

**Designation of Beneficiaries & Record of Emergency Data**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Homeland Security/U. S. Coast Guard civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the employee or contractor. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

**INSTRUCTIONS TO SERVICE MEMBER**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Designation of Beneficiaries/Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed; for example, as result of marriage, civil court action, death, or address change.

**INSTRUCTIONS TO CIVILIANS**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Homeland Security/U. S. Coast Guard to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the department or your employer.

**SECTION 1 - EMERGENCY CONTACT INFORMATION**

1. Name (Last, First, Middle Initial):		2. Employee ID Number (EMPLID) (if none, enter SSN):	
3a. Service/Civilian Category: <input type="checkbox"/> USCG Active <input type="checkbox"/> USCG Reserve <input type="checkbox"/> USCG Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Branch/Component):		3b. Unit:	
4a. Spouse's Name (If applicable) (Last, First, Middle Initial)		4b. Spouse's Address (Include Zip Code) and Telephone Number  Area Code & Phone:	
4c. Your Marital Status: <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
5a. Children - Name (Last, First, Middle Initial)	5b. Relationship	5c. Date of Birth	5d. Address (include zip code) and Telephone number If address is same as spouse enter "same as 4b".  Area Code & Phone:
			Area Code & Phone:
			Area Code & Phone:
			Area Code & Phone:
6a. Father Name (Last, First, Middle Initial)	6b. Address (include zip code) and telephone number (If deceased enter "deceased")  Area Code & Phone:		
7a. Mother Name (Last, First, Middle Initial)	7b. Address (include zip code) and telephone number (If deceased enter "deceased")  Area Code & Phone:		
8a. Do not notify due to ill health	8b. Notify Instead (name, address and phone)		
9a. Designated Person(s)	9b. Address (include zip code) and telephone number  Area Code & Phone:		

**SECTION 2 -- BENEFICIARY FOR DEATH GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN (MILITARY ONLY)**

10. Name (First, MI, Last)		Address (including zip code) & Phone		Relationship	
Principal	10a.	10b.	10c.		
		Area Code & Phone:			
Contingent	10d. (Person to receive gratuity if Principal is not alive when you die)	10e.	10f.		
		Area Code & Phone:			

**SECTION 3 – BENEFICIARY TO RECEIVE A PORTION OF DEATH GRATUITY (OPTIONAL, MILITARY ONLY)**

11. Name (First, MI, Last)	Address (including zip code) & Phone	Relationship	Percent
11a.	11b.  Area Code & Phone:	11c.	11d.  %

**SECTION 4 – BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES (SHARES MUST EQUAL 100%) (MILITARY ONLY)**

12. Name (First, MI, Last)	Address (including zip code) & Phone	Relationship	Percent
12a.	12b.  Area Code & Phone:	12c.	12d.  %
12e. (Enter "N/A" if block above is 100%)	12f.  Area Code & Phone:	12g.	12h.  %

**SECTION 5 – PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS (MILITARY ONLY)**

13. Name (First, MI, Last)	Address (including zip code) & Phone	Relationship	Percent
13a.	13b.  Area Code & Phone:	13c.	13d.  %

**SECTION 6 – PERSON AUTHORIZED TO DIRECT DISPOSITION OF REMAINS (PAAD):**

14	Name (First, MI, Last)	Address (including zip code) & Phone	Relationship
14a.		14b.  Area Code & Phone:	14c.

**SECTION 7 – PERSON ELIGIBLE TO RECEIVE EFFECTS (PERE):**

15	Name (First, MI, Last)	Address (including zip code) & Phone	Relationship
15a.		15b.  Area Code & Phone:	15c.
15d.		15e.  Area Code & Phone:	15f.

16. Continuation/Remarks (E.G. LOCATION OF WILL, OTHER INSURANCE COMPANIES TO NOTIFY):

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. Date Signed
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Distribution: **Original** – Servicing Personnel Office for filing in Section 4 of SPO PDR, Copy (1) – Send to CGPC (adm-3) for the E-PDR. **Copy 2** – File in Section 4 of Unit PDR if unit maintains PDRs. Civilians: **Original** unit file.

## INSTRUCTIONS

All fields must be completed. Do not enter "By Law" or leave any beneficiary designation field blank. "Not Applicable or "N/A" may be used in item 12e if only one beneficiary for unpaid pay and allowances is desired. In the event there is insufficient space on the form to enter all your designations, you may attach a separate sheet. It must include your name, rank, and employee ID number and the block number ("continued") and also be signed and dated.

Use YYYYMMDD format for all dates. For example, February 20, 2008 would be entered as 2008FEB20.

Provide the zip code or international postal code with all mailing addresses.

Provide the area code and, for non U. S. numbers, the country code, for all telephone numbers.

### Section 1 – Emergency Contact Information

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter the member's employee ID number. If none, enter the social security number (SSN).

ITEM 3a. Service. Mark X in appropriate block.

ITEM 3b. Enter unit name.

ITEM 4a. Spouse Name. Enter last name, first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block in item 4c.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4c is marked, enter "Not Applicable or "N/A".

ITEM 5a-d. Children. Enter last name, first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health. a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None". b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, enter "Not Applicable or "N/A".

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10USC, Section 655. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

## Section 2 – Beneficiary for death gratuity pay in event there is no surviving spouse or eligible children

10 U.S.C. 1475-1480, as amended by Public Law 102-190, authorizes paying a Death Gratuity to the survivors of a Coast Guard regular or reserve member, serving with or without pay, who dies:

- While traveling to/from AD/IDT/ADT or while on active duty or while on IDT/ADT
- The survivors of a member who dies within 100 days of their separation date, are also authorized a Death Gratuity, IF the Department of Veterans Affairs (DVA) determines the death was service connected.

**Eligible Survivors and Death Gratuity Order of Precedence:** The following persons are the only eligible survivors who may receive the Death Gratuity. They are paid in the order of precedence listed below. If an eligible survivor dies before receiving the Death Gratuity, it will be paid to the next living eligible survivor in the order of precedence.

1. Lawful spouse.
2. Member's children, regardless of their age or marital status, in equal shares.
3. **Person designated by the member on the CG PSC-2020D.** However, by law the person designated on the CG PSC-2020D must be a relative; either a parent (natural, adoptive, in loco parentis) or sibling (half-sibling, full blood, adopted). If the person designated on the CG PSC-2020D is not a parent or sibling, the designation is ignored and the Death Gratuity is paid to the next eligible survivor in order of precedence.
4. Member's parents, in equal shares.
5. Member's siblings – half-blood, full blood and adopted, in equal shares.

Note: Complete this section even if section 3 is completed with a 100% designation to another person.

## SECTION 3 – Beneficiary to Receive a Portion of Death Gratuity

ITEM 11. This election is **OPTIONAL**. A member may designate another person to receive up to 100 percent of the death gratuity payment. The designated amount must be specified in increments of 10 percent. The balance of the amount of the death gratuity (if any) shall be paid to or for the living survivors of the member in accordance with existing law and regulation and Item 10. If no selection is made, enter "None". An example might be to designate the member's parents who will care for the surviving children in the event of death of the member. Seek legal advice if naming a minor child as a beneficiary. NOT APPLICABLE to civilians.

If the member has a spouse, but designates a person other than the spouse to receive all or a portion of the death gratuity, the member's commanding officer shall provide notice of the designation to the spouse.

## SECTION 4 – Beneficiary(ies) for Unpaid Pay and Allowances

ITEM 12. Any unpaid pay and allowances, including per diem, travel, transportation of dependents, transportation of household goods, etc., found due a deceased member on date of their death shall be paid to the member's survivors. A member may designate whomever they want to be their beneficiary(ies) for unpaid pay and allowances. If more than one beneficiary is designated, the total of all shares must equal 100%.

**Payment Order of Precedence:** Unpaid pay and allowances will be paid to the member's survivors in the following order of precedence:

- **Beneficiary(ies) designated on Form CG PSC-2020D.**
- Spouse.
- Child (ren) and descendants of deceased children by representation.
- Parents or to the survivor of them.
- Duly appointed legal representative of the deceased member's estate, or if there be none, to the person(s) entitled by the state laws of the deceased members domicile.

**SECTION 5 – Person to Receive Allotment of Pay if Missing or Unable to Transmit Funds**

ITEM 13. This election is OPTIONAL. A member may designate a person to receive up to 100 percent their pay (the amount can be less than 100%) if the member missing or captured. The “Missing Persons Act” provides that pay and allowances continue to accrue to the pay account of any service member for the period he or she is missing or captured and may be paid to the dependents for support. This item reflects the desires of the designator and is used as a guide in the disposition of his/her pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

**SECTION 6 – Person Authorized to Direct Disposition of Remains (PAAD)**

ITEM 14. Enter the name, address, phone number and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

**SECTION 7– Person Eligible to Receive Effects (PERE)**

ITEM 15. Enter the name, address, phone number and relationship of the Person Authorized to Receive your Personal Effects (PERE) should you become a casualty. Only the following persons may be named as a PERE: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

**Block 16 – Continuation/Remarks**

Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/JohnJ./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.