

# Dependency Worksheet

1. Employee ID Number:	2. Name (Last, First, MI):	3. Permanent Unit:
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**Important** **Emergency Contacts:** To change your emergency contact information, please use the self-service menu in Direct Access.

**SGLI:** To change to your Servicemen's Group Life Insurance (SGLI) beneficiary, you must complete a new [SGLV-8286](#). **You must also submit form SGLV-8286A, SGLI Family Election when reporting a marriage or divorce.**

**Beneficiary Data:** To change your beneficiaries for the gratuity pay, unpaid pay and allowances, or person to receive allotment of pay if missing or unable to transmit funds, complete [PSC Worksheet 2020D](#).

**DEERS:** Complete a DD-Form-1172 at ID card issuing facility to update DEERS. If adding dependents, failure to update DEERS will result in denial of medical/dental benefits. If deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.

**Use this worksheet to add/remove up to two dependents, complete additional worksheets as necessary**

<b>I want to:</b>	<input type="checkbox"/> 4. Add dependent, (see documentation requirements on reverse)	<input type="checkbox"/> 5. Remove dependent (Attach documentation as applicable and enter reason below)
6. Name (Last, First, MI):		7. SSN:
8. Address (Street, City, State, Zip):		
9. AC & Home Phone:	10. AC & Work Phone:	11. Relationship (If spouse and in the service complete blocks 19 & 20 below)
12. Date of Birth:	13. Dependency Date:	14. Date of Marriage:
		15. Notify in case of emergency? <input type="checkbox"/> YES   <input type="checkbox"/> NO
<b>If adding a child who is not in your custody provide:</b>		16. Name of Custodian:
17. Is custodian/spouse in the service? <input type="checkbox"/> NO <input type="checkbox"/> YES (complete 17-1, 17-2, 18, 19 & 20).	18. SSN	19. Branch
17-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> NO <input type="checkbox"/> YES	21. Monthly amount of support \$	22. Method of support (allotment, check, cash):
17-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> NO <input type="checkbox"/> YES	23. Date of divorce/separation (if applicable):	

<b>I want to:</b>	<input type="checkbox"/> 4a. Add dependent, (see documentation requirements on reverse)	<input type="checkbox"/> 5a. Remove dependent (Attach documentation as applicable and enter reason below)
6a. Name (Last, First, MI):		7a. SSN:
8a. Address (Street, City, State, Zip):		
9a. AC & Home Phone:	10a. AC & Work Phone:	11a. Relationship (If spouse and in the service complete blocks 19 & 20 below)
12a. Date of Birth:	13a. Dependency Date:	14a. Date of Marriage:
		15a. Notify in case of emergency? <input type="checkbox"/> YES   <input type="checkbox"/> NO
<b>If adding a child who is not in your custody provide:</b>		16a. Name of Custodian:
17a. Is custodian/spouse in the service? <input type="checkbox"/> NO <input type="checkbox"/> YES (complete 17a-1, 17a-2, 18a, 19a & 20a).	18a. SSN	19a. Branch
17a-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> NO <input type="checkbox"/> YES	21a. Monthly amount of support \$	22a. Method of support (allotment, check, cash):
17a-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> NO <input type="checkbox"/> YES	23a. Date of divorce/separation (if applicable):	

### 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** - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency.  
**Routine uses** - Use this form to add or delete BAH eligible dependent(s).  
**Disclosure** - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay.

24. Member's Signature:	25. Date:
26. Command Approval:	27. Date:

## DEPENDENCY DOCUMENTATION REQUIREMENTS

<b>RULES:</b>	<ul style="list-style-type: none"> <li>◆ The member must furnish documentary proof of dependency.</li> <li>◆ Unless otherwise specified, legible photostatic copies or properly notarized legible copies of original documents are acceptable.</li> <li>◆ Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member.</li> <li>◆ To delete a dependent, submit divorce or annulment decree, death certificate, etc...</li> <li>◆ To add a dependent submit the appropriate documentation as indicated below.</li> <li>◆ The <i>Direct-Access generated BAH/Dependency Report Form</i> replaces CG Form 4170A. SPOs shall enter claimed dependents in Direct-Access and print the BAH/Dependency Report Form for the member's signature before forwarding documentation to PSC (LGL) when dependency determination is required.</li> </ul>
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Relationship	And	Documentation to be submitted
<b>SPOUSE</b>  <b>Note: You must also submit form <a href="#">SGLV-8286A, SGLI Family Election</a> when reporting a marriage.</b>	U. S. MARRIAGE	Marriage certificate
	*FOREIGN MARRIAGE	Translated marriage certificate and Direct-Access generated BAH/Dependency Report Form
	*COMMON LAW	Affidavit and Direct-Access generated BAH/Dependency Report Form
	PREVIOUSLY MARRIED	Final divorce/annulment decree
	IN SERVICE	Provide SSN, Branch of Service and Duty Station
<b>LEGITIMATE CHILD</b>		Birth certificate
<b>ADOPTED CHILD</b>		*Amended birth certificate and adoption decree (final or interlocutory)
<b>CHILD PLACED FOR ADOPTION</b>		*Birth certificate, court order, and documents from placement agency
<b>STEPCHILD</b>		Birth certificate, marriage certificate and spouse's divorce decree
<b>ILLEGITIMATE CHILD</b>	MEMBER-MOTHER HAS CUSTODY	Birth certificate
	MEMBER FATHER HAS CUSTODY	Birth certificate, proof of parentage, and Direct-Access generated BAH/Dependency Report Form
	*MEMBER-MOTHER DOES NOT HAVE CUSTODY	Birth certificate, support statement ( <a href="#">CG PSC-2020A</a> ), and Direct-Access generated BAH/Dependency Report Form
	*MEMBER-FATHER DOES NOT HAVE CUSTODY	Birth certificate, proof of parentage, support statement ( <a href="#">CG PSC-2020A</a> ), and Direct-Access generated BAH/Dependency Report Form
<b>WARD</b>	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement ( <a href="#">CG PSC-2020A</a> ), birth certificate, court order, and Direct-Access generated BAH/Dependency Report Form.
<b>CHILD OVER AGE 21</b>  Legitimate, Illegitimate, adopted, stepchild or ward	*INCAPACITATED	Doctor's statement, birth certificate, support statement ( <a href="#">CG PSC-2020A</a> ), court order or adoption decree, and Direct-Access generated BAH/Dependency Report Form
	FULL TIME STUDENT UNDER AGE 23	Birth certificate, support statement ( <a href="#">CG PSC-2020A</a> ) support statement for full-time student (CG PSC-2020B), proof of full-time student status, court order or adoption decree (if necessary)
<b>PARENT, PARENT-IN-LAW, PARENT IN LOCO PARENTIS, STEPPARENT, PARENT BY ADOPTION</b>	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement ( <a href="#">CG PSC-2020A</a> ), statement showing member's financial contributions for the past six months, and Direct-Access generated BAH/Dependency Report Form

Note: For all children, proof of support is also required if the child is not in the custody of the member and, if the custodian is in the service; the custodian's SSN, Branch of Service, and Duty Station must be provided.

(\*): These claims must be reviewed and approved by CO, PSC (LGL). Send this worksheet along with other supporting documentation to your SPO first. They will update your Direct-Access Generated BAH/Dependency Report Form and forward it to PSC for approval. The *Direct-Access generated BAH/Dependency Report Form* replaces CG Form 4170A. SPOs shall enter claimed dependents in Direct-Access and print the BAH/Dependency Report Form for the member's signature before forwarding documentation to PSC (LGL) when dependency determination is required.

**Do not send this worksheet directly to PSC forward it to your SPO along with the required supporting documentation.**