

**The election to participate must be done within one year of the date of marriage, in the case of a spouse, or the date of birth or adoption, in case of children.**

---

**Situations when an election can be changed or revoked**

These elections may be changed or revoked after the award of retired pay.

- **Opportunity to terminate SBP coverage:** *Section 641, Public Law 105-85* provides for a one-year period, beginning two years after commencement of retired pay, during which SBP participants may choose to discontinue participation in the plan. Written concurrence of the spouse is required. Once participation is discontinued under these provisions, no benefits under SBP may be paid, and no refund of any premiums properly collected shall be made.

- If a member elected to provide coverage for an insurable interest that election may be changed to cover a newly acquired spouse or child(ren).
- 

*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Election Regulations, Continued

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**Situations when an election can be changed or revoked**  
(continued)

- If a member who was unmarried at date of retirement elected to provide coverage for dependent child(ren), the election may be changed to cover a spouse and child(ren) should the member subsequently marry. Election must be made within one year of the date of marriage.
    - A member may discontinue coverage for dependent child(ren) because of ineligibility of all children for an annuity.
    - Elections made by Commandant (CG-1222) on behalf of a member declared incompetent may be changed or revoked by the member within 180 days after he or she has been determined to be competent.
  - Members who have spouse coverage who lose their spouse due to divorce or death have their SBP coverage suspended and cost terminated. If the member later remarries, the member has three options, which he/she can exercise within one year of remarriage:
    - 1) Resume coverage at same level as the member had for the first spouse.
    - 2) Increase coverage up to the maximum level  
(This option requires the member to pay the difference between the SBP costs incurred and the costs that would have been incurred if the new level of participation had been elected originally).
    - 3) Elect not to have the spouse portion of coverage resumed  
(This option will require PSC (RAS) to notify the new spouse of the member's election).
- 

**Procedure for changing or revoking an election after effective date of retirement**

Only those changes or revocations listed above may be accomplished after the date of retirement.

- You must notify PSC (RAS) in writing of your desire to change coverage.
  - PSC (RAS) will review your request and mail you the appropriate forms and instructions to effect the change in coverage.
-

## Chapter 3 – Survivor Benefit Plan

### Election Procedures

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#### Election during retirement process

SBP election during the retirement process is made by completing Parts VI and VII of the *Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election* (CG PSC-4700).

- The instructions for completing the form are contained in Chapter 2 of this guide and on PSC's Internet site (<http://www.uscg.mil/hq/psc>) .
- Part VI of the form must be completed by all members, whether they are married or not.
- The form must be completed and returned to PSC (RAS) prior to the effective date of retirement for the SBP election to be effected. Otherwise, for members with a spouse and/or child(ren), the automatic coverage provisions of SBP will take effect.
- The member's spouse must complete part VII if the member did not elect to participate at the maximum level. This section must be notarized. If the member and spouse are not collocated, the member's commanding officer must send a letter of notification/concurrence to the member's spouse in accordance with section 3-B-23 (Checklist for Retirement) of the Pay and Personnel Procedures Manual, PSCINST M1000.2 (series).

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#### Changing or revoking an election prior to retirement

A retiree who submits an SBP election in conjunction with retirement who changes his/her mind prior to the actual retirement date must follow the following procedure:

- Submit a new PSC-4700 to PSC (RAS) prior to the effective date of retirement.
- Annotate Parts VI and VII with this statement:  
*“THIS ELECTION REVOKES PREVIOUS ELECTION”*
- The new election will be accepted by PSC (RAS) only if it is received or is postmarked prior to the member's date of retirement.

**Note:** This does not pertain to Reservist that previously elected option B or C.

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## Chapter 3 – Survivor Benefit Plan

### RCSBP Information for Reserve Personnel

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**Information for reservists who are between 20-years satisfactory service and reaching age 60**

If you have no spouse or children at the 20-year point, and later acquire a spouse and/or children you may elect to enroll your new beneficiaries in the RCSBP. You must request enrollment by completing a [CG PSC-11221](#), *Reserve Component Survivor Benefit Plan (RCSBP) Option - Election Certificate* (<http://www.uscg.mil/hq/psc/forms/psc11221.pdf>), **within one year** of obtaining a spouse and/or child. A copy of the marriage and/or birth certificate must accompany request.

If you elect spouse coverage under Option B or C, and your spouse dies, you may suspend your RCSBP spouse coverage. You must notify us and provide a copy of the death certificate. If you elected coverage for both spouse and children, your RCSBP child coverage would continue.

If you elect spouse coverage under Option B or C, and later divorce, you have the following rights:

- You may suspend your RCSBP spouse coverage by providing a copy of your divorce decree.
- You may voluntarily elect to cover your former spouse under the RCSBP. Submit a written request, with a copy of your divorce decree.

If you remarry after losing your RCSBP spouse beneficiary, you have the following rights **within one year** of your remarriage:

- Provide the same RCSBP coverage you had for your previous spouse.
- Terminate your RCSBP spouse coverage.
- Increase your RCSBP Base amount up to full retired pay. (Additional costs will apply.)
- Elect Supplemental RCSBP (at additional cost).

**NOTE:** The opportunity to make any changes to your RCSBP election must be made **within one year** of your remarriage by written notification to us at the address provided below.

Commanding Officer (RAS)  
CG Personnel Service Center  
444 SE Quincy St  
Topeka KS 66683-3591

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## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP

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**Q:** I understand my retired pay stops when I die. However, my spouse will be eligible for other Government benefits from the VA and Social Security Administration, right?

**A:** Your spouse could be entitled to a benefit called Dependency and Indemnity Compensation (DIC) from the VA. However, DIC is only payable if your death is found to be "service connected". A surviving spouse can also get social security survivor benefits if the spouse is over age 59, or if you have minor children. However, if you turn down SBP and you die from a non-service connected cause, and you don't have any minor children, your spouse will be without any Government benefits until reaching age 60.

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**Q:** Does my spouse lose SBP if she or he remarries after I die?

**A:** If your spouse remarries before age 55, the monthly SBP annuity will be stopped. If this remarriage terminates, the annuity restarts.

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**Q:** Does my spouse have any say in what SBP decision I make?

**A:** A spouse sure does. If you don't elect full coverage, your spouse must be notified and must sign a notarized statement agreeing to your election of no coverage or reduced coverage. If your spouse doesn't agree or doesn't sign the statement, you are put on automatic full SBP coverage.

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**Q:** What are some of the differences between SBP and life insurance?

**A:** (1) SBP has no cash value, whereas whole life insurance has a cash value and can be borrowed against.  
(2) SBP is government-subsidized.  
(3) SBP annuities rise with inflation, but insurance policies don't.  
(4) SBP premiums are exempt from taxes, whereas insurance premiums are not exempt. SBP annuities paid out are taxable income, whereas insurance proceeds generally are not taxable. SBP coverage cannot be denied due to your age or health, whereas insurance coverage can be.

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**Q:** What are probably the most important factors in making an SBP decision?

**A:** Your health and that of your spouse, your family longevity and that of your spouse, the difference between you and your spouse's age, and your private financial planning (commercial insurance, etc.).

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP, Continued

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**Q:** Is my SBP decision irrevocable?

**A:** Yes, with the following exceptions.

(1) For future retirees, the window to discontinue SBP will open on the second anniversary after the retired member begins to receive retired pay, and will close on the third anniversary date. Retirees may not elect to discontinue participation without the written concurrence of the spouse, and participants who elect to withdraw will not be entitled to a refund of premiums.

(2) There have been open enrollment seasons once about every 10 years since SBP was adopted in 1972, whereby a retiree could come into the program. However, the costs to come in during open season were much higher based on the retiree's age and how many years the retiree had been retired.

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**Q:** Are there any cases where I should consider SBP an extremely good buy?

**A:** Yes, in the case of an incapacitated child. If you have a mentally or physically permanently handicapped child, SBP provides excellent protection at little cost. The child must meet service-specific requirements. Contact the PSC (RAS) DEERS desk for application procedures and requirements.

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**Q:** If I buy SBP coverage for my four children, do they each receive an annuity of 55 percent of my SBP base amount?

**A:** No, the annuity will be equally divided among your four children. When the oldest child reaches majority age, it would be divided into thirds, etc., etc.

**Q:** Is there a down side to purchasing SBP coverage for both my spouse and children?

**A:** One down side might be that the children will only be eligible for an annuity if you have no surviving spouse and your children are still under age 18 - thus you may end up paying for coverage that won't reap benefits. However, remember that child costs are very inexpensive.

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**Q:** When do my children become ineligible under SBP?

**A:** At age 18, or if they attend an institution of higher learning full-time, at age 22.

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*Continued on next page*

## Chapter 3 – Survivor Benefit Plan

### Common Questions About SBP, Continued

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**Q:** I know that SBP stops if my spouse remarries before age 55. Are there any other instances where SBP is reduced or stopped?

**A:** Yes, if your spouse becomes qualified for Dependency and Indemnity Compensation (DIC) from the VA (a tax-free benefit) due to your service connected death, then the SBP annuity is reduced dollar-for-dollar. For example, if your spouse's SBP annuity was \$1,000 per month and your spouse is awarded \$850 DIC per month, the SBP annuity is reduced to \$150 per month. **HOWEVER**, a partial or full refund of the SBP costs you have paid will be provided to your spouse.

---

**Q:** What about dependents I acquire after I retire - can I cover them under SBP?

**A:** It really depends on your status at retirement. If you have a spouse at retirement, and elect not to cover your spouse under SBP, you would be precluded from electing SBP coverage for a new spouse acquired after retirement, unless there was an SBP open enrollment season. On the same hand, if you have eligible children at retirement, but don't elect SBP child coverage, you would be precluded from electing coverage for children you acquire after retirement, unless there was an SBP open enrollment season. If you have no dependents at retirement, then later acquire dependents, you have one year to request SBP coverage for these dependents.

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**Q:** Just how important is the COLA protection of SBP?

**A:** Extremely. SBP annuities, for instance, increased 296% between 1972 and 1988 - an annuity that was \$500 in 1972 was \$1,483 in 1988.

Another good example of the COLA protection would be SGLI. In 1972, SGLI coverage was \$15,000. In 2007, SGLI coverage is \$400,000. Just think, at this rate, 35 years from now, SGLI would have to be worth \$10 million!

Be sure to remember the COLA features of SBP when your insurance salesman presents information about purchasing a life insurance policy.

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**Q:** Once I elect SBP, what responsibilities do I have after I retire?

**A:** To notify PSC if your family status changes. If your spouse or child dies, you divorce, your child marries or reaches age 18, immediately notify PSC so we can stop the SBP deductions from your pay.

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# Chapter 4 – Making Changes to Your Retired Account

## Contacting PSC (RAS)

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### Reporting Change by Telephone

You may telephone us with changes to your mailing address, home address, E-Mail address(es), and telephone number(s). You may also telephone us to change your direct deposit information. Your mailing address is the address used for any correspondence we send you. Examples are the USCG/NOAA Retiree/Annuitant Statement of monthly income, the 1099R (statement of taxable income), and the Retiree Newsletter. Also, please advise your pay technician if this address change will affect any savings bonds you have.

*1-800-772-8724 (press the pound key (#) and dial the extension number for your pay technician or follow the menu)*

*You may also dial our commercial number at 1 785 339-3415*

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### Written Changes

Please write or fax us for requests to make any of the following changes:

- Change, start or stop allotments
- Change Federal Income Tax Withholding (FITW)
- Start or change State Income Tax Withholding (SITW)
- Changes to the Survivor Benefit Plan (SBP). Include substantiating documentation.

Write us:     Commanding Officer (RAS)  
                  CG Personnel Service Center  
                  444 SE Quincy St  
                  Topeka KS 66683-3591  
                  Fax: 785 339-3770

Include your name, Employee ID Number, and signature. Allotment and SITW changes can be handled over the telephone, if you desire.

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## Chapter 4 – Making Changes to Your Retired Account

### Contacting PSC (RAS), Continued

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#### **Global Pay Self-Service**

The new U. S. Coast Guard Retired Pay System “*Global Pay*” will offer self-service, web-based access for retirees. Retirees will be able to make the following account changes online:

- Home and mailing address changes
- Email address changes
- Direct deposit account changes
- Allotment (starts, stops & changes)
- Tax withholding changes

The web-based, self-service access will be available in 2008. Our web page at <http://www.uscg.mil/hq/psc/ras/> will provide access information and detailed instructions.

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#### **Reporting the Death of Coast Guard or NOAA Retiree**

To report the death of a Coast Guard or NOAA retiree please telephone us at 1 800 772-8724. Or you may notify us in writing at:

Commanding Officer (RAS)  
CG Personnel Service Center  
444 SE Quincy St  
Topeka KS 66683-3591

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# Chapter 4 – Making Changes to Your Retired Account

## Retiree & Annuitant Services Customer Service Structure

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**Introduction** This section provides an overview the of PSC (RAS) customer service organization.

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**Mailing Address** COMMANDING OFFICER (RAS)  
U. S. COAST GUARD  
PERSONNEL SERVICE CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591

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**Email Address** [PSC-DG-RAS@uscg.mil](mailto:PSC-DG-RAS@uscg.mil)

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**Fax** 785-339-3770

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**Retiree & Annuitant Services (RAS) Alpha Breaks** Call 1-800-772-8724 dial the extension number listed below. Ten Pay Technicians each processing a portion of the alphabet for new retirements and maintaining retiree accounts.

If the 1 <sup>st</sup> letter of you last name is:	Then dial extension number:
A, C	3428
B, Q	3430
D, E, F	3434
G, I, J, N	3417
K, L, O	3426
M, U, X	3442
H, V, Y, Z	3418
P, R	3435
S	3443
T, W	3449

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## Chapter 4 – Making Changes to Your Retired Account

### Retiree & Annuitant Services Customer Service Structure, Continued

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**Reserve** Reserve Processing 20 year letters, reservists entering RET1 or RET2 status; and producing and mailing retirement certificates and pins:

A-Z Ext. 3412

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**Deceased Accounts** Deceased Account Team processing retiree deaths, annuitant starts, and maintaining annuitant accounts.

If the 1 <sup>st</sup> letter of the deceased's last name is:	Then dial extension number:
A, B, C, I	3424
D, E, F, G	3413
H, J, K, L, O	3438
M, N, P, Q, R, X, Y, Z	3436
S, T, U, V, W	3446

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**DEERS Liaison/ID Card Issues** DEERS Personnel Technician for information and ID Cards –  
Ext. 3441

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**Newsletter** Newsletter editor for quarterly “Evening Colors” Newsletter –  
Ext. 223

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## Chapter 5 – Forms and Worksheets

### Overview

**Introduction**      The forms and worksheets in this section are the ones used most frequently in retirement processing. Additional forms and worksheets can be obtained from our web site at: <http://www.uscg.mil/hq/psc/forms/>.

#### In this section

Form	Number CG-
<p><b><i>Career Intentions Worksheet</i></b> (Active Duty Only)</p> <ul style="list-style-type: none"> <li>• <b>Required</b> – Submit to your SPO at least 60 days prior to your departure on leave or last day of active duty (whichever is earlier).</li> <li>• <b>Instructions</b> – On the form and <a href="#">Chapter 3-B of the Personnel and Pay Procedures Manual, PSCINST M1000.2(series)</a>.</li> </ul>	<p><a href="#">PSC-2045</a></p>
<p><b><i>Retired Pay Account Worksheet</i></b></p> <ul style="list-style-type: none"> <li>• <b>Required</b> – Submit to PSC (RAS) at least 30 days prior to retirement effective date.</li> <li>• <b>Instructions</b> – Chapters 2 and 3 of this guide.</li> </ul>	<p><a href="#">PSC-4700</a></p>
<p><b><i>Retired Allotment Authorization</i></b></p> <ul style="list-style-type: none"> <li>• <b>Optional</b> – Submit to PSC (RAS) whenever you want to start, stop or change an allotment or bond.</li> <li>• <b>Instructions</b> – On the form and Chapter 2 of this guide.</li> </ul>	<p><a href="#">PSC-7221</a></p>
<p><b><i>Pay Delivery Worksheet</i></b></p> <ul style="list-style-type: none"> <li>• <b>Optional</b> – Submit to PSC (RAS) whenever you want to change the account used for your retirement pay.</li> <li>• <b>Instructions</b> – On the form.</li> </ul>	<p><a href="#">PSC-2015</a></p>

#### Other forms and worksheets you may need

Form	Link
Travel Voucher, DD-1351/2	<a href="http://www.uscg.mil/hq/psc/forms/13512.pdf">http://www.uscg.mil/hq/psc/forms/13512.pdf</a>
Designation of Beneficiary for Payment of Unpaid Retired Pay, CG PSC-3600	<a href="http://www.uscg.mil/hq/psc/forms/psc3600.pdf">http://www.uscg.mil/hq/psc/forms/psc3600.pdf</a>
Reserve Retirement Transfer Request, CG PSC-2055A	<a href="http://www.uscg.mil/hq/psc/forms/psc2055a.pdf">http://www.uscg.mil/hq/psc/forms/psc2055a.pdf</a>
Reserve Component Survivor Benefit Plan (RCSBP)	<a href="http://www.uscg.mil/hq/psc/forms/psc11221.pdf">http://www.uscg.mil/hq/psc/forms/psc11221.pdf</a>
Option - Election Certificate, CG PSC-11121	
Withholding Certificate for Pension or Annuity Payments, IRS W-4P	<a href="http://www.irs.gov/pub/irs-pdf/fw4p.pdf">http://www.irs.gov/pub/irs-pdf/fw4p.pdf</a>

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**Department of Homeland Security**

U. S. Coast Guard  
CG PSC-2045 (Rev. 07/07)

# Career Intentions Worksheet

1. EMPLID	2. Name (Last, First, MI)	3. Permanent Unit (Dept ID)
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**PURPOSE:** Use this form is to convey career intentions to the SPO. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections and complete a Preseparation Counseling Checklist (DD-2648).

**4. Answer these questions. If you answer no to these questions, contact your career counselor or unit administrative staff/SPO**

**Yes**    **No**   Has your unit conducted a 6-month predischarge interview and if you are separating, completed a Preseparation Counseling Checklist?

**Yes**    **No**   Have you been advised on the subject of SRB eligibility and payment options?

**Yes**    **No**   Are you a U. S. Citizen? (If no, you cannot reenlist or extend without authority from CGPC) (Note: Per 1.G.5.5. , CG PERSMAN, this does not apply to a member who enlisted from the Republic of the Philippines)

**Commanding Officer's Determination of Eligibility and Recommendation for Reenlistment/Extension**

5. Per 1-G-5 (for Regular) or 1-G-7 (for Reserve) of CG PERSMAN this member is:

5.A  **Eligible and Recommended** for Reenlistment or Extension of Enlistment

5.B  **Not Eligible/Not Recommend** for Reenlistment or Extension of Enlistment (document IAW CG PERSMAN 1.G.5.3(Reg)/1.G.7.3(Res.) and 12-B-5)

5.C  **Not Eligible** per 1.G.\_\_\_\_ (enter sub-para #. Example 5.4 for regular member in receipt of retirement orders) CG PERSMAN, but **Recommended** for Reenlistment or Extension

5.D. CO's signature: \_\_\_\_\_

**Extension/Reenlistment Section**

<b>6. I plan to....</b> <input type="checkbox"/> extend <input type="checkbox"/> reenlist	<b>7. For # of yrs</b> (Note: if reenlisting, the minimum is 3 years) <b>Note: Reg. Members with at least 10 years active service will be reenlisted indefinitely</b> <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> 6yrs <input type="checkbox"/> Other:	<b>8. Effective date of Extension/Reenlistment</b>
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**9. Person administering the oath for extension agreement/reenlistment:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_

<p><b>10. Reason for Extension/Reextension of Enlistment:</b></p> <p><input type="checkbox"/> Request of individual                      <input type="checkbox"/> Authorized by Commander CGPC</p> <p><input type="checkbox"/> School training requirement              <input type="checkbox"/> Obligated service for advancement</p> <p><input type="checkbox"/> Obligated service for transfer              <input type="checkbox"/> Obligated service for SRB bonus</p> <p><input type="checkbox"/> Participation in tuition assistance program   <input type="checkbox"/> Completion of deployment aboard vessel</p> <p><input type="checkbox"/> Obligated service for retirement           <input type="checkbox"/> Other (specify): _____</p>	<p><b>11. SRB Payment Method Election</b></p> <p><input type="checkbox"/> <b>Installments.</b> The initial payment shall be 50 percent of the total bonus amount and the remainder paid in equal annual installments, on the anniversary date, as determined by the length of the extension or reenlistment.</p> <p><input type="checkbox"/> <b>Lump Sum.</b> I hereby acknowledge that I have elected the lump sum SRB payment option and will receive <b>ONLY</b> 85 percent of the installment payment program amount.</p> <p><b>Note:</b> An additional 25% is deducted from all SRB payments for tax withholding.</p>
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**SEPARATION SECTION**

12	<input type="checkbox"/>	I am being discharged involuntarily
13	<input type="checkbox"/>	I want to be discharged (military obligation completed)
14	<input type="checkbox"/>	I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for <input type="text"/> Years.
15	<input type="checkbox"/>	I want to be released from active duty (military obligation not completed).
16	<input type="checkbox"/>	Request to be released/discharged <input type="text"/> days early (NTE 30) to pursue a unique schooling or career opportunity per 12.b.8 PERSMAN
17	<input type="checkbox"/>	Retire as directed by CGPC (epm/opm) orders dated: _____ I will perform travel to: _____ My home of selection is: _____ (You have up to one year to make/choose your home of selection.)

18.  **Yes**    **No**   Have you had a physical examination dated one year or less from your upcoming separation date?  
**Note:** If you answered "No", you must complete a physical during the year prior to your separation.

19.  **Yes**    **No**   Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)?  
Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see <http://www.humana-military.com/> for information on the program.

20. If Disch/Relad I will perform travel to my:       Home of Record       Place of Enlistment/Acceptance       Will not be moving

21. Mode of travel will be (check one):  POC  Gov't Ticket 22. I request advance travel [SF Form 1038](#) is attached  Yes  No

23. Do you occupy government quarters?  Yes  No If yes, enter date you will terminate quarters:

**24. LEAVE SECTION (Complete for Separations, reenlistments and first extensions of enlistment).** If your leave plans change after completing this worksheet, immediately notify your SPO. **Failure to do so may result in an overpayment for which you will be responsible.**

**I plan to:**  sell \_\_\_\_\_ days of leave (**Note:** You are only authorized to sell a TOTAL of 60 days leave during your career.)

take terminal leave starting \_\_\_\_\_

take leave prior to my separation for periods listed below

Note: If you are entering into an indefinite reenlistment this will be the last opportunity to sell leave before you retire or are discharged.

**Enter inclusive leave dates** (continue on separate page if necessary):

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

more leave dates on separate page

**25. If separating, enter your final mailing address: (This is where your W-2 will be mailed next year.)**

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

26.  Yes  No Request copy 6 of my DD-214 is sent to State of \_\_\_ Director of Veterans' Affairs.

**27. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**28. FOR RETIREMENT ONLY:**

I have been authorized by CGPC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW CG PERSMAN Art 12.C.1.e.

I have been approved by my command to utilize 20 days permissive temporary duty IAW CG PERSMAN Art 12.C.1.f.

Use in the following order: 20 days permissive temporary duty, terminal leave, and processing point permissive orders. Contact your admin office for assistance in determining your departure date when using any combination of the above.

<b>Permissive Temp Duty*:</b>	From:	To:
<b>Terminal leave dates:</b>	From:	To:
<b>Processing Point*:</b>	From:	To:

\*Note: Do not input these dates on the retirement transaction or leave transaction in Direct-Access..

**PRIVACY ACT STATEMENT:** 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 - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

29. Member's Signature:	29a. Date:	30. Supervisor' Signature	30a. Date:
31. Division/Branch Chief Signature:	31a. Date	32. Department Head Signature:	32a. Date:
33. Command Approval	33a Date:	<b>34. For SPO Use Only</b>	Action Completed on: By (Initials):

SPO Action Note: *If member elected Lump Sum payment of SRB in block 11, the SPO shall ensure the CG-3307 entry (SRB-1 or SRB-2) has been properly acknowledged by the member and record the member's payment election on the Statement of Intent (SOI) transaction in Direct Access.*



<b>Department of Homeland Security</b> U. S. Coast Guard CG PSC-4700 (Rev. 02/08)	<b>COAST GUARD &amp; NOAA RETIRED PAY ACCOUNT          WORKSHEET AND SURVIVOR BENEFIT PLAN ELECTION</b>
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**Privacy Act Statement:** This information is collected under 5 USC section 552a(e)(3), Public Law 92-425, 21 Sep 72: EO 9397. Information will be used to establish retired pay account and to enroll in the Survivor Benefit Plan. The information transmitted in this form is necessary and must be completed to establish the retired pay account.

- Purpose:**
- Provide an address for correspondence with Coast Guard Personnel Service Center
  - Designate your direct deposit account
  - Specify number of exemptions and marital status for Federal income tax withholding
  - Designate State and withholding amount for Voluntary State Tax withholding
  - Designate beneficiaries for unpaid retired pay.
  - Certify eligibility and entitlement to retired pay
  - Enroll in the Survivor Benefit Plan

**Section I: IDENTIFICATION AND ADDRESS** (complete all sections, if not applicable enter N/A)

1A. ENTER YOUR APPROVED RETIREMENT DATE	1b. Retiring from the following Service (select one):  <input type="checkbox"/> NOAA <input type="checkbox"/> Coast Guard Active Duty <input type="checkbox"/> Coast Guard Reserve	
1c. Name (Last, First, MI.)	2. Rank/Pay Grade	3. Employee ID Number (EMPLID):
4. Date of Birth	5. Correspondence Address, Street, City, State and Zip Code	6. Area Code & Telephone Number  Work:  Home:  Cell/Other:

6a. Please provide your Home & Business (if applicable) email addresses if you would you like PSC (RAS) to contact you via e-mail in case telephone contact cannot be established:  
 (H) \_\_\_\_\_ (B) \_\_\_\_\_

**Section II: PAY DELIVERY** (See instructions for proper completion and don't forget to attach a voided check to your application.)  
*Public Law 103-356 makes direct deposit mandatory*

7a.  Continue direct deposit to the same account used for your active duty/reserve pay (**attach current copy of LES**).

7b.  Direct deposit account shown below.

8. Type of Account:     Checking     Savings

9a. Routing Transit Number (RTN)   Check Digit

9b. Account Number

10. Financial Institution Name \_\_\_\_\_

11. Address-City, State, and ZIP Code \_\_\_\_\_

**Section III: TAX WITHHOLDING INFORMATION** (use instructions for IRS Form W-4 and State Tax form to complete)

FEDERAL WITHHOLDING		VOLUNTARY STATE WITHHOLDING	
12. Marital Status (check one): <input type="checkbox"/> Single, <input type="checkbox"/> Married or <input type="checkbox"/> Married but withhold at higher single rate		16. State designated to receive tax	
13. Total No. of Exemptions Claimed		17. Requested Monthly Amount for State Tax (Whole dollar amount but not less \$10.00)	\$
14. Additional Withholding (optional)	\$	<b>Note:</b> The State you designate to receive tax must have an agreement with the Department of Defense for withholding state tax. A listing of states that have agreements for withholding is included with the instructions for this form.	
15. "I claim exemption from withholding" Enter "EXEMPT". If you claim EXEMPT status, you <b>must</b> attach current year IRS form W-4.		This election will remain in effect until changed by you.	

**Section IV: DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY**

I hereby designate the following beneficiary(ies) to receive retired pay due and payable at my death. I am aware that under the provisions of 10 U.S.C. 2771 and 4 CFR Part 34, this designation will remain in effect unless canceled or changed by me.

18a. Name (Last, First, Middle Initial)	18b. Relationship	18c. Address (City, State & ZIP Code)	18d. Telephone (Including Area Code)	18e. Share (Total must equal 100%)
1.				
Social Security Number				
2.				
Social Security Number				
3.				
Social Security Number				
4.				
Social Security Number				

**Section V: CERTIFICATION DATA FOR PAYMENT OF RETIRED PERSONNEL (must be completed)**

"I [ ] have [ ] have not been convicted of any offense involving the National Security (5 U.S.C. 8312).

"I [ ] have [ ] have not failed or refused to testify before a Federal Grand Jury, Court of the United States, courts-martial, or congressional committee in connection with any matter endangering the National Security, or defense of the United States or any relationship I have or have not had with a foreign government (5 U.S.C. 8314).

"I [ ] have [ ] have not knowingly or willfully remained outside of the United States or its territories or possessions to avoid prosecution (5 U.S.C. 8313).

"I [ ] have [ ] have not knowingly or willfully made a false, fictitious, or fraudulent statement or representation, or knowingly and willfully concealed a material fact in an employment application for a civilian or military office or position in or under the Legislative, Executive, or the Judicial branch of Government of the United States or the government of the District of Columbia(5 U.S.C. 8315).

"I [ ] am [ ] am not employed by any foreign government, company, educational institution, or other concern which is controlled in whole or in part by a foreign government nor have I made application for such employment and I have not negotiated for such employment. I understand that before I accept such employment I must obtain advance approval from Commandant (CG-1222) and the Department of State.

I [ ] am [ ] am not drawing a pension, retired pay, or disability compensation from the Department of Veterans Affairs (VA), Civil Service Commission, or other Government agency nor have I made application for such benefits.

If you are drawing a VA or civil service pension, retired pay, or disability compensation, or have made application therefore, please provide the name and address of the agency and the monthly amount received (if any) in the space below.

Monthly Amount	Name and Address (Street, City, State and ZIP) of Agency
	_____

<b>Section VI: SURVIVOR BENEFIT PLAN (SBP) ELECTION (Complete all blocks)</b>				
19. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. <b>FOR Reserve Retiree Only</b> – Have you elected RCSBP (option B or C) prior to this date <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ATTACH A COPY OF THE ELECTION FORM and skip to Section VIII IF NO or elected (option A), complete the remainder of Section VI & VII				
22. <b>Beneficiary Category (ies)</b>				
a <input type="checkbox"/> I elect coverage for spouse only. I <input type="checkbox"/> do <input type="checkbox"/> do not have dependent children.				
b <input type="checkbox"/> I elect coverage for spouse and child(ren).				
c <input type="checkbox"/> I elect coverage for child(ren) only. I do <input type="checkbox"/> do not <input type="checkbox"/> have a spouse.				
d <input type="checkbox"/> I elect coverage for the person named in block 45 who has an insurable interest in me.				
e <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse.				
f <input type="checkbox"/> I elect coverage for the person named in block 39 who is my former spouse and dependent child(ren) of that marriage				
g <input type="checkbox"/> I elect not to participate in SBP. (Blocks 24-27 must be completed even if no coverage elected)				
23. Level of coverage (do not complete if <b>22d</b> or <b>22g</b> was elected above)				
a I did NOT elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):				
<input type="checkbox"/> I elect coverage based on full gross retired pay.				
<input type="checkbox"/> I elect coverage with a reduced base amount of \$_____ (\$300 minimum base amount).				
b I DID elect the Career Status Bonus and REDUX. I elect SBP coverage as follows (choose one):				
<input type="checkbox"/> I elect coverage based on the amount of retired pay I would have received had I NOT elected the Career Status Bonus.				
<input type="checkbox"/> I elect coverage based on my current gross retired pay.				
I understand this represents a reduced base amount and <u>requires spousal concurrence.</u>				
<input type="checkbox"/> I elect coverage with a reduced base amount of \$_____ (\$300 minimum base amount). <u>This requires spousal concurrence.</u>				
24. Spouse Name (Last, First, MI.)		25. Spouse SSN	26. Spouse Date of Birth	
27. Date of Marriage:				
<b>List your dependent child(ren) (Designate which children resulted from marriage to former spouse, if any)</b>				
28. Name (Last, First, Middle Initial.)	29. Relationship	30. Date of Birth	31. SSN	32. *Disabled Child
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
*BLOCK 32 NOTE: Disabled Child – If yes, provide a current physician's statement dated within 90 days of the date of retirement describing the medical condition and whether it is temporary or permanent and why the condition is considered incapacitating (e.g. the dependent is unable to take care of basic activities of daily living).				
<b>Section VII: SBP SPOUSAL CONCURRENCE</b> (Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage)				
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 know that retired pay stops on the date the retiree dies. I have signed this statement of my free will.				
33. Spouse Signature: _____			38. NOTARY SEAL HERE	
34. Subscribed and Sworn to before me in County _____ State _____				
35. On Month _____ Day _____, 20 _____				
36. My Commission expires the _____ day _____, 20 _____				
37. Notary Public (Signature) _____				

**Former Spouse** (Complete **ONLY** if 22e or 22f was elected above)

39. Name (Last, First, MI)	40. SSN	41. Address (Street, City, State and Zip Code)
42. Date of divorce/dissolution of marriage	43. Date of Birth	

44. a  The election indicated above is being made pursuant to the requirements of court order  Yes  No  
 b  The election indicated above is being made pursuant to a written agreement I previously entered into voluntarily as part of or incident to a preceding of divorce, dissolution, or annulment  Yes  No  
 c  The written agreement has been incorporated in, or ratified or approved by a court order  Yes  No

**Insurable Interest** (Complete **ONLY** if 22d was elected above)

45. Name (Last, First, MI)	46. SSN	47. Address (Street, City, State and Zip Code):
48. Relationship	49. Date of Birth	

<b>Section VIII: DECLARATION OF SERVICE</b>	50. Date you first became a member of the Uniformed Services (see note below)	51. Date of current rank
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**Note:** Under the law, you "first became a member" of the Uniformed Services on the date first enlisted, inducted, or appointed. For non-prior service Academy cadets and OCS graduates, it is the date you took the oath of office for entrance into the Academy (for Academy cadets, this is not the date your creditable service for retirement begins) or OCS. For enlisted members who enlisted under the Delayed Entry Program (DEP), it is the date you signed up for the DEP.

**52. PRIOR SERVICE BREAKDOWN (FOR COAST GUARD ACTIVE DUTY OR NOAA PERSONNEL ONLY)**

FROM			TO			ARMED SERVICE
DAY	MONTH	YEAR	DAY	MONTH	YEAR	

**IF ANY OF THE ABOVE SERVICE WAS IN A RESERVE COMPONENT:**

DID YOU PERFORM RESERVE DRILLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of reserve retirement points earned (attach copies of points statements if available) _____
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53. Have you ever held a Rank/Rate higher than your current one? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what rank did you hold?	When did you hold this rank?
--	---------------------------------	------------------------------

54. Have you ever received severance, separation or readjustment pay from a military service in connection with separation or release from active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount did you receive?	When did you receive such payment?
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**Section IX: MEMBER'S CERTIFICATION** (member and witness signature and date (must sign on same date) required for start of retired pay)

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements. (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retirement pay. However, if I exercise my option to terminate SBP, future participation is barred.

55. Member' Name (last, first, middle initial)	56. Member's Employee ID Number:	
57. Member' Signature	58. Date	
59. Witness Name (Last, First, MI) (over 18 years old & not a member of your family)	60. Witness Signature	
61. Witness Address (Street, City, State and Zip Code)	62. Witness telephone number	63. Date



### Table of Rules

Code	Limit	Type	Use
B	<i>See Table of Rules (Savings Bonds) on page 3</i>		
S	One	Savings	Payable to any financial institution, other than a finance company, provided the institution is capable of receiving payment through Electronic Fund Transfer (EFT).
H	One	Mortgage	Payable for loans for the purchase of a home, mobile home or trailer used as a residence by the retiree.
N	One	NSLI	National Service Life Insurance premiums.
L	No Limit	Loan	Payable ONLY to Coast Guard Mutual Assistance or morale fund offices and the allotment MUST have a stop date.
T	No Limit	Indebtedness	Payable to IRS or other Government agency and MUST have a stop date.
D	No Limit	Dependent	Support of dependents, including a former spouse.
I	No Limit	Insurance	Payable to any insurance company for payments of insurance premiums for the life of the retiree or retiree and family.
I	One	VGLI	Payable to the Office of Servicemember's Group Life Insurance (OSGLI) for Veterans Group Life Insurance. This allotment cannot be started through PSC--it must be started through OSGLI, Newark, NJ, ☎1-800-419-1473
M	One	Insurance	Payable to the Navy Mutual Aid Association.
O	One	AAFES	Army Air Force Exchange Service DPP Program
X	No Limit	Dues	Payable to CPOA, CWOA, Academy Alumni Association, Coast Guard Foundation, Naval Aviation Museum Foundation, and CGHQ Mutual Assistance Campaign.

<p><b>Privacy Act Statement:</b> 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 - 10 USC Section 2771.</p> <p><b>Principal Purpose(s)</b> - Used to indicate the type of allotment member requested.</p> <p><b>Routine Use(s)</b> - Updating allotment information.</p> <p><b>Disclosure</b> - Disclosure is voluntary. However, failure to provide this information may delay or impede processing of you allotment/bond request.</p>	Your Signature	Date:
	Your E-Mail Address (optional):	
	<b>For PSC Use Only</b>	
	Action Completed:	Initials: _____
	Date: _____	

**FAX to PSC (RAS) at (785) 339-3770**

**You can also mail to:**

**Commanding Officer (RAS)  
U. S. Coast Guard Personnel Service Center  
444 S E Quincy St.  
Topeka, KS 66683-3591**

**Retiree and Annuitant Customer Care:**



1-800-PSC-USCG (772-8724)



psc-pf-ras@uscg.mil



<http://www.uscg.mil/hq/psc/ras.htm>

### Table of Rules (Savings Bonds)

Code	Limit	Type	Use
B	No Limit	Bond (Series EE or I)	Payable to any person the retiree designates. Minimum face value denomination is \$100.
<b>Frequency and Face Value of Series EE Bond:</b>		<b>Face Value of Bond</b>	<b>Actual Monthly Deduction</b>
		<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$12.50
		<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$100.00
		<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$250.00 <input type="checkbox"/> \$125.00 <input type="checkbox"/> \$62.50
		<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$500.00
<b>Frequency and Face Value of Series I Bond:</b>		<b>Face Value of Bond</b>	<b>You Will Receive a Bond</b>
		<input type="checkbox"/> \$100.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$200.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$500.00	every month every 2 months every 4 months
		<input type="checkbox"/> \$1000.00	every month every 2 months every 4 months

**FAX to PSC (RAS) at (785) 339-3770**

**You can also mail to:**

**Commanding Officer (RAS)  
U. S. Coast Guard Personnel Service Center  
444 S E Quincy St.  
Topeka, KS 66683-3591**

**Retiree and Annuitant Customer Care:**



1-800-PSC-USCG (772-8724)



psc-pf-ras@uscg.mil



<http://www.uscg.mil/hq/psc/ras.htm>

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## Pay Delivery Worksheet

EMPLID

Name (Last, First, MI)

Permanent Unit

**Purpose:** Use this form to indicate where you want your net pay to be delivered. Active Duty, retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/Electronic Fund Transfer (DD/EFT). If a member is on direct deposit and a pay delivery problem occurs, PSC can normally correct the problem and make payment within 48 hours.

Direct Deposit

Type of Account

Checking

Savings

**Submit one of the following:**

- FMS Form 2231 (FASTSTART)
- SF 1199A
- account deposit slip
- voided check
- or enter direct deposit account information below (see reverse for instructions)

Routing Transit  
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Check Digit

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Title

\_\_\_\_\_  
(Account Holder's Name)

Financial Institution Name

Street/Rural Route/P.O. Box

City, State, Zip Code

Accrue my net pay at PSC  
(submit a new worksheet when this option is no longer desired)

### DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

Name of Depositor-3	101	
Street Address		
City, State	_____20__	
Pay To The Order Of:		
_____	\$ _____	
_____	Dollars	
Name of Your Bank-4		
Payable Through Another Bank-5		
For _____		
<b>!:</b> 021001082: <b>!</b>	<b>123 456 789!!</b> '	<b>0101</b>

**Routing Number-1**

**Account Number-2**

**Check Number**

1. **ROUTING TRANSIT NUMBER** – This is a 9-digit number. Here you would put “021001082”
2. **ACCOUNT NUMBER** - Here you would put “123456789” **Note: A maximum of 14 characters used for number. DO NOT add a dash symbols or blank spaces.**
3. **ACCOUNT TITLE** - (must include member’s name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

### PRIVACY ACT STATEMENT

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 - 10 USC Section 2771.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member’s pay may be distributed incorrectly.

Member’s Signature	Date:	<b>For PERSRU Use Only</b>	
Command Approval	Date:	Action Completed Date: _____	Initials: _____