

SURVIVOR BENEFIT PLAN (SBP) ELECTION STATEMENT FOR FORMER SPOUSE COVERAGE

(Please read Privacy Act Statement and Instructions on back BEFORE completing form.)

SECTION I - ELECTION OF COVERAGE - RETIRED MEMBERS ONLY

RETIRED MEMBERS changing from spouse or spouse and child(ren) coverage to former spouse or former spouse and child(ren) coverage.
 RETIRING MEMBERS must complete required section of DD Form 2656 to elect coverage for former spouse or former spouse and child(ren).

1. DUE TO DIVORCE, CHANGE MY SBP COVERAGE TO (X one)		<i>*NOTE: If an election included child(ren), list in Item 10 ONLY the child(ren) resulting from the marriage of the member and the former spouse. Include the date of birth and SSN for each child.</i>
<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> FORMER SPOUSE AND CHILD(REN)*	

SECTION II - RETIRED AND RETIRING MEMBERS

2. ARE YOU CURRENTLY MARRIED? (X one)		YES	NO
3. IS THIS ELECTION BEING MADE PURSUANT TO THE REQUIREMENTS OF A COURT ORDER? (X one)			
4. IS THIS ELECTION BEING MADE PURSUANT TO A WRITTEN AGREEMENT PREVIOUSLY ENTERED INTO VOLUNTARILY AS PART OF OR INCIDENT TO A PROCEEDING OF DIVORCE, DISSOLUTION OR ANNULMENT? (X one)			
5. IF "YES" TO ITEM 4, WAS SUCH A VOLUNTARY WRITTEN AGREEMENT INCORPORATED IN, RATIFIED, OR APPROVED BY A COURT ORDER? (X one)			
6. DATE OF BIRTH OF FORMER SPOUSE (YYYYMMDD)	7. DATE MARRIED TO FORMER SPOUSE (YYYYMMDD)	8. DATE DIVORCED FROM FORMER SPOUSE (YYYYMMDD)	9. HAS FORMER SPOUSE REMARRIED? (If "YES", give date - YYYYMMDD)
			<input type="checkbox"/> NO <input type="checkbox"/> YES

10. DEPENDENT CHILDREN (To be completed only by retired members electing former spouse and child(ren) coverage. Continue in Item 11, "Remarks," if necessary.)

a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYYYMMDD)	c. SSN	d. RELATIONSHIP (Son, daughter, etc.)	e. DISABLED? (Yes/No)

11. REMARKS

SECTION III - CERTIFICATIONS - RETIRED AND RETIRING MEMBERS AND FORMER SPOUSES

12. MEMBER				13. FORMER SPOUSE TO BE COVERED			
a. NAME (Last, First, Middle Initial)		b. SSN		a. NAME (Last, First, Middle Initial)		b. SSN	
c. SIGNATURE				c. SIGNATURE			
d. ADDRESS				d. ADDRESS			
(1) Street (Include apartment number)				(1) Street (Include apartment number)			
(2) City		(3) State	(4) ZIP Code	(2) City		(3) State	(4) ZIP Code
14. MEMBER'S WITNESS				15. FORMER SPOUSE'S WITNESS			
a. NAME (Last, First, Middle Initial)				a. NAME (Last, First, Middle Initial)			
b. SIGNATURE		c. DATE SIGNED		b. SIGNATURE		c. DATE SIGNED	
d. ADDRESS				d. ADDRESS			
(1) Street (Include apartment number)				(1) Street (Include apartment number)			
(2) City		(3) State	(4) ZIP Code	(2) City		(3) State	(4) ZIP Code

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapter II; DoD Instruction 1332-42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To establish a Survivor Benefit Plan election for the eligible former spouse of a servicemember.

ROUTINE USE(S): To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.Code, Section 1450(f)(3), regarding Survivor Benefit Plan coverage.

To spouses for purposes of providing information, consistent with the requirements of 10 U.S.Code, Section 1448(a), regarding Survivor Benefit Plan coverage.

DISCLOSURE: Voluntary; however, failure to furnish requested information may result in delay in initiating Survivor Benefit Plan coverage for a former spouse.

INSTRUCTIONS

GENERAL.

Type or print all information in ink.

RETIRED MEMBERS: Complete Sections I, II, and III. If electing former spouse and child(ren) coverage, provide information pertaining to eligible child(ren) in Item 10, "Dependent Children."

RETIRING MEMBERS: Complete Sections II and III, but make the election on DD Form 2656, "Data for Payment of Retired Personnel."

ALL MEMBERS AND FORMER SPOUSES must complete Section III.

When the form has been completed (ensure it is signed by both member and former spouse, and is properly witnessed), submit it to:

DFAS - US Military Retirement Pay
PO Box 7130
London, KY 40742-7130

Attach a certified copy of the divorce decree, amendment, or other documentation as described in Items 3, 4, and 5. If not received by DFAS within the first year following the date of divorce, the election will be invalid.

SECTION I.

ITEM 1. Retired member places an X in the appropriate block to indicate whether election is for former spouse, or former spouse with child(ren) coverage.

SECTION II.

ITEM 2. Indicate member's marital status by marking appropriate block.

ITEMS 3, 4, and 5. Mark the block that reflects legal basis for coverage.

ITEMS 6 and 7. Self-explanatory.

ITEM 8. Enter date of divorce decree, or amendment requiring SBP.

ITEM 9. Mark the appropriate block. If "Yes," provide the date that member's former spouse remarried. Former spouse may remarry after age 55 and eligibility will not be affected. If former spouse remarries before age 55, coverage is suspended and premiums are not deducted from member's retired pay for the duration of that marriage. If former spouse's marriage ends by death, divorce, or annulment, coverage will resume. Retiree or former spouse must notify DFAS of any changes in former spouse's marital status, providing appropriate documentation.

ITEM 10. Retired members electing former spouse and child(ren) must list eligible children in this section. Only children resulting from the marriage of the member and the former spouse are covered in a former spouse and child(ren) election. The former spouse is the primary beneficiary; children receive an annuity only if the former spouse remarries before age 55 or dies. Indicate in block 10.e. if the child is incapable of self support and attach substantiating documentation, if available. Eligible children of retiring members should be listed in Block 25 of DD Form 2656.

ITEM 11. This block may be used for comments or additional information not covered in the form.

SECTION III.

ITEMS 12 through 15. Self-explanatory.