

FSPA & SBP



UNIFORMED SERVICES FORMER SPOUSES' PROTECTION ACT 10 U.S.C. 1403 **SURVIVOR BENEFIT PLAN** 10 U.S.C. 1446 et seq.

8th Edition

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Provided by

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This pamphlet provides a brief overview of the Uniformed Services Former Spouses' Protection Act (FSPA) and the Survivor Benefit Plan (SBP). It provides general guidelines and the Coast Guard requirements necessary to obtain a FSPA payment or to seek former spouse designation as an SBP beneficiary. FSPA and SBP are two areas that should be raised with your attorney and discussed in every divorce situation involving military or retired military members. FSPA and SBP laws and regulations can sometimes be complex and confusing. While we hope you find this pamphlet helpful, it is not a substitute for detailed legal advice that you should obtain from your attorney.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 1408 and 10 U.S.C. 1448; DoD 7000.14, Vol. 7B, Chapter 29. **PRINCIPAL PURPOSE(S):** To enable former spouse direct payments from retired pay and designation of former spouses as SBP beneficiaries. **ROUTINE USE(S):** To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1408 & 1448 so that direct payments can be initiated or changes made to SBP beneficiary designations. **DISCLOSURE:** Voluntary; however, failure to furnish the requested information may delay or make FSPA direct payments impossible or may limit the ability to make changes to SBP beneficiary designations.



Natural Work Group Product – 2010 Edition

Originally published in August 1994 and revised in March 1997, January 1998, March 1999, August 2001, August 2003, August 2005, and March 2010 by personnel of the Legal Office (LGL) and Retiree and Annuitant Services (RAS) Branch of the Coast Guard Pay & Personnel Center.



FSPA

The Uniformed Services Former Spouses' Protection Act (FSPA), 10 U.S.C. 1408, recognizes the right of state courts to distribute military retired pay to a spouse or former spouse and provides a method for enforcing these orders through the Coast Guard. The FSPA itself does not provide for an automatic entitlement to a portion of the member's retired pay to a former spouse. A former spouse must have been awarded a portion of a member's military retired pay as property in their final decree of divorce, dissolution, annulment, or legal separation (the court order). The FSPA also provides a method of enforcing current child support and/or arrears and current alimony awarded in the court order.

Court orders enforceable under the FSPA include final decrees of divorce, dissolution, annulment, and legal separation, and court-ordered property settlements incident to such decrees. The court order must provide for the payment of child support, alimony, or retired pay as property, to a spouse or former spouse. A separate Domestic Relations Order or QDRO is not required to divide retired pay as long as the former spouse's award is set forth in the pertinent court order.

Retired pay as property awards must provide for the payment of a (1) fixed amount expressed in dollars, or (2) as a percentage of the member's disposable retired pay (DRP). An award of a percentage of a member's retired pay (e.g., the words DRP aren't used) is automatically construed under the FSPA as a percentage of DRP. Fixed awards remain the same amount unless changed by a future court order. They do not receive Cost of Living Adjustments (COLAs). Percentage awards automatically receive COLAs.

There is no particular language required for court orders provided the language used clearly awards a fixed amount or a percentage of DRP. (We can provide examples of court language that may be helpful in your particular situation.) Most of the problems with award language that we encounter arise in cases where the parties were divorced while the member was still on active duty and the award language is expressed as a hypothetical formula. In these cases, the former spouse's award sometimes cannot be determined since the member has not yet retired. Formulas/fractions and hypothetical award language is permissible, again as long as we can determine what the court intended. If not, we will require the parties to go back to court and obtain a clarifying order.

In the case of members retiring from Coast Guard Reserve duty, a marital fraction award must be expressed in terms of reserve retirement points rather than in terms of whole months.

What is DRP? Disposable retired pay is gross retired pay minus the following authorized deductions: amounts owed to the United States due to the overpayment of retired pay, or amounts required to be recouped due to the member's entitlement to retired pay; court-martial fines and forfeitures; amounts waived in order to receive compensation under Titles 5 or 38 of the U.S. Code; SBP premium costs if the former spouse is the SBP beneficiary; and the amount of retired pay for a member retired under Title 10, Chapter 61 computed based on percentage of disability. [For divorces before February 3, 1991, deductions are slightly different. Contact the Legal Office for more information.]

The maximum that can be paid to a former spouse under the FSPA is 50% of a member's DRP. In cases where there are payments both under the FSPA and pursuant to a garnishment for child support or alimony under 42 U.S.C. 659, the total amount payable cannot exceed 65% of the member's disposable retired pay. FSPA payments are not assignable. The right to FSPA payments terminates upon the death of the member or former spouse, unless the applicable court order provides that the payments terminate earlier.

Several other FSPA requirements or limitations include:

- (1) If the member is on active duty at the time of the divorce, the member's rights under the Servicemembers Civil Relief Act (SCRA), 50 U.S.C. 501 et seq., must have been observed during the state court proceeding.
- (2) Also, to enforce orders dividing retired pay as property, the state court must have had jurisdiction over the member by reason of: (1) the member's residence in the territorial jurisdiction of the court (other than because of his military assignment); (2) the member's domicile in the territorial jurisdiction of the court; or (3) the member's consent to the jurisdiction of the court, as indicated by the member's taking some affirmative action in the legal proceeding.
- (3) In addition, for orders dividing retired pay as property to be enforced under the FSPA, a member and former spouse must have been married to each other for at least 10 years during which the member performed at least 10 years of creditable military service (the 10/10 rule). The 10/10 rule and the jurisdictional requirement do not apply to enforcement of child support or alimony awards under the FSPA.
- (4) The FSPA does not permit disability pay to be divisible.

THE COAST GUARD FSPA APPLICATION PROCESS

1. Complete the enclosed application form, DD Form 2293, issued by the Department of Defense.
2. Enclose a certified copy of your court order awarding alimony, child support, or military retired pay.
3. If the court order does not specify that you were married to your former spouse for ten years during the course of which he or she performed ten years of service creditable in determining eligibility for retired pay, you must provide sufficient evidence for the Coast Guard to verify that this requirement has been met.
4. If the court order was issued while your former spouse was on active duty and he or she was not represented in court, the court order must specify or be accompanied by documents that certify that the former spouse member's rights under the Service-members Civil Relief Act were met.
5. Mail your application and other supporting documents to:

COMMANDING OFFICER (LGL)
COAST GUARD PAY & PERSONNEL CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

You may also fax your application to (785) 339-3788 or email it to PPC-DG-LGL-Lst@uscg.mil.

Once your application is received, we will notify you within 30 days if your application is approved or disapproved. If approved, we will inform you and state the month that your former spouse payment will tentatively begin. We will also notify your former spouse that the application has been received and approved. He or she then has 30 days to respond. If we disapprove your request, we will inform you why it was disapproved. Your former spouse will not be notified of disapprovals.

Much more information about the FSPA can be found at the following websites:

<http://www.uscg.mil/ppc/ras/>

<http://www.dfas.mil/militarypay/garnishment/fsfact.html>

<http://www.military.com/>

APPLICATION FOR FORMER SPOUSE PAYMENTS FROM RETIRED PAY

(Please read instructions on back and the Privacy Act Statement before completing this form.)

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OMB approval expires
Jan 31, 2011

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0008). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

FOR OFFICIAL USE

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS LISTED ON BACK.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 1408; DoD 7000.14, Vol. 7B, Chapter 29; and EO 9397.

PRINCIPAL PURPOSE(S): To request direct payment through a Uniformed Service designated agent of court ordered child support, alimony, or division of property to a former spouse from the retired pay of a Uniformed Service member.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. Section 552a(b)(3) as follows: Records are provided to the Internal Revenue Service for normal wage and tax withholding purposes. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

DISCLOSURE: Voluntary; however, failure to provide requested information may delay or make impossible processing this direct payment request.

1. APPLICANT IDENTIFICATION

a. NAME *(As appears on court order) (Last, First, Middle Initial)*

b. CURRENT NAME *(Last, First, Middle Initial)*

c. SOCIAL SECURITY NUMBER

d. TELEPHONE NUMBER *(Include Area Code)*

e. EMAIL ADDRESS

f. ADDRESS *(Street, City, State, ZIP Code)*

2. SERVICE MEMBER IDENTIFICATION

a. NAME *(Last, First, Middle Initial)*

b. BRANCH OF SERVICE

c. SOCIAL SECURITY NUMBER

d. TELEPHONE NUMBER *(Include Area Code) (If known)*

e. EMAIL ADDRESS *(If known)*

f. ADDRESS *(Street, City, State, ZIP Code) (If known)*

3. REQUEST STATEMENT

I request direct payment from the retired pay for one or more of the following categories of the above named Uniformed Service member based on the enclosed court order. I acknowledge that the payment priority will be (1) division of property; (2) child support; and (3) alimony unless I designate otherwise in Item 4.e.

I request payment of:

(1) A division of property in the amount of \$ _____, or _____ percent of disposable retired pay per month.

(2) Child support in the amount of \$ _____ per month.

(3) Alimony, spousal support or maintenance in the amount of \$ _____, or _____ percent of disposable retired pay per month.

I certify that any request for current child and/or spousal support is not being collected under any other wage withholding or garnishment procedure authorized by statute. Furthermore, I certify that the court order has not been amended, superseded or set aside and is not subject to appeal. As a condition precedent to payment, I agree to refund all overpayments and that they are otherwise recoverable and subject to involuntary collection from me or my estate, and I will notify the appropriate agent (as listed on back) if the operative court order, upon which payment is based, is vacated, modified, or set aside. I also agree to notify the appropriate agent (as listed on back) of a change in eligibility for payments. This includes notice of my remarriage, if under the terms of the court order or the laws of the jurisdiction where it was issued, remarriage causes the payments to be reduced or terminated; or notice of a change in eligibility for child support payments by reason of the death, emancipation, adoption, or attainment of majority of a child whose support is provided through direct payments from retired pay. I hereby acknowledge that any payment to me must be paid from disposable retired pay as defined by the statute and implementing regulations.

4. I HAVE ENCLOSED ALL PERTINENT DOCUMENTATION TO INCLUDE: (X as applicable)	
a. A copy of the operative court order and other accompanying documents that provide for payment of child support, alimony or a division of retired pay as property, containing a certification dated by the clerk of the court within 90 days preceding the date the application is received by the designated agent.	
b. Evidence of the date(s) of my marriage to the member if the application is for the direct payment of a division of the member's disposable retired pay as property.	
c. If payment request includes child support, give name(s) and birth date(s) of child(ren):	
(1) NAME OF CHILD (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)
d. If applying under Title 10 U.S.C. 1408(h), Dependent Victims of Abuse provision, in addition to 4.a. above, enclose both a copy of the member's court martial order and the member's statement of service.	
e. Other information (please identify) or remarks.	
5a. APPLICANT'S SIGNATURE	b. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS FOR COMPLETION OF DD FORM 2293

GENERAL. These instructions govern an application for direct payment from retired pay of a Uniformed Service member in response to court ordered child support, alimony, or a division of property, under the authority of 10 USC 1408.

SERVICE OF APPLICATION. You may serve the application by mail on the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:

- (1) **ARMY, NAVY, AIR FORCE, AND MARINE CORPS:** Attn: DFAS-HGA/CL, Assistant General Counsel for Garnishment Operations, P.O. Box 998002, Cleveland, OH 44199-8002. Application may also be served by fax to 877-622-5930 (toll-free) or (216) 52 2-6960.
- (2) **COAST GUARD:** Commanding Officer (1GL), United States Coast Guard, Personnel Service Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591. Application may also be served by fax to 785-339-3788.
- (3) **PUBLIC HEALTH SERVICE:** Attn: Retired Pay Section, CB, Division of Commissioned Personnel, PUBLIC HEALTH SERVICE, Room 4-50, 5600 Fishers Lane, Rockville, MD 20857-0001.
- (4) **NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:** Same as U.S. Coast Guard.

IMPORTANT NOTE: Making a false statement or claim against the United States Government is punishable. The penalty for willfully making a false claim or false statement is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both (18 USC 287 and 1001).

<p>ITEM 1.</p> <ul style="list-style-type: none"> a. Enter full name as it appears on the court order. Applicant's signature required; the form may not be signed by a member or attorney. b. Enter current name if different than it appears on court order. c. Enter Social Security Number. d. Enter telephone number. e. Enter email address, if applicable. f. Enter current address. Failure to apprise DFAS of address changes may result in the suspension of payments. <p>ITEM 2.</p> <ul style="list-style-type: none"> a. Enter member's full name as it appears on the court order. b. Enter member's branch of service. c. Enter member's Social Security Number. d. Enter member's telephone number, if known. e. Enter member's email address, if known. f. Enter member's current address, if known. 	<p>ITEM 3. Read the Request Statement carefully.</p> <p>ITEM 4. A certified copy of a court order can be obtained from the court that issued the court order. Other documents include, but are not limited to, final divorce decree, property settlement order, and any appellate court orders. If the court order does not state that the former spouse was married to the member for ten years or more while the member performed ten years creditable service and the request is for payment of a division of property, the applicant must provide evidence to substantiate the ten years' marriage condition. Additional evidence must show that the ten years' requirement has been met, including: Uniformed Service orders, marriage certificate, and other documents that establish the period of marriage. Other information or documents included with the request should be clearly identified by the document's title and date. Remarks may be provided to clarify specific points.</p>
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Survivor Benefit Plan (SBP)

When a military retiree dies their retirement pay stops. This means that the surviving spouse or surviving former spouse will be left without a substantial income source. In a divorce situation, participation in the SBP may help to ensure that the surviving former spouse continues to receive payments for the remainder of his or her life. The SBP is an insurance plan that will pay the surviving former spouse a monthly payment (annuity) to help make up for the loss of retirement income.

Post Retirement Divorce. SBP participation decisions are ordinarily made at the time of the member's retirement. If the member at the time of retirement, with his spouse's concurrence, elects not to participate in the SBP, then that decision is generally irrevocable. If a divorce occurs later, SBP is not available for the former spouse.

If SBP for the spouse was selected at retirement, then upon divorce the spouse beneficiary SBP coverage is automatically terminated. The member may elect "former spouse" SBP coverage for a former spouse who was originally his SBP beneficiary provided that he does so within one year of the divorce order. This is called a voluntary election of the former spouse for SBP coverage. Voluntary election requests are made by the member to Retiree and Annuitant Services (RAS) using CG PPC-2618, which is enclosed.

If the member does not voluntarily elect "former spouse" coverage, then the former spouse may request an SBP "deemed election" if the following requirements are met: (1) the court order directs SBP coverage; and (2) a request is submitted in writing to the Coast Guard within one year of the court order requiring SBP. This one year period is statutory and cannot be waived. Deemed election requests are made using DD Form 2656-10, which is enclosed, and the application process is discussed on the next page.

Pre-Retirement Divorce. If the parties desire SBP coverage when and if the member retires, then the court order must direct SBP former spouse coverage. The member must then select SBP coverage for his former spouse when he makes an SBP decision at his time of retirement, using PPC Form 4700 (active members) or CG-PPC 11221 (reserve members). The former spouse can also ensure that he or she receives SBP coverage by requesting a "deemed election." The "deemed election" may be requested any time prior to retirement as long as it is made within one year of the court order that requires SBP. DD Form 2656-10 is used.

SBP Premiums. If SBP coverage is selected, then the retiree will be required to pay a monthly SBP premium, which is tax free. Premium costs are subtracted from the retiree's gross retirement pay.

Because premium costs are subtracted from gross retirement pay (taken "off the top"), both parties pay for these costs in the same ratio that they receive the retirement pay division. Consequently, the Pay & Personnel Center cannot assess SBP costs to the former spouse.

SBP premiums and benefits are based on the "base amount" or benefit level that is selected. The base amount can be any amount ranging from the full amount of retirement pay down to as little as \$300 a month. Actual SBP annuity payments are paid at the rate of 55 percent of the selected base amount. Court orders directing SBP should ordinarily determine a base amount. If the order requires SBP but does not contain a base amount, then the full amount of SBP will be automatically selected.

Deemed Election Applications:

1. Complete the enclosed application form, DD Form 2656-10.
2. Enclose a copy of your court order that contains language about SBP.
3. Mail your application to:

COMMANDING OFFICER (LGL)
COAST GUARD PAY & PERSONNEL CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

You may also fax your application to (785) 339-3788 or email it to PPC-DG-LGL-Lst@uscg.mil.

National Oceanic and Atmospheric Administration (NOAA) and Public Health Service (PHS) applicants should contact the Legal Office for additional application information.

Much more information about SBP can be found at the following websites:

<http://www.uscg.mil/ppc/ras/>

<http://www.dfas.mil/rapay/annuities/sbp.html>

<http://www.military.com/benefits/survivor-benefits>

**SURVIVOR BENEFIT PLAN (SBP)/RESERVE COMPONENT (RC)
SBP REQUEST FOR DEEMED ELECTION**

OMB No. 0704-0448
OMB approval expires
Apr 30, 2011

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0448). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 43; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by a former spouse to deem an election for Former Spouse SBP coverage.

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

DISCLOSURE: Voluntary; however, failure to provide requested information within the first year following filing of the court order or filing which requires former spouse SBP coverage will result in delays in initiating, or denial of, former spouse SBP coverage.

INSTRUCTIONS

GENERAL.

1. Read these instructions carefully before completing the form. Please print legibly.
2. Ensure that you advise the finance center (see Item 3 below for address) of your marital status, correspondence and check address changes, at all times. Reserve Component former spouses must notify their personnel center (see Item 4 below for address) of their marital status and correspondence address at all times.
3. For those who are deeming an SBP election against a member who is currently serving on active duty or receiving retired pay, mail your election (certified or registered mail with return receipt requested is strongly recommended) to the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:
 - (a) ARMY, NAVY, AIR FORCE and MARINE CORPS: Defense Finance and Accounting Service, U.S. Military Retirement Pay, P.O. Box 7130, London, KY 40742-7130;
 - (b) COAST GUARD: Commanding Officer (LGL), USCG Personnel Service Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591;
 - (c) PUBLIC HEALTH SERVICE: Office of Commissioned Corps Support Services, Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857;
 - (d) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION: Same as U.S. Coast Guard.
4. For those who are deeming an SBP election against a Reserve Component member who is not yet receiving retired pay (under age 60), mail your election (certified or registered mail with return receipt attached is strongly recommended) to the appropriate Branch of Service as follows:
 - (a) ARMY: Commander, Human Resources Command - St. Louis; ATTN: AHRC-PAP-T, 1 Reserve Way, St. Louis, MO 63132-5200;
 - (b) NAVY: Navy Reserve Personnel Center (PERS 912), 5722 Integrity Drive, Millington, TN 38054;
 - (c) AIR FORCE: Headquarters, ARPC/DPSSE, 6760 E. Irvington Place, Denver, CO 80250-4020;
 - (d) MARINE CORPS: Headquarters, U.S. Marine Corps, Separation & Retirement Branch (MMSR-6), 3280 Russell Road, Quantico, VA 22134-5103;
 - (e) COAST GUARD: Commanding Officer (LGL), USCG Personnel Service Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.

SECTION I - MEMBER IDENTIFICATION

1. MEMBER NAME (Last, First, Middle Initial)	2. SSN	3.a. BRANCH OF SERVICE	b. (X one)
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD
4. IS MEMBER RETIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. IF YES, DATE OF RETIREMENT (YYYYMMDD)	

SECTION II - FORMER SPOUSE IDENTIFICATION

6. FORMER SPOUSE NAME (Last, First, Middle Initial)	7. SSN	8. ADDRESS (Include ZIP Code)	9. DATE OF BIRTH (YYYYMMDD)
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10. MARRIAGE HISTORY			
a. DATE MARRIED TO MEMBER (Listed in Item 1 above) (YYYYMMDD)	b. DATE OF DIVORCE (YYYYMMDD)	c. ARE YOU CURRENTLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. IF YES, DATE OF CURRENT MARRIAGE (YYYYMMDD)

I, _____ (Full Name) _____ (SSN) _____ (Rank) _____ (Date of Birth)

hereby elect Survivor Benefit Plan (SBP) coverage as follows:

Former spouse only

(Former Spouse Full Name)

(Former Spouse SSN)

(Former Spouse Date of Birth)

(Former Spouse Address)

Date of Marriage to Former Spouse

Date of divorce

Former spouse and children

(Former Spouse Full Name)

(Former Spouse SSN)

(Former Spouse Date of Birth)

(Former Spouse Address)

List the full names, SSN's, Dates of Birth, and relationships of any children for whom SBP is desired:

Is this election made pursuant to a voluntary written agreement entered into, as part of, or incident to, a preceding of divorce, dissolution, annulment, or legal separation?

YES NO

If the above question is answered "yes", has the voluntary written agreement been incorporated in or ratified or approved by a court order?

[If yes provide copy of order.] YES NO

Has the retiree remarried? If yes, provide New Spouse's Name:

YES NO

(Retiree's Signature & Date)

(Witness' Signature & Date)

(Former Spouse's Signature & Date)

(Witness' Signature & Date)

NOTE: THIS ELECTION FORM MUST BE SUBMITTED WITHIN ONE YEAR OF DIVORCE/ DISSOLUTION/ANNULMENT.

Medical, Commissary & Exchange Privileges

Background The ID Card is the key for accessing your privileges. These benefits can include medical, commissary, exchange and theater privileges under Morale, Well-Being, and Recreation (MWR).

Minimum Eligibility requirements. Benefits are authorized only if **all three** of the following criteria are met:

1. The marriage lasted at least 20 years *and*
2. the member served at least 20 years service creditable for retired pay *and*
3. the marriage overlapped the service creditable for retired pay by 15 years or more.

Benefits Authorized The number of years the marriage overlapped the service creditable for retired pay determines the extent of the benefits as shown in the table below:

IF minimum eligibility requirements are met and ...	Then Under...	Privileges entitled to...
Marriage and service overlapped by at least 20 years	20/20/20 rule	<ul style="list-style-type: none"> • Commissary • Exchange • Theater • Medical coverage provided the former spouse does not have an employer sponsored health plan.
Divorced before 1 April 1985	20/20/15 rule	<ul style="list-style-type: none"> • Medical coverage provided the former spouse does not have an employer sponsored health plan.
Divorced after 31 March 1985 and before 29 September 1988	20/20/15 rule	<ul style="list-style-type: none"> • none
Divorced on or after 29 September 1988	20/20/15 rule	<ul style="list-style-type: none"> • Medical coverage is authorized for one year after divorce, and then the former spouse is offered an option to choose a conversion policy.

Continued on next page

Identification and Privileges Card (ID Card)

Restrictions

- All privileges are terminated if former spouse remarries.
 - If remarriage ends in death or divorce commissary, exchange, and theater benefits are reinstated. Medical benefits are not reinstated.
 - TRICARE benefits terminate when a former spouse becomes eligible for Part A of Social Security Medicare benefits.
-

First time you apply for an ID Card

- All initial determinations regarding former spouses of Coast Guard personnel must be approved by the Coast Guard Pay & Personnel Center
 - No other Coast Guard units or Department of Defense units are authorized to make this determination.
 - Occasionally PPC does not maintain all required information and may have to order the service member's record from the National Personnel Records Center. If PPC orders the records a delay of approximately two months can be expected.
-

How to apply for ID card

1. Complete the enclosed application for Uniformed Services Identification Card (DD Form 1172), sign block 90. Your signature must be notarized.
 2. Complete the enclosed Statement of Former Spouse (PPC 2020C).
 3. Enclose the following forms (translated if from a foreign country):
 - Certified copy of marriage certificate to former military spouse, or statement from appropriate state certifying common-law marriage.
 - Certified copy of divorce decree from former military spouse.
 - Certified copy of divorce/annulment decree from remarriage if applicable.
 - Certificate from Social Security Administration certifying whether you are eligible for Medicare Part A. This is required if you are 65 or older or disabled.
 4. Mail the DD Form 1172 and all related documents to:
 - COMMANDING OFFICER (RAS)
COAST GUARD PAY & PERSONNEL CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591
-

Continued on next page

Identification and Privileges Card (ID Card)

Conversion policy (CHCBP)

The conversion policy known as the Continued Health Care Benefit Program (CHCBP) is available for the former spouse under the following eligibility requirements:

- For former spouses under the 20/20/15 rule divorced on or after 29 September 1988, upon expiration of the one year covered period, the former spouse is entitled to elect coverage, at a cost, under CHCBP within 60 days.
- Effective 1 October 1994, there is no minimum creditable service requirement for unremarried former spouse or former spouse whose remarriage was annulled. A former spouse must elect within 60 days of divorce health coverage, at a cost, under the CHCBP.

Additional information concerning CHCBP can be obtained by writing or calling:

CHCBP ADMINISTRATOR
HUMANA MILITARY HEALTHCARE SERVICES INC.
PO BOX 740072
LOUISVILLE KY 40201 1-800-444-5445

Social Security Medicare benefits

- When a former spouse becomes eligible for Part A of Social Security Medicare benefits TRICARE benefits normally terminate. This usually occurs when the former spouse turns 65.
- Former spouses retain eligibility for care at a Uniformed Services hospital or clinic on a space available basis after 65.
- In cases where the former spouse becomes disabled before 65, qualifies for Part A Medicare, and is enrolled in Medicare Part B, TRICARE does not terminate but becomes a second payer to Medicare.

Morale, Well-Being and Recreation privileges

MWR authorizes use of base gymnasium, clubs, and discount tickets for various events.

Statement of Former Spouse

PURPOSE: To accompany request for an ID card for a former spouse

Part I: Information relative to sponsor

EMPLID	Name (Last, First, MI)	Rank
Current Unit or Date of Retirement		

Part II: Information relative to former spouse

Name (Last, First, MI)	
Home address, city, state and zip code	Employer name, address, city, state and zip code
Home area code and phone number	Employer area code and phone number

Part III: Information relative to marriage

Date of marriage to sponsor	Date marriage was terminated	Reason (divorce, dissolution, annulment)
-----------------------------	------------------------------	--

Part IV: Declaration

I am the former spouse of the sponsor named above. To the best of my knowledge our marriage lasted at least 20 years, my spouse served at least 20 years of service, creditable in determining eligibility for retired pay and there was an overlap of at least 15 years between the marriage and military service period.

Have you remarried since date of divorce from sponsor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you presently employed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have medical coverage under an employer sponsored health plan?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I certify that to the best of my knowledge the above information is true and correct. I understand that in the event this information is false, my ID card will be retrieved and I am liable to reimburse the government for medical care and other benefits received. I will immediately notify Commanding Officer (RAS), U. S. Coast Guard Pay & Personnel Center, 444 SE Quincy Street, Topeka, KS 66683-3591, if any changes in the above statement occur. I understand that making a false, fictitious, or fraudulent claim is a violation of 18 USC Section 287 the penalty for which is a fine up to \$10,000 and imprisonment for up to 10 years.

 Signature of former spouse

 Date

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 1072. Principal Purpose(s) - Used to determine eligibility for dependent ID card and benefits. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure application for dependent ID card and benefits may not be approved.

Reverse Blank

Establishing Your Automated Payroll Account

We need the following additional information to establish your FSPA account for direct payment.

Payment Method Your monthly FSPA payment must be issued by direct deposit. Complete the enclosed Direct Deposit Authorization, DFAS-CL Form 1059.

Payment Date FSPA payments will be payable on the first working day of each month, following the month of implementation.

Updating Account Information It is important for you to keep Retiree & Annuitant Services (RAS) informed of any changes affecting your account.

If question concerns.....	Then contact ..	At.....
<ul style="list-style-type: none"> • direct deposit • home mailing address • non receipt 	RAS by phone	telephone 1 800 772-8724 or commercial number 785 339-3415 fax number 785 339-3770
<ul style="list-style-type: none"> • taxes • annual certification 	RAS in writing	COMMANDING OFFICER (RAS) USCG PAY & PERSONNEL CENTER 444 SE QUINCY ST TOPEKA KS 66683-3591

Self Service We are currently implementing a self-service system that will enable you to view, make changes to your account, and obtain copies online.

Statement of Monthly Income You will only receive a Statement of Monthly Income when there is a change to your account.

Taxes

- Under Public Law 101-510, 5 November 1990, all amounts defined as a "Division of Property" are taxable to you.
- We will send you an IRS Form 1099 by 31 January of each year. It reports your taxable income.
- The tax year runs from 1 December through 30 November of the following year.

Establishing Your Automated Payroll Account (continued)

**Federal Income
Tax
Withholding**

- If you are receiving a portion of retired pay as a division of property and wish to specify the federal taxes withheld, please complete an IRS Form W-4P (2010 version enclosed)
 - If you do not complete this form we will automatically withhold taxes at the rate of married with three (3) exemptions.
-

**State Income
Tax**

- Although your FSPA direct payment may be subject to state income tax, we cannot withhold state income tax from your FSPA direct payment.
-

**Annual
Certification**

- After your account has been established, you will be required to annually provide RAS with certification of your eligibility to continue receiving FSPA direct payments. We will notify you of this requirement each year, and will ask you to complete, sign and return a form to us.
-

PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PREPARING AUTHORIZATION

PURPOSE - You may use this form to provide instructions for processing your net pay. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit / Electronic Funds Transfer Program.

SECTION I - EMPLOYEE / MEMBER / ANNUITANT INFORMATION (ITEMS 1-5)

You must complete all blocks after carefully reading the instructions and Privacy Act Statement. You must keep the agency informed of any address change to remain qualified for payments.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

ITEM 6 - TYPE OF ACCOUNT - Place "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

ITEM 7 - TYPE OF PAYMENT - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

ITEM 8 - ROUTING TRANSIT NUMBER - Your financial institution's 9-digit routing transit number. See the illustration below.

ITEM 9 - ACCOUNT NUMBER - Your account number at your financial institution. See the illustration below.

ITEM 10 - ACCOUNT TITLE - The depositor's name on the account at the financial institution. See the illustration below.

ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS - The institution to which payments are to be directed
See the illustration below.

The illustration shows a check with the following fields and callouts:

- 10**: Points to the account title field containing "NAME OF DEPOSITOR", "STREET ADDRESS", and "CITY, STATE, ZIP CODE".
- 20**: Points to the amount field containing "20" and "\$" followed by a box for "DOLLARS".
- 11**: Points to the financial institution name field containing "NAME OF YOUR BANK" and "Payable Through Another Bank".
- 8**: Points to the routing transit number field containing "899999999 9 000 000 000" and "0101".
- 9**: Points to the account number field containing "0101".
- CHECK NUMBER**: Labeled below the routing transit number field.

8 - ROUTING TRANSIT NUMBER - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask them to provide you with their RTN.

9 - ACCOUNT NUMBER - Include dashes where the symbol " " appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

10 - ACCOUNT TITLE - Must include recipient's name.

11 - FINANCIAL INSTITUTION NAME / ADDRESS - If your check or sharedraft includes "Payable Through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit.

SECTION III - AUTHORIZATION

ITEMS 12 AND 13 - You must sign and date this form before the authorization can be processed.

FOR CHANGES - You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. We recommend that you maintain accounts at both financial institutions until the new institution receives your Direct Deposit payments.

FOR CANCELLATIONS - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.

Department of the Treasury
Internal Revenue Service

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2010.

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

Sign this form. Form W-4P is not valid unless you sign it.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one pension; or
 • You are married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children **F** _____

G Add lines A through F and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) **G** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$18,000 (\$32,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Department of the Treasury
Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want** any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ►

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ► _____

Marital status: Single Married Married, but withhold at higher "Single" rate (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . ► \$ _____

Your signature ► _____

Date ► _____

Comments

The Coast Guard Pay & Personnel Center needs your input and feedback on this information pamphlet. If there are any areas that are not clear, complete, or accurate we would like to know about them.

Please write your suggestions below and mail them to us at the following address or contact us using one of the means discussed earlier in this pamphlet.

COMMANDING OFFICER (LGL)
COAST GUARD PAY & PERSONNEL CENTER
444 SE QUINCY ST
TOPEKA KS 66683-3591

The following information is optional but necessary if you would like to know the status of your comments and/or recommendations.

Your Name _____

Address _____

City, State & Zip Code _____

Telephone _____

**U.S. Department of
Homeland Security**

**United States
Coast Guard**



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