

# **AGE 60 - RETIREMENT CHECKLIST**

As of 1 March 2016

\_\_\_\_\_ **MONG Retirement requested transfer to the Retired Reserve** (If applicable)

\_\_\_\_\_ **Copy of retirement documents to HRC:**

\_\_\_\_\_ DD Form 108 and DD 2656 Retirement Application submitted to HRC with:

\_\_\_\_\_ Notification of Eligibility for Retired Pay at Age 60 (NOE) (20 Year Letter)/(15 Year Letter)

\_\_\_\_\_ DD Form 1883 or DD Form 2656-5 (Reserve Component Survivor Benefit Plan)

\_\_\_\_\_ Retirement Reserve Orders

\_\_\_\_\_ Final NGB Form 23 (Retirement Points History Statement)

\_\_\_\_\_ NGB Form 22 (Report of Separation and Record of Service)

\_\_\_\_\_ Promotion orders for highest grade held (Reduction order if admin/voluntary reduction)

\_\_\_\_\_ DD Form 214 & Orders of Deployment (Service after 28 Jan 2008 Early Retirement eligibility)

\_\_\_\_\_ **Age 60 Retirement Benefits Packet explained (By the Retirement Services Office):**

\_\_\_\_\_ Retirement Calculator of Pay and RCSBP/SBP Cost explained beginning at Age 60

\_\_\_\_\_ RCSBP/SBP (adoption, marriage, divorce, remarriage, death of spouse) 1 year from event

\_\_\_\_\_ Retiree Blue ID Card (for Sponsor and Dependents) upon receiving HRC Retiree List Orders

\_\_\_\_\_ State Sponsored Life Insurance – (current Soldiers only), SSLI with MONGA phone: 573-632-4240  
or website: [www.mongaonline.com](http://www.mongaonline.com) Other Life Insurances: AAFMAA, MBA, USAA, VGLI

\_\_\_\_\_ Casualty Checklist; Council MAP; MO Military Reserve Force; DS & My Pay logon; Report Deaths;  
MO Vet Cemetery; SFL explained

\_\_\_\_\_ TRICARE Dental, Medical, and Pharmacy (Termination of Tricare-Retired Reserve ins. at age 60)

\_\_\_\_\_ **Importance of keeping address updated with RSO/HRC/DFAS**

\_\_\_\_\_ **ALL Medical Records/Line of Duties:**

\_\_\_\_\_ File with Veterans Administration or Missouri Veterans Commission for claims benefits

\_\_\_\_\_ **All questions/concerns have been answered?**

\_\_\_\_\_ **Date/Time of Retirement Briefing**\_\_\_\_\_

\_\_\_\_\_ **Signature of Retiree**\_\_\_\_\_

**FOR FURTHER ASSISTANCE, CALL RETIREMENT SERVICES OFFICE AT 573-638-9500 ext 37011/39648**

## BENEFITS

As an active RC, IRR, or Retired Reserve service member who has received a 20-year letter but has not received any retirement pay, you may be eligible to receive "gray area" benefits. The following table shows these benefits compared to the full retiree's.

Benefits	Gray Area (Active RC, IRR, or Retired Reserve)	Retiree (Age 60+; receiving retired pay)
<b>ID Cards</b> Obtain a DD Form 2(RES RET) and DD Form 1173-1 at any Reserve Component ID card-issuing facility with a copy of your 20-year letter and transfer or separation orders.  Obtain a DD Form 2(Ret)(Blue) and DD Form 1173 (Uniformed Services identification and privilege card) for your family members at any ID card-issuing facility with a copy of your retirement orders.	Member - DD Form 2 (RES RET)  Spouse/Dependents - DD Form 1173-1	Member - DD Form 2 (RET)  Spouse/Dependents - DD Form 1173
<b>Military Installations, Facilities and Activities</b>  Local post policies and in-country directives govern the use of facilities.		
<b>Exchanges</b>	Yes	Yes
<b>Commissary</b>	Yes	Yes
<b>Shoppettes</b>	Yes	Yes
<b>Service Stations</b>  Gasoline coupons are not available in OCONUS for retirees.	Yes	Yes
<b>Physical Fitness Center</b>	Yes	Yes
<b>Lodging</b> Military lodging is available on a limited basis. Space A is "first come-first served" based on daily availability.  Armed Forces Recreation Centers (AFRC) lodging is available to all ID card holders. Toll-Free number: 1-800-GO-ARMY-1 or 1-800-462-7691  Guest House is normally available on a limited basis.	Yes	Yes
<b>Other Facilities</b> Theater Recreation Center Officer/NCO/Enl Clubs Laundry/dry cleaning Bowling Alleys Beverage Stores Libraries Four Seasons MWR facilities Flower Shops Optical Shop Beauty/barber shop  Check cashing/currency exchange	Yes	Yes
<b>Medical Facilities</b>	Member - No; except on ADT or AD (Eligible if returned to an active duty status)  Spouse/Dependents - No	Member - Yes  Spouse/Dependents - Yes

<b>Tricare</b>	Member - No  Spouse/Dependents - No	Member - Yes (Until age 65)  Spouse/Dependents - Yes (until 65) . After 65, Tricare for Life is second payor to Medicare.
<b>TRICARE Retiree Dental Program (TRDP)</b>	Yes (Gray Area Retirees)	Yes
<b>Lodging /AFRC (4)</b>  Military lodging is available on a limited basis. Space A is "first come-first served" based on daily availability.  Armed Forces Recreation Centers (AFRC) lodging is available to all ID card holders. Toll-Free number: 1-800-GO-ARMY-1 or 1-800-462-7691  Guest House is normally available on a limited basis.	Yes	Yes
<b>Space-A Travel</b>	Member - Yes; limited to CONUS  Spouse/Dependents - No	Member - Yes  Spouse/Dependents - Yes (OCONUS)
<b>SATO/Carlson Wagonlit Travel</b>	Yes	Yes
<b>Legal Assistance</b>	<a href="#">Limited (AR 27-3)</a>	Yes
<b>Survivor Assistance</b>	Yes	Yes
<b>Casualty Assistance</b>	Yes	Yes
<b>Family Services</b>	Yes	Yes
<b>VA Benefits</b>	Yes, if Vet	Yes
<b>Servicemembers Group Life Insurance</b> <a href="#">(There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)</a>	No	No
<b>Veterans Group Life Insurance</b> <a href="#">(There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)</a>	Yes, if eligible and requested	Yes if eligible
<b>State Benefits</b>	See your State Representative	See your State Representative



# Prudential

Office of Servicemembers'  
Group Life Insurance

OSGLI  
PO Box 41618  
Philadelphia, PA 19176-1618  
Phone: 800-419-1473  
Fax: 800-236-6142

## Veterans' Group Life Insurance Application Instructions

You have one year and 120 days from your date of separation to apply for Veterans' Group Life Insurance (VGLI). To apply for VGLI, visit [myvgli.prudential.com](http://myvgli.prudential.com), or complete the attached application and return it to the above address.

**Important to know: You may be able to keep your SGLI coverage for up to two years after your separation if you separated with a disability and meet the legislative requirements. Visit [va.gov/life-insurance/options-eligibility/sgli/](http://va.gov/life-insurance/options-eligibility/sgli/) to download an application and apply today.**

To complete the attached application, follow these easy steps:

- 1. Veteran Information.** Complete all fields under "Veteran Information." You **do not** have to fill out fields under "My Correct Address Information Is" if you've provided your correct address in the fields above. Complete all fields under "Additional Contact Information."
- 2. Coverage Election and Payment Method.** Choose your coverage amount and billing preferences. The chart below shows the most frequently requested coverage amounts and the monthly premium. Coverage is available in \$10,000 increments. For coverage amounts not shown below, please see the rate chart at [insurance.va.gov](http://insurance.va.gov) or call 800-419-1473. Your initial VGLI coverage cannot exceed the amount of Servicemembers' Group Life Insurance you had at the time of discharge. However, if you had less than \$500,000 of SGLI at discharge and you get VGLI coverage, you will have the opportunity to increase your VGLI coverage by \$25,000 on your one-year anniversary and every five-year anniversary thereafter, up to the maximum of \$500,000, until age 60.

Amount of Coverage	Age 29 & Under	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80 & Over
\$500,000	\$35.00	\$45.00	\$60.00	\$80.00	\$105.00	\$165.00	\$300.00	\$495.00	\$735.00	\$1,130.00	\$2,140.00	\$2,250.00
\$450,000	\$31.50	\$40.50	\$54.00	\$72.00	\$94.50	\$148.50	\$270.00	\$445.50	\$661.50	\$1,017.00	\$1,926.00	\$2,025.00
\$400,000	\$28.00	\$36.00	\$48.00	\$64.00	\$84.00	\$132.00	\$240.00	\$396.00	\$588.00	\$904.00	\$1,712.00	\$1,800.00
\$350,000	\$24.50	\$31.50	\$42.00	\$56.00	\$73.50	\$115.50	\$210.00	\$346.50	\$514.50	\$791.00	\$1,498.00	\$1,575.00
\$300,000	\$21.00	\$27.00	\$36.00	\$48.00	\$63.00	\$99.00	\$180.00	\$297.00	\$441.00	\$678.00	\$1,284.00	\$1,350.00
\$250,000	\$17.50	\$22.50	\$30.00	\$40.00	\$52.50	\$82.50	\$150.00	\$247.50	\$367.50	\$565.00	\$1,070.00	\$1,125.00
\$200,000	\$14.00	\$18.00	\$24.00	\$32.00	\$42.00	\$66.00	\$120.00	\$198.00	\$294.00	\$452.00	\$856.00	\$900.00
\$150,000	\$10.50	\$13.50	\$18.00	\$24.00	\$31.50	\$49.50	\$90.00	\$148.50	\$220.50	\$339.00	\$642.00	\$675.00
\$100,000	\$7.00	\$9.00	\$12.00	\$16.00	\$21.00	\$33.00	\$60.00	\$99.00	\$147.00	\$226.00	\$428.00	\$450.00
\$50,000	\$3.50	\$4.50	\$6.00	\$8.00	\$10.50	\$16.50	\$30.00	\$49.50	\$73.50	\$113.00	\$214.00	\$225.00
\$10,000	\$0.70	\$0.90	\$1.20	\$1.60	\$2.10	\$3.30	\$6.00	\$9.90	\$14.70	\$22.60	\$42.80	\$45.00

- 3. Health Statement.** If your date of separation was less than 240 days ago, then you **do not** need to complete this section. If your date of separation was more than 240 days ago, then please be sure to complete this section.
- 4. Beneficiary Designation.** Use this section to name your beneficiaries. If you would like to name more beneficiaries than the application allows, please list those additional beneficiaries on a separate sheet of paper along with your name, Social Security number, signature, and date. Your beneficiary designation is not valid unless it is signed, dated, and received by OSGLI prior to your death.
- 5. Authorization/Signature.** Please sign and date the application and send it to OSGLI at the address above. Include your first VGLI premium payment and a copy of your DD-214 or most recent Leave and Earnings Statement with your application. **Your VGLI application is not considered complete unless we receive these items with your application.**

### Questions?

For more information about VGLI, please visit [insurance.va.gov](http://insurance.va.gov) or call 800-419-1473 (Monday to Friday, 8 a.m. to 5 p.m. ET.).





## 2 COVERAGE ELECTION AND PAYMENT METHOD

I am applying for the following amount of coverage: \$

Amount must be in multiples of \$10,000 and cannot exceed \$500,000 or the amount on date of discharge (whichever is less).

Your SGLI amount on the date of your discharge was: \$

I would like my payment cycle to be: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

I have enclosed my first premium payment of: \$

☐ Automatic Monthly Deductions from military retirement pay.

☐ Automatic Monthly Deductions from VA Compensation.

My VA claim file number is:

Have you been able to work since leaving the service? ☐ Yes ☐ No

If no, is this due to a disability incurred while in the service? ☐ Yes ☐ No

## 3 HEALTH STATEMENT (Please attach a separate sheet with details for any question answered "yes")

Have you had or been treated for or had known indications of:

	Y	N		Y	N
A. Heart trouble or abnormal pulse?	<input type="checkbox"/>	<input type="checkbox"/>	F. Disorders of kidney, bladder, or urinary system?	<input type="checkbox"/>	<input type="checkbox"/>
B. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	G. Liver or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
C. Diabetes or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	H. Stomach or intestinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
D. Cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>	I. Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
E. Lung or respiratory disorders?	<input type="checkbox"/>	<input type="checkbox"/>			

In the past five years have you:

	Y	N		Y	N
J. Been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only?	<input type="checkbox"/>	<input type="checkbox"/>	O. Used barbiturates, heroin, opiates, or other narcotics or been treated for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
K. Been absent from work for more than five continuous days because of sickness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	P. Been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>
L. Been advised to have a surgical procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Q. Do you have any known physical impairments, deformities, or ill-health not covered above?	<input type="checkbox"/>	<input type="checkbox"/>
M. Been a patient or been advised to enter a hospital or health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	R. Do you have a service-connected disability?	<input type="checkbox"/>	<input type="checkbox"/>
N. Consulted, been attended, or examined by a doctor or other practitioner other than annual or periodic physicals?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what is the VA claim file number? \_\_\_\_\_

Veteran's Signature:

X

Date:   -   -      
MM DD YYYY



\* 8 7 1 4 A 0 0 2 \*

SGLV 8714



## 4

**BENEFICIARY DESIGNATION****Beneficiary(ies) and Benefit Payment Options**

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the primary beneficiary(ies) will receive payment upon my death. The share of any primary beneficiary who dies before me will be distributed equally among the remaining primary beneficiaries. If all primary beneficiary(ies) die before me, the insurance will be paid to the secondary beneficiaries. I understand that unless I have named a beneficiary(ies) below, my insurance will be paid under the provisions of the law (38 U.S.C. 1970). The designation below cancels any prior SGLI or VGLI beneficiary designation or payment instruction.

**A. Primary Beneficiaries**

The total for all primary beneficiaries must equal 100%.

1. Type ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution  
(Select One)

Gender: ☐ Male ☐ Female

First Name:                     MI:

Last Name:

Other:

Address:

Phone:  Social Security Number:

Payment: ☐ Lump Sum\* ☐ 36 Installments

Share:    %

2. Type ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution  
(Select One)

Gender: ☐ Male ☐ Female

First Name:                     MI:

Last Name:

Other:

Address:

Phone:  Social Security Number:

Payment: ☐ Lump Sum\* ☐ 36 Installments

Share:    %

**To list more beneficiary(ies) please copy and attach additional pages.**

(must equal 100%) **TOTAL**

\*If you elect a lump-sum payment, the beneficiary(ies) will be given the option of receiving the lump-sum payment through the Prudential Alliance Account by check or Electronic Funds Transfer (EFT). Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at 877 255-4262.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



\* 8 7 1 4 A 0 0 3 \*

SGLV 8714



(must equal 100%) **TOTAL**

5

***Please keep a copy of the completed form for your records.***




## Registration Using E-mail

You can establish a DS Logon Premium (Level 2) Account online using your CAC or DoD ID card and an E-mail address on file in Defense Enrollment Eligibility Reporting System (DEERS). A DS Logon Premium (Level 2) Account provides access to your personal information as well as numerous applications. A DS Logon Premium (Level 2) Account allows you to view personal data about yourself in VA and DoD systems, apply for benefits online, check the status of your claims, update your address information, and much more.

**Note:** You will need your CAC or DoD ID to complete this process.

- 1) Access the My Access Center homepage: <https://myaccess.dmdc.osd.mil/identitymanagement>. The Consent to Monitor screen appears.



**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

### Self-Service Consent to Monitor

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- While all personal identifying information (PII) data stored on this IS is protected under the Privacy Act of 1974, all communications using this IS, and the data captured to support this IS, are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

[Contact DMDC](#) || [Accessibility/Section 508](#) || [USA.gov](#) || [No Fear Act Notice](#)

**OK**

- 2) Select **OK** on the Consent to Monitor Screen. The Login screen appears.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[Help Center](#) [AA+](#)

### DS LOGON ?

Department of Defense  
Self-Service

DS Logon Username

DS Logon Password

☐ Show Password


[Forgot DS Logon Username?](#)

[Forgot DS Logon Password?](#)

Login

### CAC ?

Common Access Card



Do NOT select the DoD EMAIL-CA-XX certificate if prompted for a certificate.

Login

### DFAS myPay Password ?

Defense Finance and  
Accounting Service

MyPay Login Id

MyPay Password

[Forgot DFAS MyPay Login Id?](#)

[Forgot DFAS MyPay Password?](#)

Login

More DS Logon Options

**Phishing Alert:** We do not initiate contact with beneficiaries via email or telephone to request private personal (Name, SSN, DOB) or sensitive DS Logon account information (username, password, challenge questions). If you think you provided personal or account information in response to a fraudulent email, website or phone call, be sure to change your password and challenge questions immediately.

- 3) Select the down arrow on the left side of the **More DS Logon Options** button to expand the options.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[Help Center](#) [AA+](#)

### DS LOGON ?

Department of Defense  
Self-Service

DS Logon Username

DS Logon Password

☐ Show Password


[Forgot DS Logon Username?](#)

[Forgot DS Logon Password?](#)

Login

### CAC ?

Common Access Card



Do NOT select the DoD EMAIL-CA-XX certificate if prompted for a certificate.

Login

### DFAS myPay Password ?

Defense Finance and  
Accounting Service

MyPay Login Id

MyPay Password

[Forgot DFAS MyPay Login Id?](#)

[Forgot DFAS MyPay Password?](#)

Login

More DS Logon Options

- Need a DS Logon?
- Activate My DS Logon
- Upgrade My DS Logon

- 4) Select **Need a DS Logon**. The DS Logon Registration screen appears.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#)

## DS LOGON Registration

Welcome to the registration wizard.  
Here you can create your DS LOGON account,  
whether you are a service member, veteran, or family member. ?

Select registration method

☐ I have a Common Access Card (CAC) with accessible card reader. ?

☐ I have a Defense Finance and Accounting Service (DFAS) myPay account. ?

☒ None of the above conditions apply, however at least one of the following conditions is true:

1. I am a Veteran
2. I am a Dependent of a Veteran
3. I am a Survivor of a Veteran
4. I am registered in the Defense Enrollment Eligibility Reporting System (DEERS) ?

**Continue** **Cancel**

- 5) Select the **None of the above conditions apply...** option and then select **Continue**. The Registration Process screen appears, prompting you to enter your personal information.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#)

## Registration Process

Fill in your personal information. We will search for your record in DEERS. ?

First Name  ?

Last Name

Date of Birth  MM  DD  YYYY

Person Identifier  Social Security Number  ?

**Submit** **Cancel**

[Change Password Guide](#)

**Tip:** You can now use your DoD ID Number for looking up your record. You can also enter it on the login page instead of your DS Logon Username. ?

- 6) Enter your personal information and then select **Submit**. Your personal information must match the information on file in DEERS. If you have a CAC card, the following screen appears. If you have a DoD ID card, skip to step 8.



**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#)

### Registration Process

Our records indicate you currently have an active Common Access Card (CAC) and an email on file in DEERS. The most efficient method is to register using an attached CAC reader. If you do not have this option available then you may use your email on file in DEERS. A one-time activation code will be sent to your email address if you chose this method. Once you receive the activation code follow the instructions to complete the registration process.

**CAC ?**  
Common Access Card



- 7) Select **Register using my email in DEERS**. A screen prompts you to confirm that you want to your E-mail address to confirm your registration.



**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#)

### Registration Process

Would you like to use your email address stored on file to confirm your registration?

Please note:  
To maintain the security of your account, you will need to provide information from you DoD ID ID card to complete this process. Please have your DoD ID card in hand while following the registration instructions.

- 8) Select **Yes** to use your E-mail address for registration. If you have a single E-mail address on file, a confirmation screen appears. Skip to step 10. If you have multiple E-mail addresses on file, you will be prompted to select your preferred E-mail address.



**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

### Registration Process

Please select the E-mail address you prefer to receive your temporary activation code.

**Note:**  
The E-mail addresses are not displayed fully for security purposes.

☒ j... 7@mail.mil  
☐ j... 7@home.com

- 9) Select your preferred email address and then select **Submit**. A confirmation screen appears.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

### Registration Process

By selecting "Yes" below, you are consenting to our use of your email address (j...7@mail.mil) to send an activation code

- 10) Select **Yes** to consent to the use of your E-mail address for the purpose of receiving an activation code for your DS Logon account. The system sends an activation code to your preferred E-mail address and a confirmation screen appears.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

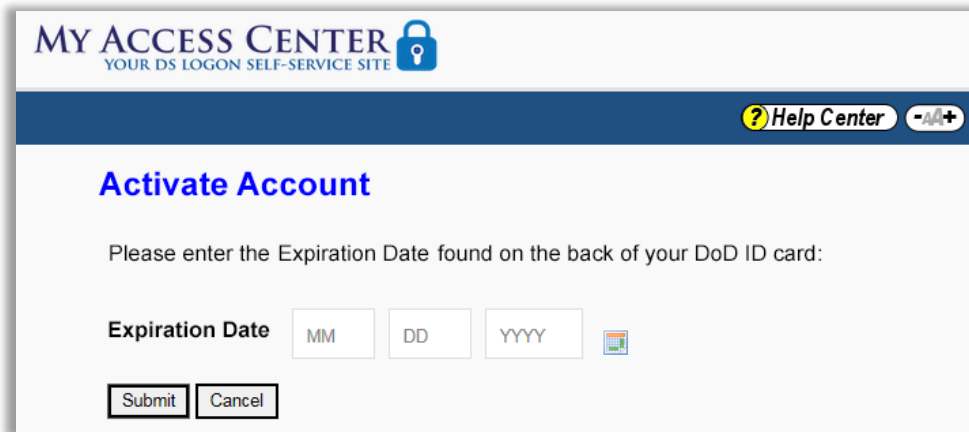
### Registration Process

A temporary activation code has been sent to j....7@mail.mil. Please check your email inbox for a message from do-not-reply-dslogon@mail.mil and follow the instructions.  
If you do not see an email from do-not-reply-dslogon@mail.mil, please check another folder such as a "Spam" or "Junk" folder.

- 11) Open the E-mail and select the link provided in the E-mail. The Activate Account screen appears.

- 12) Enter your personal information and the activation code in the E-mail and then select **Submit**. The system prompts you to enter the Date of Issue found on the back of your CAC or DoD ID card.

- 13) Enter the Date of Issue and then select **Submit**. The system prompts you to enter the Expiration Date or the DoD ID Number found on the back of your CAC or DoD ID card.



The screenshot shows the 'MY ACCESS CENTER' logo at the top left, with the tagline 'YOUR DS LOGON SELF-SERVICE SITE' and a blue padlock icon. A dark blue navigation bar contains a yellow 'Help Center' button with a question mark and a '-//+' button. The main heading is 'Activate Account' in blue. Below it, a text prompt reads: 'Please enter the Expiration Date found on the back of your DoD ID card:'. The 'Expiration Date' label is followed by three input fields: 'MM', 'DD', and 'YYYY'. To the right of these fields is a small calendar icon. At the bottom, there are two buttons: 'Submit' and 'Cancel'.

- 14) CAC holders must enter either the DoD ID Number or the Expiration Date printed on the card. DoD ID card holders must enter the Date of Issue printed on the card. Enter the Expiration Date or the DoD ID number in the fields and then select **Submit**. The Registration Process – Create Password Screen appears.

The screenshot shows the 'MY ACCESS CENTER' logo at the top left, with the tagline 'YOUR DS LOGON SELF-SERVICE SITE'. To the right of the logo is a blue padlock icon. In the top right corner, there are three buttons: a yellow 'Help Center' button with a question mark icon, a blue button with a minus sign and a plus sign, and a blue 'Log Off' button. The main heading is 'Registration Process'. Below this, it says 'Welcome John Smith.' and 'Create your personalized password. Please note security requirements.' The section 'Password Security Requirements:' lists seven items, each with a green checkmark: 'At least one lowercase letter (a to z)', 'At least one uppercase letter (A to Z)', 'At least one digit (0 to 9)', 'At least one special character (@\_#!&\$`%\*+()./,:~:}]{?>=<)', 'At least 9 (and no more than 20) valid characters as described above', 'Cannot contain any words in the Dictionary that are more than three letters', and 'Cannot contain personal information'. The section 'Important Points to Remember:' lists three points: '1. Must not contain any common dictionary words, personal information (like parts of your name, SSN, or date of birth), nor invalid characters.', '2. Password will expire in 90 days.', and '3. Start entering the confirmation password to ensure password requirements have been met.' Below this, there are two password fields. The 'Password' field has a green checkmark to its right. The 'Confirm Password' field has a yellow question mark icon and a green checkmark to its right. Below the fields is a checkbox labeled 'Show Passwords'. At the bottom left are 'Continue' and 'Cancel' buttons. At the bottom right is a PDF icon labeled 'Password Tips'.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#) [Log Off](#)

## Registration Process

Welcome John Smith.  
Create your personalized password. Please note security requirements.

**Password Security Requirements:**

- ✓ At least **one lowercase letter** (a to z)
- ✓ At least **one uppercase letter** (A to Z)
- ✓ At least **one digit** (0 to 9)
- ✓ At least **one special character** (@\_#!&\$`%\*+()./,:~:}]{?>=<)
- ✓ At least **9** (and no more than **20**) valid characters as described above
- ✓ Cannot contain any words in the **Dictionary** that are more than three letters
- ✓ Cannot contain **personal information**

**Important Points to Remember:**

1. Must not contain any **common dictionary words**, **personal information** (like parts of your name, SSN, or date of birth), nor invalid characters.
2. Password will expire in **90** days.
3. Start entering the confirmation password to ensure password requirements have been met.

**Password**  ✓

**Confirm Password**  ? ✓

☐ Show Passwords

[Continue](#) [Cancel](#)

[Password Tips](#)

- 15) Create your password according to the Security Requirements, enter it in the **Password** field, and enter it again in the **Confirm Password** field. To view the password as you enter it, select the **Show Passwords** check box. Green checkmarks appear when the password has met each of the password security requirements listed. Select **Continue**. The Challenge Questions screen appears.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-All+](#) [Log Off](#)

### Registration Process

Select challenge questions and enter personalized answers.  
**?**  
These questions will be asked if you need to retrieve or change your password.

Question 1

Question 2

Question 3

Question 4

Question 5

- 16) Select your challenge questions and enter your answers in the fields provided below each question. Select **Continue**. The Security Image screen appears.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-All+](#)

### Security Image

To increase the security of your account, you can use an image during the login process. Would you like to use an image during the login process?

- 17) You have the option to select a security image for your account. If do not you want to select a security image, select **No** and proceed to step 12. To set a security image, select **Yes**. The Security Image Selection screen appears.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#) [Log Off](#)

### Registration Process

Select security image to be used during the login process  
These will also display on your personal profile page.

See more images...

Save Cancel

- 18) To view additional images, select the arrow at the bottom right of the screen. Select a security image and then select **Save**. A message screen appears confirming successful activation.

MY ACCESS CENTER  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-AA+](#) [Log Off](#)

### Activation Successful

Congratulations! You have successfully upgraded to a DS LOGON Premium account.

**Your Username is: john.q.public**

You may now begin to use your DS LOGON Premium account

Continue

- 19) Select **Continue**. A screen listing your email address(es) on file in DEERS appears.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [AA+](#) [Log Off](#)

### Registration Process

E-mail Address(es) on your DEERS file are displayed below. ?  
Valid E-mail(s) on your DEERS file may be used to reset your password, provided you have a DoD ID Card.

E-mail Address(es)

J...7@mail.mil

**Add E-mail**

**Note** E-mail address(es) are not displayed fully for security purposes.

**Continue**

- 20) If you do not want to add an E-mail address, select **Continue**. You can now login with your new DS Logon username and password. If you want to add an E-mail, select **Add E-mail**. The screen displays the Enter E-Mail address field.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [AA+](#) [Log Off](#)

### Registration Process

E-mail Address(es) on your DEERS file are displayed below. ?  
Valid E-mail(s) on your DEERS file may be used to reset your password, provided you have a DoD ID Card.

E-mail Address(es)

j...7@mail.mil

Enter E-mail address

john.t.smith81@home.com

☐ Yes, I consent to having the DoD or VA E-mail notifications to me regarding my benefits. ?

**Save E-Mail** **Cancel**

- 21) Enter an E-mail address and select **Save E-mail**. A confirmation screen appears.



- 22) The email that you entered appears on the confirmation screen. The next time that you login, you will be prompted to enter the validation token that was sent to the E-mail address provided.
- 23) Your registration is complete. Select **Continue** to log in with your new account.



**You will have access to your LES's for 1 Year after your separation date. The next time you will have access to them will be at your Early Drop date or age 60**

## **New to myPay? How to Get Started**

myPay provides convenient access to a range of information about your payments, and lets you easily update your contact information or your tax withholding, check your SBP coverage and your AOP beneficiary (retirees), submit your annual certification (annuitants), or download your tax documents. And when you have an email address in myPay, you can receive important email messages from DFAS about your pay account and information from your branch of service.

If you've never used myPay, you can request an initial password on the myPay homepage using the "Forgot or Need a Password" link. The password will be mailed to the address you have on file with DFAS and you will receive it in about 10 business days. Once you receive your password in the mail, you can return to the myPay homepage and login with your social security number and the password you received in the mail to create your myPay profile. Just follow the steps below.

myPay is available using the internet from your computer or your mobile device browser at: <https://mypay.dfas.mil>

1. Click the "Forgot or Need a Password" link on the myPay homepage to request a temporary password

The screenshot shows the myPay homepage. At the top is a navigation bar with links: myPay, ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. Below the navigation bar is a banner with three YouTube video thumbnails. To the right of the thumbnails is a text box that reads: "If you've never accessed myPay, need help changing your myPay password, or changing your email address in myPay, check out our online training tutorials available on YouTube." Below the banner is a "Sign In" section with a "Login ID" field, a "Password" field, and a "Sign In" button. A red arrow points to the "Forgot or Need a Password?" link below the "Sign In" button. Below the "Sign In" section is a "Smart Card Login" section with a "CAC | PIV" icon and the text "Insert card then select Authentication Certificate". Below the "Smart Card Login" section is a "New User" section with the text "New to myPay? Read how new accounts are added. View Tutorial for a step-by-step walkthrough." and a "Create your myPay Profile" button. At the bottom of the page is a "System Availability" section with a "Recurring Weekly System Maintenance:" heading. Under this heading are two lists of maintenance times: "All myPay Customers:" and "Marine Corps Customers:". The "All myPay Customers:" list includes: "Access to myPay unavailable between 0000 and 0100 ET daily, Monday – Friday", "Access to Travel Advice of Payment (AoP) unavailable between 1200 and 1700 ET every Sunday", and "Access to Travel Advice of Payment (AoP) unavailable between 0400 and 1900 ET every fourth Sunday of the month". The "Marine Corps Customers:" list includes: "Access to LES and W-2 unavailable between 2200 ET every Friday and 0400 ET every Saturday" and "Access to all transactions unavailable between 2300 ET every Friday and 0800 ET every Saturday".

**You must keep your Log ID and Password to access**

2. Enter your Social Security Number, check the box affirming you are the account owner, and click "Continue"

**FORGOT OR NEED A PASSWORD** ✕

USE THIS PROCESS if you have lost, do not remember or have not received a Password. This process will determine if you can reset your Password online by answering established Security Questions for Password resets, or if we can email or mail a new temporary Password.

THIS PROCESS WILL VOID YOUR CURRENT PASSWORD.

OR

18 U.S.C. § 1030 prohibits unauthorized or fraudulent access to government computer systems. If the credentials you enter are not your own, you are in violation of this law and should exit this system immediately. Completing this action may subject you to a fine of up to \$5,000 or double the value of anything obtained via this unauthorized access, plus up to five years imprisonment.

☐ I am the individual associated with the information provided above and I elect to continue with this transaction.

⚠️ Required to continue.

3. Choose "mail to my address of record with Military Retired" and click the "Send me a Password" button. Your temporary password will be mailed to your address on record with Retired and Annuitant Pay. You should receive it in about 10 business days.

**FORGOT OR NEED A PASSWORD** ✕

Please select only one (1) of the following:

☐ Mail to my address of record with Army Military Retiree

Mail delivery time will vary and may take up to ten days.

4. Once you receive your temporary password, return to the myPay homepage, go to the New User Module and click the “Create your myPay Profile” button.

The screenshot shows the myPay homepage. At the top is a navigation bar with links for Accessibility/Section 508, Security, FAQ, Quick Links, and Contact Us. On the right of the bar is a 'STAY CONNECTED WITH DFAS' section with YouTube and Facebook icons. The main content area is divided into two columns. The left column features a 'myPay on YouTube' banner with three video thumbnails, followed by a text block about help resources and a 'System Availability' section with a 'Recurring Weekly System Maintenance' notice. The right column contains a 'Sign In' section with fields for 'Login ID' and 'Password', a 'Sign In' button, and links for 'Forgot your Login ID?' and 'Forgot or Need a Password?'. Below this is a 'Smart Card Login' section for CAC | PIV. At the bottom right is a 'New User' section with a link to 'View Tutorial' and a prominent blue button labeled 'Create your myPay Profile', which is pointed to by a red arrow.

5. Create your account by entering your Social Security Number and your temporary password and click the “Submit” button.

The screenshot shows a form titled 'CREATE YOUR ACCOUNT ACCESS'. It includes a close button (X) in the top right corner. The form contains a heading 'This feature is for customers who have not created a Login ID for account access.' followed by three bullet points: 'To create a Login ID and profile you will need your Social Security Number and a temporary Password.', 'Your initial temporary Password will automatically be generated after your pay has been established. For more information on when to expect your first Password, read about how new accounts are added.', and 'If 30 days have passed since you started receiving pay and you have not received your initial temporary Password, request one now.' Below the text are two input fields: 'Social Security Number' and 'Password'. Two red arrows point to these fields from the left. A blue 'Submit' button is located at the bottom right of the form.

6. You will be prompted to create a Login ID and a permanent password.

**CREATE YOUR ACCOUNT ACCESS**

**Due to Security Requirements, you are required to establish a Login ID.**

- If you need help using myPay, contact the Generalized Customer Support Unit at 1-888-226-8411 or 1-888-333-5411, extension 2145, 215-5096, or Defense Switching Network (DSN) 555-5096 (see PDCs for hours of operation).
- If you have specific pay account-related questions, contact your customer service representative as noted under the frequently Asked Questions.

**Login ID:**

- Your Login ID must not be less than 8 or greater than 150 characters.
- Your Login ID must contain letters or numbers or a combination of alphanumeric characters. It may also contain @, \_ and .
- Numbers are not allowed within the Login ID.
- Cannot be a function.
- HINT: An email address can be used as a Login ID.

Enter your Login ID:

Login ID is required

**You are also required to establish a new Password. Please establish a new Password by entering the desired Password twice.**

**Password:**

**The password must:**

- Be 8 to 30 characters in length.
- Contain at least one uppercase letter (A-Z).
- Contain at least one lowercase letter (a-z).
- Contain at least one number (0-9).
- Contain at least one of the following special characters: ! @ # % ^ \* + = , . - \_
- Change at least four characters from your previous password.

**The password cannot:**

- Contain spaces.
- Be one of your last five previous passwords.

**Password Pitfalls: Avoid creating passwords that use:**

- Dictionary words in any language.
- Personal information: Your name, initials, driver's license, passport number, or social information.
- Repeated or repeated characters: Examples: 12345678, 202020, 111111, or adjacent letters on your keyboard (qwerty).

The password will expire in 150 days.

Enter your password:

Re-enter your password:

**THE PASSWORD MUST:**

- not include any spaces
- include at least 1 uppercase letter (A-Z)
- include at least 1 lowercase letter (a-z)
- include at least 1 number (0-9)
- include at least 1 special character ( ! @ # % ^ \* + = , . - \_ )
- be 8 to 30 characters in length
- re-entered password must match password

Create Account

7. Follow the on-screen instructions for creating your Login ID and Password, then select Create Account when finished.

8. Your Login ID and password are the keys to keeping your retired or annuity pay account current, so be sure to remember them!

**This is a tool to help someone through the hardship after a spouse passes.**  
**It is non binding agreement.**

**DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL THE ARMED FORCES**  
**“RETIREES CASUALTY ASSISTANCE CHECKLIST”**  
(For later use by next of kin)

As of Date: \_\_\_\_\_

Retirees Name \_\_\_\_\_ SSN \_\_\_\_\_ Ser# (Other) \_\_\_\_\_  
(First) (Middle) (Last)

Military Grade \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Branch of Svc. \_\_\_\_\_ Yrs. of Svc. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Month Day Year

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

Mother's Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

**Documents needed to claim death benefits:**

- ☐ Copies of report(s) of separation from active duty (DD Form 214, etc.)
- ☐ Copy of retirement orders
- ☐ Copies of birth and death certificates
- ☐ Beneficiaries birth certificate(s) and marriage and/or divorce data
- ☐ Social Security data (see below)
- ☐ VA Insurance data (see below)

**Plus- You should always have the following documents on hand:**

- ☐ Updated Will and “LETTER OF INSTRUCTIONS”
- ☐ Names of banks, credit unions, etc. (account numbers)
- ☐ Updated lists of assets and liabilities
- ☐ Insurance policies, numbers, instructions, payments, etc.
- ☐ Adoption or naturalization papers (if applicable)

Location of these Documents:

Note:  
See “Letter of Instructions” for location of other documents.

**Part I – Veterans Administration Data (if applicable)**

VA Compensation \$ \_\_\_\_\_ Disability Claim # \_\_\_\_\_ Remarks \_\_\_\_\_

VA Insurance Policy nr(s) \_\_\_\_\_ / \_\_\_\_\_ File # \_\_\_\_\_

Type \_\_\_\_\_ Amount \$ \_\_\_\_\_ / \_\_\_\_\_ Location of Policies \_\_\_\_\_

Any known paid-up-add'l VA Insurance \$ \_\_\_\_\_ As of date \_\_\_\_\_

Other remarks \_\_\_\_\_

Veteran's claim nr(s) (other) \_\_\_\_\_ Patients data card # \_\_\_\_\_

**Part II – Retirement Pay Data (see Retiree Account Statements)**

Retiree gross and net pay data: as of date \_\_\_\_\_

Gross pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Net pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Taxable income \$ \_\_\_\_\_

Survivor coverage information (coverage type: spouse only, etc.): \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Survivor Benefit Plan Annuity:

55% annuity amount \$ \_\_\_\_\_

35% annuity amount \$ \_\_\_\_\_

RSFPP Annuity: \$ \_\_\_\_\_

Supplemental SBP: \$ \_\_\_\_\_

Annuity Base Amount: \$ \_\_\_\_\_

Note: See "Retiree Account Statement" for  
explanation of Social Security Offset/2-tier Formula

Effective \_\_\_\_\_

### Part III – Social Security (when applicable)

Social Security Claim # \_\_\_\_\_ Month Filed \_\_\_\_\_

Type of Benefit(s) \_\_\_\_\_ Beginning month of entitlement \_\_\_\_\_

Amount monthly \$ \_\_\_\_\_ Bank and acct. # (direct deposit) \_\_\_\_\_

Note: No payment is payable for the month of death (call 1-800-772-1213)

### Part IV – Miscellaneous (Things to know and plan for upon death of retiree)

Disposition instructions for the body (burial, cremation, memorial service, etc.)

Info required for Death Certificate (date/place of birth, father's name, mother's maiden name, etc.)

Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)

Widows will need a new ID card (military, medical, commissary, base exchange, etc.)

Necessary changes in your "DEERS" program will have to be made

It may take several months to clear estates (you may require at least 8 copies of death certificates)

Contents of your safety deposit box should be known

Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed

Named beneficiaries on insurance policies become very important (keep current)

There may be some entitlement to burial benefits (headstone, payments, etc.)

Check VA for Presidential Memorial Certificate

An American flag can be obtained (check VA and Post Office)

The survivor should update appropriate will

Extra credit cards should be destroyed or cancelled

Appropriate changes should be made to all joint ownerships

Contact insurance companies as appropriate

Be prepared to turn in Retirees ID card (where and when required)

**Note:**  
MAKE EVERY EFFORT  
to retain "Original"  
documents (Provide  
Certified copies whenever  
possible).

Fill in and keep handy the following office phone numbers:

<u>Office/Organization</u>	<u>Phone Number</u>
Casualty Assistance	_____
Retiree Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	1-800-827-1000
Social Security Hotline	1-800-772-1213
DEERS (Information)	_____
Other	_____
Finance (DFAS – Cleveland)	_____
SBP (Annuity Pay Info)	_____
Other <u>Pass &amp; ID</u>	_____

#### OTHER IMPORTANT NUMBERS

<u>Organization</u>	<u>Local and 800#</u>
Mortuary Affairs	
American Red Cross	
Family Support Center	
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it.

## **GENERAL INFORMATION**

Directions for preparing and maintaining an Emergency Medical Information Record.

1. Complete all applicable items on the Emergency Medical Information document, preparing an individual copy (file) for each member of the household.
2. Create a “water proof tube” made of 2” diameter x 11 ¾” length, Schedule #125 white PVC pipe with two (2) 2” flat PVC end caps (These materials can be secured from any irrigation or hardware supplier). Paint the two end caps RED and use a black marker to print (in large letters) EMERGENCY MEDICAL INFORMATION on the white surface of the PVC tube (label stock can also be used).
3. Place all documents pertaining to each individual of the household (with attachments) in an individual 8 ½” x 11” plastic sheet protector (Avery #PV119 or similar). Place the completed document in the “waterproof tube” for safety and store the tube in the kitchen refrigerator door storage area with the RED end caps installed. (It is possible that more than one (1) tube may be required, depending upon the family size.)
4. Instruct all family members, custodians, care givers, children or house sitters and any other assistance personnel who will be in the home, that an EMERGENCY MEDICAL INFORMATION (EMI) tube is stored in the kitchen refrigerator door storage area. In case of an emergency the EMI tube is to be made available to the Emergency Medical Service personnel -- fire, emergency aid -- when they arrive at the home. Notify the Emergency Medical Service personnel that EMERGENCY MEDICAL INFORMATION on the patient is located in the kitchen refrigerator door storage area.
5. Emergency Medical Service personnel will retrieve the appropriate file from the tube to assist in your medical care. They may take the individual file to the hospital to assist in the patient care.
6. When the patient leaves the hospital, arrange for pick-up of the individual EMI file. Return file to its storage location within the refrigerator storage area EMI tube.
7. Update your file on a regular basis to reflect current medical treatment, at least once a year, more often if necessary. It would also be advisable to maintain a copy in a safety deposit box or other safe place, in case the original was lost.
8. An information card should be prepared and attached to each vehicle registration, listing family members, address and telephone number (home and office). Also identify on the “card” that emergency medical information for each member of the family is maintained and retrievable from the EMI tube which is stored in the residence kitchen refrigerator.

**EMERGENCY MEDICAL INFORMATION**

Either fill in or circle the correct response.

1. Patient: \_\_\_\_\_ Sex: M F SS# \_\_\_\_\_  

First
Initial
Last
2. Address: \_\_\_\_\_  

Street (Apt.)
City
State
Zip
3. Telephone: Home#: \_\_\_\_\_ Work#: \_\_\_\_\_  
Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Religion: \_\_\_\_\_  

day/month/year
5. Blood Type: \_\_\_\_\_ Bleeding Problems: \_\_\_\_\_
6. Medical Aids: Pacemaker    yes    no    Model# \_\_\_\_\_  
Heart Valve    yes    no    Name/Type \_\_\_\_\_  
Implants    yes    no    Name/Type \_\_\_\_\_  
Hearing Aids    yes    no    # \_\_\_\_\_ Type \_\_\_\_\_  
Dentures    yes    no    Upper \_\_\_\_\_ Lower \_\_\_\_\_  
Oxygen    yes    no  
Others (identify): \_\_\_\_\_
7. List Surgeries or Hospitalizations within last five (5) years:  
Surgery \_\_\_\_\_ Date \_\_\_\_\_  
Surgery \_\_\_\_\_ Date \_\_\_\_\_  
Surgery \_\_\_\_\_ Date \_\_\_\_\_  
Copy Attached #7?    yes    no
8. Childhood diseases:  
Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_
9. List Vaccinations: Type: \_\_\_\_\_ Date: \_\_\_\_\_  
List Allergies (if any): \_\_\_\_\_  
List Medications Allergic To (if any): \_\_\_\_\_  
Copy Attached #9?    yes    no
10. Identify location of all medications (either prescription or over-the-counter) in the HOME.
11. List all MEDICAL PROBLEMS currently treated for: \_\_\_\_\_



12. List all current physician-prescribed prescriptions and over-the-counter medications:

Type (pill, capsule, liquid, injection)\_\_\_\_\_ Dosage \_\_\_\_\_

*(Recommend that a copy of medication information provided also be retained for each individual billfold.)*

Telephone: Home#:\_\_\_\_\_Work#:\_\_\_\_\_

Cell:                      Home#:                      Work#:

Telephone:      Home#:      Work#:

Cell: \_\_\_\_\_ Home#:\_\_\_\_\_ Work#:\_\_\_\_\_

Name	Address
------	---------

Telephone:      Home#:      Work#:

Cell:                      Home#:                      Work#:

Copy Attached #15?            yes            no

17. Ophthalmologist: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Initial Last

18. Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Initial Last

19. Specialists: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Initial Last

20. Preferred Hospital:            1<sup>st</sup>                                  2<sup>nd</sup>

21. Medical Insurance (private):    yes          no          If yes, policy#: \_\_\_\_\_  
Name of Insurance Company:\_\_\_\_\_
- Copy of Medical Insurance Card Attached #21?                 yes                 no
22. Medicare:          yes          no          If yes, policy#: \_\_\_\_\_  
Copy of Medical Insurance Card Attached #22?                 yes                 no
23. Medicaid:          yes          no          If yes, policy#: \_\_\_\_\_  
Copy of Medical Insurance Card Attached #23?                 yes                 no
24. Military Identification Card (if applicable) \_\_\_\_\_Active \_\_\_\_\_Retired  
Copy of Military ID Card Attached #24?                 yes                 no  
*(Medical Insurance and Military ID Cards can all be photocopied onto one sheet)*
25. Parents: Father \_\_\_\_\_Living?      yes          no  
First Initial Last  
Mother \_\_\_\_\_Living?      yes          no  
First Maiden Last
26. Adopted:          yes          no  
If yes provide as much information on your parents' health that you know: \_\_\_\_\_  
\_\_\_\_\_  
Copy Attached #26?      yes          no
27. Marital Status: single married divorced separated  
widow widower significant other
28. I (have) (have not) COMPLETED a Durable Power of Attorney.  
Copy Attached #28?      yes          no  
Copy has been provided to Primary Physician?      yes          no  
Location of Original Document?\_\_\_\_\_
29. I (have) (have not) COMPLETED a Directive to Physicians (living will).  
Copy Attached #29?      yes          no  
Copy has been provided to Primary Physician?      yes          no  
Location of Original Document?\_\_\_\_\_
30. Organ/Tissue Donor:    yes          no  
If YES, I have discussed donation with my family members?      yes          no  
Signature of Donor:\_\_\_\_\_Date: \_\_\_\_\_
- PREPARED (DATE)  
UPDATED (DATE)

**DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL ARMED FORCES**

**LETTER OF INSTRUCTIONS**

Date: \_\_\_\_\_

**I. From Retiree:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**To Spouse/Next of Kin:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**II. The following forms and documents should be located and gathered up immediately upon death and the Casualty Assistance Representative at \_\_\_\_\_ be contacted immediately at ( ) \_\_\_\_\_ or in person:**

- Retiree Casualty Assistance Checklist
- Estate Planning Document
- Military Identification Card(s)
- Retiree's Last Pay Statement (known as a Retiree Account Statement)
- Birth Certificate(s)
- DD Forms 214
- Retirement Orders

Note: While gathering these documents, make arrangements to purchase certified copies of death certificate (up to 5). Since these can be expensive, use photocopies wherever they are accepted.

**III. Once the above items are located, the following things need to be done right away:**

- Notify Social Security (1-800-772-1213)
- Advise bank where retirement checks are sent
- Spouse to get new identification card (Military)
- Contact Private Insurance Companies (Casualty Assistance Rep. At Base will assist in getting V.A. Insurance)
- Change titles on all vehicles as well as all other "Joint Tenancy"
- Contact all other interested agencies

**IV. You can expect the Casualty Assistance people at \_\_\_\_\_ to fill out the following paperwork:**

- The Initial Retiree Death Report
- SF 1174 to be sent to DFAS-Cleveland for arrears in pay
- DD Form 1184, W-4P and FMS Form 2231 to be sent to DFAS-Denver for payment of SBP and/or RSFPP where appropriate
- VA Form 21-534 to be sent to VA as claim form for death benefits insurance (NSLI, VGLI, or SGLI) when appropriate

**Note: These are only general type of considerations since each C A R and individual will have their own personal requirements. Also, the individual services may have different needs and requirements.**

### **BURIAL INFORMATION**

Who should be notified of your death?

Name	Relationship	Address	Phone#
------	--------------	---------	--------

---

---

Do you want to be (circle one): Buried Cremated?

Name of cemetery where you want to be buried: \_\_\_\_\_

Do you want to be buried in your uniform? YES NO

Do you want a memorial service? YES NO If yes, where?

Have you purchased a burial plot? YES NO If yes, where?

Do you have a preference of funeral home? YES NO If yes, which one?

Do you want a military honor guard? YES NO

### **INFORMATION**

Enrolled in RSFPP, SBP, SSBP (circle all that apply)

**Did you disenroll from this plan?** Yes No (circle one)

VA Claim #

Eligible to draw VA disability compensation (even if not currently in receipt): Yes No (circle one)

Receiving Social Security: Yes No (circle one) If yes, age at which first received:

Organ donor: Yes No (circle one)

Is there a living will?

Date of Marriage: \_\_\_\_\_ Place of Marriage (City, State, Country): \_\_\_\_\_

---

### **LOCATION OF DOCUMENTS**

DOCUMENT

WHERE LOCATED

Living will	_____
Current Retired Pay Statement	_____
Marriage Certificate(s)	_____
Divorce Decree(s)/property settlements(s)	_____
(from previous marriages of retiree or spouse)	
Death certificate(s) (from previous marriages of retiree or spouse)	_____
Birth certificates/adoption papers (retiree, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge	_____

## Retirement Orders

Will

Vehicle Title

Investment papers (CDs, Mutual Funds,

### Burial plot information

## Medical and dental records

## Tax returns

**Account#** (check or savings)



## New Child SBP Coverage

A Retired Soldier with no eligible children at retirement may elect child SBP within one year of acquiring the first eligible child after retirement. Follow the procedures outlined in section, Notifying DFAS of SBP Election Changes. Failure to request SBP for the first dependent child following retirement closes the child SBP category. If the Retired Soldier already has child SBP coverage, the Soldier should notify DFAS-CL that he/she have an additional dependent child and provide the documentation to verify the child's legal dependency.

## Changing Insurable Interest Beneficiary

Within 180 days of the death of his/her insurable interest beneficiary, a Retired Soldier may elect in writing a new insurable interest beneficiary. For this election to be valid, the Retired Soldier must live two years past the effective date of the election. If the Retired Soldier dies before the end of the two years, the election is invalid and any premiums paid for the new insurable interest election will be paid to the Retired Soldier's SBP beneficiary. The premium for the new insurable interest beneficiary will be based on the age of the new beneficiary. Any premium increases due to age difference between the Retired Soldier and the new beneficiary will be applied retroactively to the entire period of the insurable interest election.

## SBP Termination/Withdrawal

Retired Soldiers may terminate SBP coverage between the 25th and 36th month following the date they began to receive retired pay with spouse or former spouse concurrence. No SBP premiums paid will be refunded, no annuity will be payable upon death, and SBP participation may not be resumed under any circumstance. Reservists who terminate SBP under this provision

will continue to pay RCSBP premiums for RCSBP coverage previously received. Requests for termination between the 25th and 36th month following the date of receipt of retired pay (effective date of retirement) will be submitted to DFAS on a DD Form 2656-2 (SBP Termination Request).

Retired Soldiers may withdraw if they have been rated by the VA as 100% service-connected disabled for ten or more continuous years or not less than five continuous years from the last date of active duty. Withdrawal is allowed because the Veterans Administration (VA) will presume the Retired Soldier's death is service connected and the surviving spouse will receive VA Dependency and Indemnity Compensation. A request for withdrawal requires the written consent of the beneficiary. When the Retired Soldier dies, the surviving spouse will be entitled to a refund of all SBP premiums paid.

Retired Soldiers that combine their military and Federal civilian retirement may do one of the following: (1) *drop military SBP in favor of the Civil Service Survivor Annuity*; (2) *keep military SBP, decline the Civil Service Survivor Annuity, and pay SBP costs directly to DFAS.*

A Retired Soldier with insurable interest coverage may voluntarily terminate coverage at any time without the beneficiary's concurrence with the exception of an insurable interest election for former spouse prior to November 8, 1985.



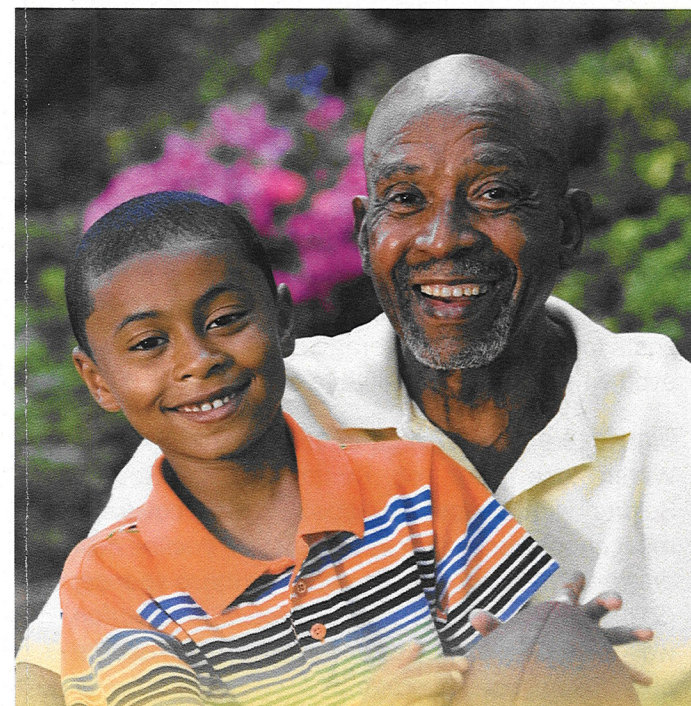
RETIRED



U.S. ARMY

This pamphlet was updated  
Sep 11 by HQDA, Army Retirement  
Services, 200 Stovall St., Alexandria,  
VA 22332-0470. See also: [www.armyg1.army.mil/retire](http://www.armyg1.army.mil/retire)

# MAINTAINING YOUR SURVIVOR BENEFIT PLAN (SBP) ELECTION AFTER RETIREMENT



You are responsible for updating your SBP election after retirement! Every issue of Army Echoes reminds Retired Soldiers to update their Survivor Benefit Plan (SBP) election within one year of events that change your dependents such as gaining a child, marriage, divorce, or death. Ignoring this reminder can result in a Retired Soldier or surviving spouse accumulating a substantial debt or, in some cases, losing SBP coverage for a dependent.

## WHAT YOU NEED TO DO!

RETIRED



U.S. ARMY



## Notifying DFAS of SBP Election Changes

To change an SBP election, unless otherwise noted, submit a DD Form 2656-6 (SBP Election Change Certificate) to the Defense Finance And Accounting Service (DFAS) with supporting documentation (divorce decree, marriage certificate, death certificate, birth certificate, adoption decree, or guardianship decree). The address is on the DD Form 2656-6.

You can contact the nearest Retirement Services Officer (RSO) for assistance. RSO contact information is available on the Army G-1 RSO Homepage at <http://www.armyg1.army.mil/rso/rso.asp>.

## SBP Premiums When You Have No Eligible Beneficiary

SBP premiums are suspended when DFAS is properly notified there is no eligible SBP beneficiary for an SBP category. However, a retired Reserve Soldier will continue to pay child RCSBP costs for the RCSBP coverage previously received even when there is no eligible child.

## Marriage or Remarriage after Retirement

Within one year of remarriage, a Retired Soldier with suspended spouse SBP coverage must choose one of three options: (1) *decline coverage for the new spouse and any future spouse*; (2) *increase coverage if the previous SBP election was for reduced spouse coverage*; or (3) *resume previous spouse coverage*.

The Retired Soldier must inform DFAS of the remarriage and choice of spouse SBP coverage by the first anniversary of the remarriage or, by law, the new spouse is automatically enrolled with the previous level of SBP coverage. The new spouse is the SBP beneficiary on the first anniversary of the marriage and the Retired Soldier owes SBP premiums from that date.

## No Spouse at Retirement

A Retired Soldier, who was unmarried at retirement, is eligible to elect spouse SBP coverage during retirement. However, the Retired Soldier must provide DFAS an SBP election for the new spouse within one year of the marriage or the spouse SBP category is closed for that spouse and any future spouse. SBP Premiums for the new spouse election start on the first anniversary of the marriage.

## Marriage after Retirement Spouse Eligibility

When a Retired Soldier marries after retirement, the spouse is not an eligible SBP beneficiary until the first anniversary of the marriage. There are two exceptions that provide the spouse immediate SBP coverage: (1) *marriage is to the spouse the Retired Soldier elected spouse coverage for at retirement or during the 21 Sep 72 - 20 Mar 74 SBP open enrollment (SBP coverage and costs are effective immediately)*; (2) *Retired Soldier remarries and has a child of that marriage, the new spouse is an eligible SBP beneficiary and premiums start effective at the birth of the child or at the one year anniversary of the marriage, whichever is first*.

## Retired Soldier SBP Actions at Divorce

If the Retired Soldier had spouse SBP coverage, the court may award former spouse SBP coverage in the divorce. The Retired Soldier has one-year from the date of the divorce to request voluntary or court-ordered former spouse SBP coverage. Former spouse SBP requests must be submitted to DFAS on a DD Form 2656-1 (SBP Election Statement for Former Spouse Coverage) with the divorce decree and any subsequent court orders. Former spouse SBP premiums are retroactive to the date of divorce. If the Retired Soldier takes no action within one year of divorce,

the Retired Soldier is precluded by law from changing the SBP to former spouse.

Retired Soldiers who do not want to change their SBP elections to former spouse, either voluntarily or court ordered, must submit a DD Form 2656-6 (Survivor Benefit Plan Election Change Certificate) to DFAS with a copy of the divorce decree. DFAS will change the spouse SBP to suspended spouse coverage and stop the spouse SBP premiums retroactive to the date of divorce.

## Former Spouse "Deemed" SBP Election

If the court awarded former spouse SBP, the former spouse has one year from the date of the first court order that addressed and awarded the former spouse SBP to "deem" the election. Deeming the SBP election allows the former spouse to ensure the SBP election is changed to former spouse.

The Retired Soldier can only change the SBP election within one year of the divorce. If the court order awarding former spouse SBP is one year or more after the date of the divorce, only the former spouse can change the SBP election by deeming former spouse coverage.

To deem former spouse SBP, the former spouse must submit a DD Form 2656-10 (SBP/RCSBP Request for Deemed Election) to DFAS with a copy of the divorce and court order awarding former spouse SBP or if a written agreement, provide the written agreement awarding former spouse SBP and the court order incorporating, ratifying, or approving the written agreement.

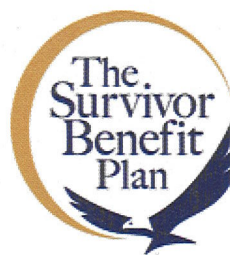






## Reminder: The Survivor Benefit Plan and Reserve Component Survivor Benefit Plan Open Season ends January 1, 2024

In the May edition of Army Echoes, which can be found at <https://soldierforlife.army.mil/Retirement/army-echoes>, we featured the Survivor Benefit Plan (SBP) Open Season authorized by the National Defense Authorization Act (NDAA) for Fiscal Year 2023. This SBP Open Season ends Jan. 1, 2024.



Just to recap, this open season allows for the following:

1. Retired Soldiers in receipt of retired pay not enrolled in SBP as of Dec. 22, 2022, are authorized to enroll in SBP coverage during this open season. This includes those that terminated coverage prior to Dec. 22, 2022.
2. Retired Soldiers in receipt of retired pay enrolled in SBP as of Dec. 22, 2022 can discontinue SBP coverage during this open season.
3. Army Reserve/National Guard Soldiers and Gray Area Retired Soldiers not participating in RCSBP, as of Dec. 22, 2022, are authorized to enroll in RCSBP coverage during this open season.
4. Army Reserve/National Guard Soldiers and Gray Area Retired Soldiers enrolled in RCSBP as of Dec. 22, 2022 can discontinue RCSBP and by extension SBP coverage during this open season.

The 2023 SBP Open Season does NOT allow for changes to existing SBP or RCSBP coverage which includes suspended coverage.

Before you make a decision about whether this SBP Open Season is right for you, take a look at the article on the SBP Open Season in the May edition of Army Echoes at <https://soldierforlife.army.mil/Retirement/army-echoes> and the different fact sheets on the Army SBP page at <https://soldierforlife.army.mil/Retirement/survivor-benefit-plan>.

NOTE: For enrollment into SBP, the Defense Finance and Accounting Service (DFAS) provides an estimate of the buy-in premium and monthly cost after they receive your Letter of Intent (LOI). If you did not submit your LOI prior to Nov. 1, 2023, you may not receive the estimate prior to the end of the SBP Open Season. DFAS has some examples of buy-in premiums on their SBP Open Season NDAA 2023 focus page at <https://www.dfas.mil/RetiredMilitary/provide/sbp/SBP-Open-Season-NDAA2023/#Enroll>. They can be found under the section labeled "SBP Open Season Example Buy-in Premiums". If you wish to enroll without receiving your estimate, you can still submit the enrollment form prior to Jan. 1, 2024.

Make sure you speak with an Army Personal Financial Counselor and your servicing RSO before making an SBP Open Season election. SBP Open Season ends Jan. 1, 2024.

NOV 2023 - JAN 2024

### MONEY MATTERS

*What happens to your military retired pay when the government shuts down ..... 3*

*Your retired pay account needs a regular checkup ..... 6*

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*TRICARE Open Season.. ..... 4*

*Can a veteran's disability rating reduce taxable military retired pay?..... 5*

*Foreign Government Employment (FGE)..... 7*

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**This is for the retiree and the spouse. You will need Service Members NGB 22 or DD 214**

**STATE OF MISSOURI**  
**MISSOURI VETERANS CEMETERY PRECERTIFICATION APPLICATION**

PLEASE INDICATE CEMETERY PREFERENCE BY MARKING THE APPROPRIATE BOX

<input type="checkbox"/> MISSOURI VETERANS CEMETERY 17357 STARS AND STRIPES WAY BLOOMFIELD, MO 63825 P: 573.568.3871 F: 573.568.3421	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 25350 HIGHWAY H WAYNESVILLE, MO 65583 P: 573.774.3496 F: 573.774.2160	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 20109 BUSINESS HIGHWAY 13 HIGGINSVILLE, MO 64037 P: 660.584.5252 F: 660.584.9525
<input type="checkbox"/> MISSOURI VETERANS CEMETERY 1479 COUNTY ROAD 1675 JACKSONVILLE, MO 65260 P: 660.295.4237 F: 660.295.4259	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 5201 SOUTH SOUTHWOOD ROAD SPRINGFIELD, MO 65804 P: 417.823.3944 F: 417.823.0252	

**PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS.** This application will be used by the Missouri Veterans Cemetery to pre-certify eligibility for burial in any Missouri Veterans Cemetery. A COPY OF THE VETERANS DISCHARGE PAPERS OR DD 214 IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION.

**VETERAN APPLICANT'S NAME, PERSONAL AND SERVICE INFORMATION: (Type or print legibly)**

1. FIRST		2. MIDDLE (or Initial)		3. LAST (Legal Last Name; not Maiden Name)		4. SUFFIX	
5. CURRENT ADDRESS (Number, Street)		6. CITY		7. STATE		8. ZIP CODE	
9. DATE OF BIRTH (MM/DD/YYYY)		10. SOCIAL SECURITY NUMBER (XXX-XX-XXXX)		11. MARITAL STATUS: MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>		12. GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
						13. MILITARY STATUS: VETERAN <input type="checkbox"/> RETIRED <input type="checkbox"/>	

**SPOUSE'S NAME AND PERSONAL INFORMATION:**

(Marriage documentation must be provided)

14. FIRST		15. MIDDLE (or Initial)		16. LAST (Legal Last Name; not Maiden Name)		17. SUFFIX	
18. DATE OF BIRTH (MM/DD/YYYY)		19. SOCIAL SECURITY NUMBER (XXX-XX-XXXX)		20. WILL VETERAN'S SPOUSE ALSO BE INTERRED AT THIS CEMETERY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
				21. IS SPOUSE ALSO A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>			
				(Documentation must be provided at this time)			
22. IF SPOUSE IS ALSO A VETERAN, PLEASE CHOOSE ONE OF THE FOLLOWING: (Only if eligible and all documentation received prior to veteran spouse burial, otherwise will be in same gravesite)				I DESIRE TO BE INTERRED WITH VETERAN OR <input type="checkbox"/> I DESIRE ADJACENT GRAVE/NICHE OF MY OWN <input type="checkbox"/>			

**PERSONS FOUND GUILTY OF A FEDERAL OR STATE CAPITAL CRIME, ARE INELIGIBLE.**

**\*38 U.S.C. § 2411 Summary Persons Found Guilty of a Capital Crime and Persons Convicted of Certain Sex Offenses**

Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a federal or state capital crime, for which a sentence of imprisonment for life or the death penalty may be imposed and the conviction is final. Federal officials may not inter in veterans cemeteries persons who are shown by clear and convincing evidence to have committed a federal or state capital crime but were unavailable for trial due to death or flight to avoid prosecution. Federally funded state veterans cemeteries must also adhere to this law. This prohibition is also extended to furnishing a Presidential Memorial Certificate, a burial flag, and a headstone or marker. Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a Tier III sex offense, who was sentenced to a minimum of life imprisonment and whose conviction is final. Federally funded state and tribal organization veterans cemeteries must also adhere to this law. This prohibition also applies to Presidential Memorial Certificate, burial flag, and headstone and marker benefits.

I certify under the penalty of perjury that I have read and understand all of the rules, regulations, requirements and obligations for interment in the Missouri Veterans Cemetery.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

23. Telephone Number \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

To be completed by Missouri Veterans Cemetery.

This application has been reviewed and burial has been authorized in the Missouri Veterans Cemetery.

\_\_\_ Approved \_\_\_ Disapproved Signature \_\_\_\_\_ Date \_\_\_\_\_

## Precertification Application Instructions and Requirements for Missouri Veterans Cemetery

All of the Missouri Veterans Cemeteries strive to offer the highest quality of care and provide a number of free benefits to the veteran and their eligible dependents.

### **BENEFITS**

- Burial Space
- Upright Granite Headstone
- Grave liner
- Placement of cremation remains in either a columbarium niche or in-ground burial with upright granite headstone
- Opening and closing of the grave
- Perpetual care

### **ELIGIBILITY:**

- Criteria for burial at a Missouri Veterans Cemetery is the same as for a national cemetery. For a complete list of eligibility criteria for veterans, spouses and dependents, please visit the National Cemetery Administration website at [www.cem.va.gov/burial\\_benefits/eligible.asp](http://www.cem.va.gov/burial_benefits/eligible.asp)
- Marriage - Veteran and spouse must be legally married. Any former spouse of an eligible veteran whose marriage to that veteran has been terminated by annulment or divorce is not eligible.

### **Military Service:**

- Veterans may request military records at the National Archives website at <https://www.archives.gov/Veterans/military-service-records>

### **Residency:**

- There are no residency requirements for burial in a Missouri Veterans Cemetery.

### **FEES:**

- There is no charge for burial in a Missouri Veterans Cemetery.

## Retiree Council Group compiled these websites to help Retirees

Subject: Fwd: Sites for VA related matters.

PLEASE pass this along to any veterans you know is very helpful for all Servicemen and women of all wars.

Comment: Someone has gone to a lot of trouble. If this helps one person, then it was worthwhile. Please pass this on to all Veterans on your-mail list.

Below are web-sites that provide information on Veterans benefits and how to file/ask for them. Accordingly, there are many sites that explain how to obtain books, military/medical records, information and how to appeal a denied claim with the VA. Please pass this information on to every Veteran you know. Nearly 100% of this information is free and available for all veterans, the only catch is: you have to ask for it, because they won't tell you about a specific benefit unless you ask for it. You need to know what questions to ask so the right doors open for you and then be ready to have an advocate who is willing to work with and for you, stay in the process, and press for your rights and your best interests.

Appeals [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch05.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch05.doc)

Board of Veteran's Appeals <http://www.va.gov/vbs/bva/>

CARES Commission <http://www.va.gov/vbs/bva/>

CARES Draft National Plan <http://www1.va.gov/cares/page.cfm?pg=105>

Center for Minority Veterans <http://www1.va.gov/centerforminorityveterans/>

Center for Veterans Enterprise <http://www.vetbiz.gov/default2.htm>

Center for Women Veterans <http://www1.va.gov/womenvet/>

Clarification on the changes in VA healthcare for Gulf War

Veterans <http://www.gulfwarvets.com/ubb/Forum1/HTML/000016.html>

Classified Records - American Gulf War Veterans

Assoc <http://www.gulfwarvets.com/ubb/Forum18/HTML/000011.html>

Compensation for Disabilities Associated with the Gulf War

Service [http://www.warms.vba.va.gov/admin21/m21\\_1/part6%20/ch07.doc](http://www.warms.vba.va.gov/admin21/m21_1/part6%20/ch07.doc)

Compensation Rate Tables, 12-1-03 <http://www.vba.va.gov/bln/21/Rates/comp01.htm>

Department of Veterans Affairs Home Page <http://www.va.gov/>

Directory of Veterans Service

Organizations <http://www1.va.gov/vso/index.cfm?template=view>

Disability Examination Worksheets Index,

Comp <http://www.vba.va.gov/bln/21/Benefits/exams/index.htm>

Due Process [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch02.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch02.doc)

Duty to Assist [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch01.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch01.doc)

Electronic Code of Federal Regulations <http://www.gpoaccess.gov/ecfr/>

Emergency, Non-emergency, and Fee Basis

Care <http://www1.va.gov/opa/vadocs/fedben.pdf>

Environmental Agents <http://www1.va.gov/environagents/>

Environmental Agents

M10 [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1002](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1002)

Establishing Combat Veteran

Eligibility [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=315](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=315)

EVALUATION PROTOCOL FOR GULF WAR AND IRAQI FREEDOM VETERANS  
WITH POTENTIAL EXPOSURE TO DEPLETED URANIUM

(DU) <http://www1.va.gov/gulfwar/docs/DUHandbook1303122304.DOC> and [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1158](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1158)

See also, Depleted Uranium Fact

Sheet <http://www1.va.gov/gulfwar/docs/DepletedUraniumFAQSheet.doc>

EVALUATION PROTOCOL FOR NON-GULF WAR VETERANS WITH POTENTIAL  
EXPOSURE TO DEPLETED URANIUM

(DU) <http://www1.va.gov/gulfwar/docs/DUHANDBOOKNONGW130340304.DOC>

Fee Basis, PRIORITY FOR OUTPATIENT MEDICAL SERVICES AND INPATIENT  
HOSPITAL

CARE [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=206](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=206) Federal  
Benefits for Veterans and Dependents

2005 <http://www1.va.gov/opa/vadocs/fedben.pdf> OR, [http://www1.va.gov/opa/vadocs/current\\_benefits.htm](http://www1.va.gov/opa/vadocs/current_benefits.htm)

Forms and Records Request <http://www.va.gov/vaforms/>

General Compensation

Provisions [http://www.access.gpo.gov/uscode/title38/partii\\_chapter11\\_subchaptervi.html](http://www.access.gpo.gov/uscode/title38/partii_chapter11_subchaptervi.html)

Geriatrics and Extended Care <http://www1.va.gov/geriatricsshg/>

Guideline for Chronic Pain and Fatigue MUS-

CPG [http://www.oqp.med.va.gov/cpg/cpgn/mus/mus\\_base.htm](http://www.oqp.med.va.gov/cpg/cpgn/mus/mus_base.htm)

Guide to Gulf War Veteran's Health <http://www1.va.gov/gulfwar/docs/VHlgulfwar.pdf>  
Gulf War Subject

Index <http://www1.va.gov/GulfWar/page.cfm?pg=7&template=main&letter=A>

Gulf War Veteran's Illnesses

Q&A's <http://www1.va.gov/gulfwar/docs/GWIllnessesQandAsIB1041.pdf>

Hearings [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch04.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch04.doc)

Homeless Veterans <http://www1.va.gov/homeless/>

HSR&D Home <http://www.hsr.d.research.va.gov/>

Index to Disability Examination Worksheets C&P

exams <http://www.vba.va.gov/bln/21/benefits/exams/index.htm>

Ionizing Radiation <http://www1.va.gov/irad/>

Iraqi Freedom/Enduring Freedom Veterans VBA <http://www.vba.va.gov/EFIF/>

M 10 for spouses and children

< [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1007](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1007)

M10 Part III Change

1 [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1008](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1008)

M21-1 Table of Contents [http://www.warms.vba.va.gov/M21\\_1.html](http://www.warms.vba.va.gov/M21_1.html)

Mental Disorders, Schedule of

Ratings [http://www.warms.vba.va.gov/regs/38CFR/BOOKC/PART4/S4\\_130..DOC](http://www.warms.vba.va.gov/regs/38CFR/BOOKC/PART4/S4_130..DOC)

Mental Health Program

Guidelines [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1094](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1094)

Mental Illness Research, Education and Clinical Centers <http://www.mirecc.med.va.gov/>

MS (Multiple Sclerosis) Centers of Excellence <http://www.va.gov/ms/about.asp>

My Health e Vet <http://www.myhealth.va.gov/NASDVA.COM> <http://nasdva.com/>

National Association of State Directors <http://www.nasdva.com/>

National Center for Health Promotion and Disease

Prevention <http://www.nchdpd.med.va.gov/postdeploymentlinks.asp>

Neurological Conditions and Convulsive Disorders, Schedule of

Ratings <http://www.warms.vba.va.gov/regs/38cfr/bookc/part4/s4%5F124a.doc>

OMI (Office of Medical Inspector) <http://www.omi.cio.med.va.gov/>

Online VA Form 10-10EZ <https://www.1010ez.med.va.gov/sec/vha/1010ez/>

Parkinson's disease and related neurodegenerative

disorders <http://www1.va.gov/resdev/funding/solicitations/docs/parkinsons.pdf> and, <http://www1.va.gov/padrece/>

Peacetime Disability Compensation <http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse usc&docid=Cite:+38USC1131>

Pension for Non-Service-Connected Disability or

Death <http://www.access.gpo.gov/uscode/title38/partii chapter15 subchapteri .html> and, <http://www.access.gpo.gov/uscode/title38/partii chapter15 subchapterii .html> and, <http://www.access.gpo.gov/uscode/title38/partii chapter15 subchapteriii .html>

Persian Gulf

Registry [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1003](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1003)

This program is now referred to as Gulf War Registry Program (to include Operation Iraqi Freedom) as of March 7,

2005: [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1232](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1232)

Persian Gulf Registry Referral

Centers [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1006](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1006)

Persian Gulf Veterans' Illnesses Research 1999, Annual Report To

Congress [http://www1.va.gov/resdev/1999\\_Gulf\\_War\\_Veterans'\\_Illnesses\\_Appendices.doc](http://www1.va.gov/resdev/1999_Gulf_War_Veterans'_Illnesses_Appendices.doc)

Persian Gulf Veterans' Illnesses Research 2002, Annual Report To

Congress [http://www1.va.gov/resdev/prt/gulf\\_war\\_2002/GulfWarRpt02.pdf](http://www1.va.gov/resdev/prt/gulf_war_2002/GulfWarRpt02.pdf)

Phase I PGR [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1004](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1004)

Phase II PGR [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1005](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1005)

Policy Manual Index <http://www.va.gov/publ/direc/eds/edsmps.htm>

Power of

Attorney [http://www.warms.vba.va.gov/admin21/m21\\_1/mr/part1/ch03.doc](http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch03.doc) Project 112 (Including Project SHAD) <http://www1.va.gov/shad/>

Prosthetics

Eligibility [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=337](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=337)

Public Health and Environmental Hazards Home

Page <http://www.vethealth.cio.med.va.gov/>

Public Health/SARS <http://www..publichealth.va.gov/SARS/>

Publications Manuals <http://www1.va.gov/vhapublications/publications.cfm?Pub=4>

## Publications and

Reports [http://www1.va.gov/resdev/prt/pubs\\_individual.cfm?webpage=gulf\\_war.htm](http://www1.va.gov/resdev/prt/pubs_individual.cfm?webpage=gulf_war.htm)

Records Center and Vault Homepage <http://www.aac.va.gov/vault/default.html>

Records Center and Vault Site Map <http://www.aac.va.gov/vault/sitemap.html>

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S

RECORDS <http://www.forms.va.gov/va/Internet/VARF/getformharness.asp?formName=3288-form.xft>

Research Advisory Committee on Gulf War Veterans Illnesses April 11, 2002 [http://www1.va.gov/rac-gwvi/docs/Minutes\\_April112002.doc](http://www1.va.gov/rac-gwvi/docs/Minutes_April112002.doc)

Research Advisory Committee on Gulf War Veterans Illnesses

[http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations\\_2004.pdf](http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations_2004.pdf)

Research and Development [http://www.appc1.va.gov/resdev/programs/all\\_programs.cfm](http://www.appc1.va.gov/resdev/programs/all_programs.cfm)

Survivor's and Dependents' Educational

Assistance [http://www.access.gpo.gov/uscode/title38/partiii\\_chapter35\\_.html](http://www.access.gpo.gov/uscode/title38/partiii_chapter35_.html)

Title 38 Index Parts 0-17

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl)

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl)

Part 18

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2\\_02..tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl)

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2\\_02..tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl)

Title 38 Part 3 Adjudication Subpart Pension, Compensation, and Dependency and

Indemnity Compensation [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl)

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl)

Title 38 Pensions, Bonuses & Veterans Relief (also Â§ 3.317 Compensation for certain disabilities due to undiagnosed illnesses found here) [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl) Title 38 PART 4--SCHEDULE FOR RATING DISABILITIES Subpart B--

DISABILITY RATINGS

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38>

Title 38 Â§ 4.16 Total disability ratings for compensation based on unemployability of the individual. PART 4 SCHEDULE FOR RATING DISABILITIES Subpart General Policy in Rating <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&rgn=div8&view=text&node=38:1.0.1.1.5.1.96.11&idno=38>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&rgn=div8&view=text&node=38:1.0.1.1.5.1.96.11&idno=38>

U.S. Court of Appeals for Veterans Claims <http://www.vetapp.gov/>

VA Best Practice Manual for Posttraumatic Stress Disorder

(PTSD) <http://www.avapl.org/pub/PTSD%20Manual%20final%206.pdf>

VA Fact Sheet <http://www1.va.gov/opa/fact/gwfs.html>

VA Health Care Eligibility <http://www.va.gov/healtheligibility/home/hecmmain.asp>



## VA INSTITUTING GLOBAL ASSESSMENT OF FUNCTION

(GAF) <http://www.avapl.org/gaf/gaf.html>

VA Life Insurance Handbook Chapter

3 <http://www.insurance.va.gov/inForceGliSite/GLIhandbook/glibookdetch3.htm#310>

VA Loan Lending Limits and Jumbo Loans [http://valoans.com/va\\_facts\\_limits.cfm](http://valoans.com/va_facts_limits.cfm)

VA MS Research <http://www.va.gov/ms/about.asp>

VA National Hepatitis C Program <http://www.hepatitis.va.gov/>

VA Office of Research and Development <http://www1.va.gov/resdev/>

VA Trainee Pocket Card on Gulf War <http://www.va.gov/OAA/pocketcard/gulfwar.asp>

VA WMD EMSHG <http://www1.va.gov/emshg/>

VA WRIISC-DC <http://www.va.gov/WRIISC-DC/>

VAOIG Hotline Telephone Number and

Address <http://www.va.gov/oig/hotline/hotline3.htm>

Vet Center Eligibility - Readjustment Counseling

Service <http://www.va.gov/rcs/Eligibility.htm>

Veterans Benefits Administration Main Web Page <http://www.vba.va.gov/>

Veterans Legal and Benefits Information <http://valaw.org/>

VHA Forms, Publications, Manuals <http://www1.va.gov/vhapublications/>

VHA Programs - Clinical Programs &

Initiatives [http://www1.va.gov/health\\_benefits/page.cfm?pg=13](http://www1.va.gov/health_benefits/page.cfm?pg=13)<http://webmaila.juno.com/webmail/new/UriBlockedError.aspx> >

VHA Public Health Strategic Health Care Group Home Page <http://www.publichealth.va.gov/>

VHI Guide to Gulf War Veterans

Health [http://www1.va.gov/vhi\\_ind\\_study/gulfwar/istudy/index.asp](http://www1.va.gov/vhi_ind_study/gulfwar/istudy/index.asp)

Vocational Rehabilitation <http://www.vba.va.gov/bln/vre/>

Vocational Rehabilitation

Subsistence <http://www.vba.va.gov/bln/vre/InterSubsistencefy04.doc>

VONAPP online <http://vabenefits.vba.va.gov/vonapp/main.asp>

WARMS - 38 CFR Book C <http://www.warms.vba.va.gov/bookc.html>

Wartime Disability Compensation [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:+38USC1110](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1110)

bin/getdoc.cgi?dbname=browse\_usc&docid=Cite:+38USC1110

War-Related Illness and Injury Study Center - New Jersey <http://www.wri.med.va.gov/>

Welcome to the GI Bill Web Site <http://www.gibill.va.gov/>

What VA Social Workers Do <http://www1.va.gov/socialwork/page.cfm?pg=3>

WRIISC Patient Eligibility <http://www.illegion.org/va1.html>

Print this and save it in your VA files. There may be a need for its use in the future.

## **REPORT THE DEATH OF A GRAY AREA RETIREE**

To report the death of a “Gray Area” retiree (under age 60), contact the following:

MISSOURI NATIONAL GUARD	573-638-9500 ext. 39648
RETIREMENT SERVICES OFFICE (RSO)	573-638-9500 ext. 37011

Or

HUMAN RESOURCES COMMAND (HRC)	502-613-8950
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The RSO will assist the survivor spouse/child(ren) in completing the paperwork to claim the Reserve Component Survivor Benefit Plan (RCSBP) annuity, if applicable.

Required paperwork is:

- DD Form 2656-7, Verification for SBP Annuity
- Marriage License
- Copy of Soc Sec Card
- Death Certificate
- Twenty-Year Letter
- DD Form 1883 or DD Form 2656-5, RCSBP Election
- Certificate NGB Form 23, Retirement Points History
- Order of Transfer to Retired Reserve or Discharge Order
- NGB Form 22/DD Forms 214
- Direct Deposit Form
- W4P, Withholding Certificate for Pension or Annuity Payments
- Child(ren) Birth Certificates

Paperwork will be sent to: HR Center of Excellence  
ATTN: AHRC-PDP-TR  
1600 Spearhead Division Ave, Dept 482  
Ft. Knox, KY 40122-5402

If there is no surviving spouse or child(ren) or a previous RCSBP election was not made, HRC will be forwarded a copy of the death certificate and a copy of the Twenty-Year Letter and NGB Form 23. This will let HRC know the retiree will not be making an application for retired pay.

## **REPORT THE DEATH OF A SPOUSE/RCSBP ANNUITANT**

Report the death of a spouse to the MONG Retirement Services Office at one of the numbers listed above. The RSO will help the retiree complete the necessary paperwork to remove the spouse the RCSBP election.



# SSLI Overview

November 2015

Since 1963, the Missouri National Guard Association (MoNGA) has had an SSLI Program—or, State Sponsored Life Insurance Program. A SSLI Program is available in all 50 states and the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. Like Missouri, the program in the other states and territories is sponsored by the state Guard association.<sup>1</sup> The general intent of the SSLI Program is to encourage persons to join and remain in the National Guard, ensure the morale and welfare of the Guard, and, simply stated, to take care of soldiers and airmen.

Guard members who elect to take part in the SSLI Program (participation is voluntary) are afforded various levels of life insurance coverage.<sup>2</sup> Participants have choices about the extent of coverage they desire. Payment for the insurance is deducted from the monthly salaries of program participants. Federal law gives authority for the salary deduction for SSLI Programs.

More narrowly, the Basic SSLI Program provides up to \$25,000 life insurance coverage on Guard members, \$25,000 on spouses, and \$10,000 on children. There is an Enhanced SSLI Program for persons who desire that provides up to \$260,000 on Guard members, \$155,000 on spouses, and \$35,000 on children. Coverage remains the same and monthly rates do not change when a member retires or leaves the National Guard. Coverage is provided until age 70. Coverage is guaranteed and can commence at any time—even after notification of a Guardsman's mobilization or assignment to a combat zone.

A professional TPA—The Shuey Group, Staunton Virginia—administers the Missouri SSLI Program. The insurance underwriter for the Missouri SSLI Program is AFBA 5Star, Alexandria, Virginia.

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<sup>1</sup> In the states and territories, there is also an SGLI Program, or State Guard Life Insurance Program. This program is sponsored by the various state Guard units and is separate and distinct from the SSLI Program. The SGLI Program was begun in 1974.

<sup>2</sup> Participation in the SSLI Program is voluntary. However, for all persons who are active in the Missouri Guard, the Missouri SSLI Program provides a \$1,000 “no cost” death benefit—even in situations where the Guardsman has declined SSLI coverage.

**Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement**  
**(Updated 19 August 2021)**

I \_\_\_\_\_, by my signature, certify that I previously  
(Print Rank/Full Name/Last Four of SSN)  
received SBP counseling and understand the following:

1. My retired pay stops when I die. My participation in SBP is the only way my eligible beneficiaries will receive a portion of my retired pay after my death.
2. The SBP annuity is 55 percent of the base amount I choose. The base amount is the amount of my retired pay I elect to cover for SBP. The spouse SBP cost is 6.5 percent of the base amount. My base amount increases with any changes to gross retired pay to include yearly cost of living adjustments (COLA). This increases my retired pay, the SBP base amount, the SBP cost, and the SBP annuity. SBP premiums start from the effective date of my retirement, even if my retirement is backdated to an earlier date. Below is my estimated retired pay, SBP annuity, and SBP cost for my SBP election.  
  
3. **SBP Base Amount \$ \_\_\_\_\_; SBP Annuity \$ \_\_\_\_\_; Monthly SBP Cost \$ \_\_\_\_\_.**
4. I must complete an SBP election on the DD form 2656, even if I have no eligible beneficiaries.
5. If for some reason I fail to make an SBP election prior to my retirement date, by law, my election will be full coverage for any spouse and or children I have at retirement.
6. If married and I elect less than the maximum spouse SBP coverage allowed by law, I will require my spouse's concurrence. Spouse concurrence must be signed on or after the date I signed and prior to my date placed on the retired list to be valid. Maximum spouse SBP and SBP costs for a REDUX retirement is full retired pay as if the retirement was high 36 month calculation. If a lump sum is elected at retirement under BRS, the maximum spouse SBP coverage is the full retired pay that would be received without the lump sum election.
7. My SBP election is generally irrevocable. I can terminate all SBP coverage between the 25<sup>th</sup> and 36<sup>th</sup> month following my retirement with my spouse's concurrence. There is no refund of premiums for coverage I already received and I will be barred from future SBP participation.
8. My SBP is paid-up and I will pay no more SBP premiums after making 360 SBP payments and reaching at least age 70.
9. If my SBP beneficiaries change (e.g. birth, death, divorce, or marriage) between completing my SBP election and my retirement date, a new DD Form 2656 with an updated SBP election is required.
10. If I do not elect SBP for a spouse or eligible child at retirement, I close those SBP categories forever.
11. My spouse's SBP annuity ends if remarried prior to age 55. If that marriage ends, the spouse SBP annuity restarts from that date and my spouse must re-apply for the SBP annuity.
12. If I elected spouse and children or children only SBP coverage, all my eligible children are covered.
13. If I elected spouse and children SBP, my spouse is the primary beneficiary. My SBP only goes to the children if my surviving spouse dies or remarries prior to age 55.
14. Children are eligible for SBP until age 18 or 22 if a full time unmarried student. A child that marries at any age loses eligibility for SBP, even if that marriage ends.
15. If I have a child who is totally incapacitated and the incapacitation occurred at an age the child would have been eligible for SBP, the child would receive the SBP annuity for life. The SBP annuity for an incapacitated child may be paid to a special needs trust established for the benefit of the child.

**Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement**  
**(Updated 19 August 2021)**

16. If I am unmarried at retirement and elect child SBP, I have one year from my first marriage after retirement to add my new spouse to my existing child SBP coverage. If I did not have a child at retirement and elected spouse SBP, I have one year from the date I gained the child to add a child to my existing spouse SBP coverage.

17. **No Beneficiary at Retirement.** If I have no beneficiary at retirement (spouse and or child), I understand the following: I have one year from my first marriage and or gaining a child to notify the Defense Finance and Accounting Service and request SBP coverage. If I take no action within one year, the SBP category is closed for not only that SBP beneficiary category but any future beneficiary in that SBP category. If I elect SBP, SBP premiums and coverage normally start at the first anniversary of the marriage for spouse and for a child at one year from gaining the child.

18. **Insurable Interest SBP Election.** Insurable interest SBP only applies if I am unmarried, have no eligible children, and do not desire to elect former spouse SBP. I understand I can elect SBP for someone who has an insurable interest in my life. If I elected insurable interest SBP and after retirement, I marry or have a child, I have one year to cancel my insurable interest SBP and elect spouse and or child SBP or I will close that SBP category permanently. I understand that if I am medically retired, my Insurable Interest election is not valid unless I live one year from retirement or if I die within one year, my death must not be attributable to a medical condition for which I was medically retired. At the death of my insurable interest beneficiary, I must make an election for a new insurable interest beneficiary within 180 days or close my insurable interest election permanently.

19. **Former Spouse at Retirement.** If I divorced prior to retirement, I can elect former spouse SBP coverage at my retirement. If court ordered and I do not elect former spouse SBP, the court may find me in contempt of court. An election of former spouse and children SBP coverage only includes the children of my marriage to my former spouse. With the death of the former spouse, an election for spouse SBP coverage may be made. Court ordered former spouse SBP can be changed by having all the court orders amended to show former spouse SBP is no longer court ordered and request spouse SBP as long as done within one year of marriage.

20. **SBP and VA Disability.** This section applies to Soldiers being medically retired or who have a possible future VA disability claim. If my death is determined by the VA to be service connected, my surviving spouse and eligible children will receive Dependency and Indemnity Compensation (DIC) from the VA. My surviving spouse's SBP will be offset by 2/3 of spouse DIC in Calendar Year (CY) 2021, by 1/3 of spouse DIC in CY 2022 and not offset starting January 1, 2023. If I die prior to January 1, 2023 and my spouse is eligible to receive both SBP and DIC, they will receive a prorated amount of the SBP premiums I paid. I may withdraw from SBP if the VA rates me as totally disabled either for not less than five continuous years from the date of last active duty or if awarded after retirement, for ten or more continuous years. If I withdraw from SBP for total disability, my surviving spouse will receive a full refund of all spouse SBP costs paid. If I am not rated by VA as totally disabled for the above timeframes, there is no guarantee VA will determine my death is service connected or that my survivors will receive DIC. If my VA disability compensation completely offsets my retired pay, I must pay my SBP premiums to DFAS through direct remittance or I may direct VA, by submit a DD Form 2891, to pay the premiums to DFAS from my disability pay. Unpaid SBP premiums carried over into a new billing month will accrue an interest fee.

**Soldier's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Army SBP Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Installation/Location:** \_\_\_\_\_

**Retirement Services Office: phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Distribution: Soldier; DFAS with DD Form 2656; RSO with copy of DD Form 2656**

IMPORTANT NOTICE!

# The Retiree Dental and Vision Benefit

# TAKE COMMAND

The TRICARE Retiree Dental Program ended  
**DEC. 31, 2018.**

During the 2023 Open Season, you can enroll in the Office of Personnel Management's (OPM) **Federal Dental and Vision Insurance Program (FEDVIP)** for dental benefits in 2024. Also, for the first time, most military retirees and their family members who are enrolled in a TRICARE health plan will have the option to enroll in vision benefits through FEDVIP. To learn more and sign up for alerts, visit [tricare.benefeds.com](https://tricare.benefeds.com) or [tricare.mil/fedvip](https://tricare.mil/fedvip).



### Dental care improves oral health.

Given increasing connections between oral and overall health, dental coverage is critical.



### Most adults need vision correction.

Approximately 66% of Americans age 18 and over report using glasses, contacts or both.

## 2024 FEDVIP Dental Plans:

Aetna Dental	HealthPartners
BCBS FEP Dental	Humana Dental
Delta Dental	MetLife Federal
Dominion National	Triple-S Salud
EmblemHealth	United Concordia Dental
GEHA	United Healthcare Dental

## 2024 FEDVIP Vision Plans:

Aetna Vision  
BCBS FEP Vision  
The MetLife Federal  
UnitedHealthcare  
Vision Vision Plan

**Note:** Plan details and rates for the 2024 plan year will be available in fall 2023.

## Important Dates

**You don't need to take action now.** But, to prevent a gap in dental coverage when your TRDP plan ends, you must select and enroll in a FEDVIP dental plan during the next Federal Benefits Open Season.



**Nov 12—Dec 09, 2024**

Federal Benefits Open Season for FEDVIP



**Jan 1, 2025**

2025 FEDVIP plan  
year begins

For more information, visit [TRICARE.benefeds.com](https://tricare.benefeds.com).

2024 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

Please note: Rating areas for each carrier are not the same for all plans. Please refer to the Dental Rating Chart to determine your specific region.

Plan - Option	Rating Region	2024 Biweekly Premium Rates - Self-Only	2024 Biweekly Premium Rates - Self Plus One	2024 Biweekly Premium Rates - Self & Family	2024 Monthly Premium Rates - Self-Only	2024 Monthly Premium Rates - Self Plus One	2024 Monthly Premium Rates - Self & Family
Aetna Dental - High	0	\$18.62	\$37.23	\$55.85	\$40.34	\$80.67	\$121.01
Aetna Dental - High	1	\$16.90	\$33.79	\$50.69	\$36.62	\$73.21	\$109.83
Aetna Dental - High	2	\$18.62	\$37.23	\$55.85	\$40.34	\$80.67	\$121.01
Aetna Dental - High	3	\$19.81	\$39.62	\$59.42	\$42.92	\$85.84	\$128.74
Aetna Dental - High	4	\$21.86	\$43.73	\$65.58	\$47.36	\$94.75	\$142.09
Aetna Dental - High	5	\$23.74	\$47.48	\$71.22	\$51.44	\$102.87	\$154.31
Aetna Dental - Standard	0	\$10.86	\$21.70	\$32.55	\$23.53	\$47.02	\$70.53
Aetna Dental - Standard	1	\$9.86	\$19.73	\$29.59	\$21.36	\$42.75	\$64.11
Aetna Dental - Standard	2	\$10.86	\$21.70	\$32.55	\$23.53	\$47.02	\$70.53
Aetna Dental - Standard	3	\$11.54	\$23.08	\$34.61	\$25.00	\$50.01	\$74.99
Aetna Dental - Standard	4	\$12.72	\$25.43	\$38.15	\$27.56	\$55.10	\$82.66
Aetna Dental - Standard	5	\$13.80	\$27.61	\$41.41	\$29.90	\$59.82	\$89.72
Blue Cross Blue Shield FEP Dental - High	0	\$18.39	\$36.77	\$55.16	\$39.85	\$79.67	\$119.51
Blue Cross Blue Shield FEP Dental - High	1	\$18.39	\$36.77	\$55.16	\$39.85	\$79.67	\$119.51
Blue Cross Blue Shield FEP Dental - High	2	\$20.60	\$41.20	\$61.80	\$44.63	\$89.27	\$133.90
Blue Cross Blue Shield FEP Dental - High	3	\$22.43	\$44.85	\$67.28	\$48.60	\$97.18	\$145.77
Blue Cross Blue Shield FEP Dental - High	4	\$24.29	\$48.58	\$72.87	\$52.63	\$105.26	\$157.89
Blue Cross Blue Shield FEP Dental - High	5	\$27.19	\$54.37	\$81.56	\$58.91	\$117.80	\$176.71
Blue Cross Blue Shield FEP Dental - Standard	0	\$9.87	\$19.75	\$29.62	\$21.39	\$42.79	\$64.18
Blue Cross Blue Shield FEP Dental - Standard	1	\$9.87	\$19.75	\$29.62	\$21.39	\$42.79	\$64.18
Blue Cross Blue Shield FEP Dental - Standard	2	\$10.82	\$21.63	\$32.45	\$23.44	\$46.87	\$70.31
Blue Cross Blue Shield FEP Dental - Standard	3	\$12.30	\$24.60	\$36.90	\$26.65	\$53.30	\$79.95
Blue Cross Blue Shield FEP Dental - Standard	4	\$13.28	\$26.56	\$39.85	\$28.77	\$57.55	\$86.34
Blue Cross Blue Shield FEP Dental - Standard	5	\$14.67	\$29.33	\$44.00	\$31.79	\$63.55	\$95.33
Delta Dental's Federal Employees Dental Program - High	0	\$26.35	\$52.69	\$79.04	\$57.09	\$114.16	\$171.25
Delta Dental's Federal Employees Dental Program - High	1	\$17.65	\$35.31	\$52.96	\$38.24	\$76.51	\$114.75
Delta Dental's Federal Employees Dental Program - High	2	\$19.36	\$38.72	\$58.07	\$41.95	\$83.89	\$125.82
Delta Dental's Federal Employees Dental Program - High	3	\$21.24	\$42.48	\$63.73	\$46.02	\$92.04	\$138.08
Delta Dental's Federal Employees Dental Program - High	4	\$22.61	\$45.21	\$67.82	\$48.99	\$97.96	\$146.94
Delta Dental's Federal Employees Dental Program - High	5	\$26.35	\$52.69	\$79.04	\$57.09	\$114.16	\$171.25
Delta Dental's Federal Employees Dental Program - Standard	0	\$13.41	\$26.83	\$40.24	\$29.06	\$58.13	\$87.19
Delta Dental's Federal Employees Dental Program - Standard	1	\$9.45	\$18.91	\$28.36	\$20.48	\$40.97	\$61.45
Delta Dental's Federal Employees Dental Program - Standard	2	\$10.30	\$20.59	\$30.89	\$22.32	\$44.61	\$66.93
Delta Dental's Federal Employees Dental Program - Standard	3	\$11.10	\$22.19	\$33.29	\$24.05	\$48.08	\$72.13
Delta Dental's Federal Employees Dental Program - Standard	4	\$11.71	\$23.42	\$35.13	\$25.37	\$50.74	\$76.12
Delta Dental's Federal Employees Dental Program - Standard	5	\$13.41	\$26.83	\$40.24	\$29.06	\$58.13	\$87.19
Dominion National - High	1	\$9.04	\$18.09	\$27.13	\$19.59	\$39.20	\$58.78
Dominion National - High	2	\$10.04	\$20.08	\$30.12	\$21.75	\$43.51	\$65.26
Dominion National - High	3	\$13.35	\$26.69	\$40.04	\$28.93	\$57.83	\$86.75
Dominion National - Standard	1	\$5.37	\$10.73	\$16.10	\$11.64	\$23.25	\$34.88
Dominion National - Standard	2	\$6.85	\$13.71	\$20.56	\$14.84	\$29.71	\$44.55
Dominion National - Standard	3	\$7.88	\$15.76	\$23.63	\$17.07	\$34.15	\$51.20
EmblemHealth Dental - High	1	\$26.09	\$52.13	\$78.22	\$56.53	\$112.95	\$169.48
EmblemHealth Dental - Standard	1	\$20.29	\$40.55	\$60.83	\$43.96	\$87.86	\$131.80
GEHA Connection Dental Federal - High	0	\$25.70	\$51.41	\$77.11	\$55.68	\$111.39	\$167.07
GEHA Connection Dental Federal - High	1	\$17.26	\$34.52	\$51.79	\$37.40	\$74.79	\$112.21
GEHA Connection Dental Federal - High	2	\$19.41	\$38.81	\$58.22	\$42.06	\$84.09	\$126.14
GEHA Connection Dental Federal - High	3	\$21.22	\$42.44	\$63.66	\$45.98	\$91.95	\$137.93

GEHA Connection Dental Federal - High	4	\$23.71	\$47.42	\$71.13	\$51.37	\$102.74	\$154.12
GEHA Connection Dental Federal - High	5	\$25.70	\$51.41	\$77.11	\$55.68	\$111.39	\$167.07
GEHA Connection Dental Federal - Standard	0	\$14.59	\$29.15	\$43.73	\$31.61	\$63.16	\$94.75
GEHA Connection Dental Federal - Standard	1	\$9.82	\$19.65	\$29.45	\$21.28	\$42.58	\$63.81
GEHA Connection Dental Federal - Standard	2	\$11.01	\$22.01	\$33.02	\$23.86	\$47.69	\$71.54
GEHA Connection Dental Federal - Standard	3	\$12.06	\$24.07	\$36.12	\$26.13	\$52.15	\$78.26
GEHA Connection Dental Federal - Standard	4	\$13.46	\$26.90	\$40.34	\$29.16	\$58.28	\$87.40
GEHA Connection Dental Federal - Standard	5	\$14.59	\$29.15	\$43.73	\$31.61	\$63.16	\$94.75
HealthPartners Dental Plan - High	1	\$23.68	\$47.35	\$71.03	\$51.31	\$102.59	\$153.90
HealthPartners Dental Plan - High	2	\$24.86	\$49.72	\$74.59	\$53.86	\$107.73	\$161.61
HealthPartners Dental Plan - Standard	1	\$17.04	\$34.09	\$51.13	\$36.92	\$73.86	\$110.78
HealthPartners Dental Plan - Standard	2	\$19.46	\$38.91	\$58.37	\$42.16	\$84.31	\$126.47
Humana Dental - High	1	\$19.21	\$38.43	\$57.64	\$41.62	\$83.27	\$124.89
Humana Dental - High	2	\$21.11	\$42.23	\$63.34	\$45.74	\$91.50	\$137.24
Humana Dental - High	3	\$22.16	\$44.32	\$66.48	\$48.01	\$96.03	\$144.04
Humana Dental - High	4	\$23.70	\$47.39	\$71.09	\$51.35	\$102.68	\$154.03
Humana Dental - High	5	\$26.04	\$52.08	\$78.11	\$56.42	\$112.84	\$169.24
Humana Dental - Standard	1	\$10.85	\$21.71	\$32.56	\$23.51	\$47.04	\$70.55
Humana Dental - Standard	2	\$11.69	\$23.37	\$35.06	\$25.33	\$50.64	\$75.96
Humana Dental - Standard	3	\$12.61	\$25.22	\$37.83	\$27.32	\$54.64	\$81.97
Humana Dental - Standard	4	\$13.85	\$27.70	\$41.54	\$30.01	\$60.02	\$90.00
Humana Dental - Standard	5	\$15.89	\$31.78	\$47.66	\$34.43	\$68.86	\$103.26
The MetLife Federal Dental Plan - High	0	\$26.14	\$52.29	\$78.43	\$56.64	\$113.30	\$169.93
The MetLife Federal Dental Plan - High	1	\$18.43	\$36.85	\$55.28	\$39.93	\$79.84	\$119.77
The MetLife Federal Dental Plan - High	2	\$19.44	\$38.88	\$58.31	\$42.12	\$84.24	\$126.34
The MetLife Federal Dental Plan - High	3	\$21.59	\$43.19	\$64.78	\$46.78	\$93.58	\$140.36
The MetLife Federal Dental Plan - High	4	\$23.49	\$46.98	\$70.46	\$50.90	\$101.79	\$152.66
The MetLife Federal Dental Plan - High	5	\$26.14	\$52.29	\$78.43	\$56.64	\$113.30	\$169.93
The MetLife Federal Dental Plan - Standard	0	\$14.16	\$28.33	\$42.49	\$30.68	\$61.38	\$92.06
The MetLife Federal Dental Plan - Standard	1	\$10.23	\$20.47	\$30.70	\$22.17	\$44.35	\$66.52
The MetLife Federal Dental Plan - Standard	2	\$10.88	\$21.75	\$32.63	\$23.57	\$47.13	\$70.70
The MetLife Federal Dental Plan - Standard	3	\$12.13	\$24.26	\$36.39	\$26.28	\$52.56	\$78.85
The MetLife Federal Dental Plan - Standard	4	\$13.38	\$26.77	\$40.15	\$28.99	\$58.00	\$86.99
The MetLife Federal Dental Plan - Standard	5	\$14.16	\$28.33	\$42.49	\$30.68	\$61.38	\$92.06
Triple-S Salud - High	1	\$5.31	\$10.61	\$13.85	\$11.51	\$22.99	\$30.01
United Concordia Dental - High	0	\$25.35	\$50.70	\$76.03	\$54.93	\$109.85	\$164.73
United Concordia Dental - High	1	\$16.99	\$33.98	\$50.96	\$36.81	\$73.62	\$110.41
United Concordia Dental - High	2	\$19.07	\$38.13	\$57.20	\$41.32	\$82.62	\$123.93
United Concordia Dental - High	3	\$21.18	\$42.33	\$63.52	\$45.89	\$91.72	\$137.63
United Concordia Dental - High	4	\$23.26	\$46.51	\$69.77	\$50.40	\$100.77	\$151.17
United Concordia Dental - High	5	\$25.35	\$50.70	\$76.03	\$54.93	\$109.85	\$164.73
United Concordia Dental - Standard	0	\$14.34	\$28.67	\$43.01	\$31.07	\$62.12	\$93.19
United Concordia Dental - Standard	1	\$9.65	\$19.30	\$28.95	\$20.91	\$41.82	\$62.73
United Concordia Dental - Standard	2	\$10.84	\$21.65	\$32.48	\$23.49	\$46.91	\$70.37
United Concordia Dental - Standard	3	\$12.01	\$24.01	\$36.01	\$26.02	\$52.02	\$78.02
United Concordia Dental - Standard	4	\$13.17	\$26.34	\$39.52	\$28.54	\$57.07	\$85.63
United Concordia Dental - Standard	5	\$14.34	\$28.67	\$43.01	\$31.07	\$62.12	\$93.19
UnitedHealthcare Dental Plan - High	0	\$31.53	\$63.06	\$94.58	\$68.32	\$136.63	\$204.92
UnitedHealthcare Dental Plan - High	1	\$21.14	\$42.28	\$63.43	\$45.80	\$91.61	\$137.43
UnitedHealthcare Dental Plan - High	2	\$22.19	\$44.39	\$66.58	\$48.08	\$96.18	\$144.26
UnitedHealthcare Dental Plan - High	3	\$23.31	\$46.61	\$69.92	\$50.51	\$100.99	\$151.49
UnitedHealthcare Dental Plan - High	4	\$26.82	\$53.63	\$80.45	\$58.11	\$116.20	\$174.31

UnitedHealthcare Dental Plan - High	5	\$31.53	\$63.06	\$94.58	\$68.32	\$136.63	\$204.92
UnitedHealthcare Dental Plan - Standard	0	\$16.54	\$33.08	\$49.62	\$35.84	\$71.67	\$107.51
UnitedHealthcare Dental Plan - Standard	1	\$11.13	\$22.25	\$33.38	\$24.12	\$48.21	\$72.32
UnitedHealthcare Dental Plan - Standard	2	\$12.59	\$25.18	\$37.77	\$27.28	\$54.56	\$81.84
UnitedHealthcare Dental Plan - Standard	3	\$13.52	\$27.05	\$40.57	\$29.29	\$58.61	\$87.90
UnitedHealthcare Dental Plan - Standard	4	\$14.22	\$28.45	\$42.67	\$30.81	\$61.64	\$92.45
UnitedHealthcare Dental Plan - Standard	5	\$16.54	\$33.08	\$49.62	\$35.84	\$71.67	\$107.51

**2024 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart**

Plan - Option	2024 Biweekly Premium Rates - Self-Only	2024 Biweekly Premium Rates - Self Plus One	2024 Biweekly Premium Rates - Self & Family	2024 Monthly Premium Rates - Self-Only	2024 Monthly Premium Rates - Self Plus One	2024 Monthly Premium Rates - Self & Family
Aetna Vision Preferred - High	\$5.65	\$11.28	\$16.93	\$12.24	\$24.44	\$36.68
Aetna Vision Preferred - Standard	\$3.13	\$6.26	\$9.39	\$6.78	\$13.56	\$20.35
Blue Cross Blue Shield FEP Vision - High	\$5.63	\$11.25	\$16.88	\$12.20	\$24.38	\$36.57
Blue Cross Blue Shield FEP Vision - Standard	\$3.53	\$7.05	\$10.58	\$7.65	\$15.28	\$22.92
The MetLife Federal Vision Plan - High	\$4.82	\$9.65	\$14.47	\$10.44	\$20.91	\$31.35
The MetLife Federal Vision Plan - Standard	\$3.31	\$6.61	\$9.92	\$7.17	\$14.32	\$21.49
UnitedHealthcare Vision Plan - High	\$5.53	\$11.06	\$16.59	\$11.98	\$23.96	\$35.95
UnitedHealthcare Vision Plan - Standard	\$3.53	\$7.04	\$10.57	\$7.65	\$15.25	\$22.90
VSP Vision Care - High	\$6.69	\$13.40	\$20.11	\$14.50	\$29.03	\$43.57
VSP Vision Care - Standard	\$3.55	\$7.09	\$10.65	\$7.69	\$15.36	\$23.08



## Federal Employees Dental Vision Program (FEDVIP)2024 Dental Rating Region Chart

State	State/ZIP(first 3)	Aetna Dental High & Standard	Blue Cross Blue Shield FEP Dental High & Standard	Delta Dental's Federal Employees Dental Program High & Std	Dominion National High & Standard	Emblem Health Dental High & Standard	GEHA Connection Dental Federal High & Std	HealthPartners Dental Plan High & Standard	Humana Dental High & Std	The MetLife Federal Dental Plan High & Standard	Triple-S Salud High	United Concordia Dental High & Standard	UnitedHealthcare Dental Plan High & Standard
AK	entire state	5	5	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5
AL	rest of state	2	1	1	N/A	N/A	1	N/A	1	1	N/A	1	1
AL	350-352, 362	2	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
AL	356-358	1	1	1	N/A	N/A	1	N/A	3	1	N/A	1	1
AR	entire state	2	2	2	N/A	N/A	1	N/A	2	1	N/A	1	1
AZ	rest of state	3	2	5	N/A	N/A	2	N/A	3	2	N/A	1	2
AZ	864	2	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
AZ	850-853	3	3	5	N/A	N/A	3	N/A	5	2	N/A	1	4
AZ	856-857	3	1	5	N/A	N/A	2	N/A	5	1	N/A	1	2
CA	rest of state	4	2	5	N/A	N/A	4	N/A	3	5	N/A	4	3
CA	0-908, 910-918, 922-928, 930-931, 933-934	3	4	5	N/A	N/A	5	N/A	5	5	N/A	3	5
CA	942, 956-959	4	5	5	N/A	N/A	5	N/A	4	4	N/A	4	4
CA	919-921	3	4	5	N/A	N/A	5	N/A	5	4	N/A	4	5
CA	939-941, 943-952, 954	4	5	5	N/A	N/A	5	N/A	5	5	N/A	5	5
CO	rest of state	3	4	4	N/A	N/A	4	N/A	3	4	N/A	3	2
CO	808-810, 812	3	4	5	N/A	N/A	4	N/A	5	4	N/A	3	3
CO	800-806	3	4	5	N/A	N/A	4	N/A	5	4	N/A	3	4
CT	060-063	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
CT	064-069	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
DC	entire state	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
DE	entire state	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
FL	rest of state	3	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
FL	330-334, 349	2	2	4	N/A	N/A	3	N/A	5	3	N/A	3	3
FL	329	3	1	4	N/A	N/A	3	N/A	2	1	N/A	1	1
GA	300-303, 305-306, 311, 399	3	1	2	N/A	N/A	3	N/A	4	2	N/A	1	3
GA	rest of state	4	1	2	N/A	N/A	2	N/A	1	2	N/A	1	1
GU	entire area	5	1	5	N/A	N/A	1	N/A	N/A	1	N/A	5	5
HI	entire state	4	3	5	N/A	N/A	3	N/A	N/A	4	N/A	4	3
IA	527-528	3	3	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
IA	rest of state	3	3	4	N/A	N/A	1	1	N/A	1	N/A	1	1
IA	515	1	2	3	N/A	N/A	1	N/A	N/A	1	N/A	1	2
ID	entire state	4	4	5	N/A	N/A	2	N/A	N/A	2	N/A	2	3
IL	600-609, 613	2	2	2	N/A	N/A	3	N/A	4	4	N/A	3	3
IL	612	3	3	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
IL	rest of state	3	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
IL	620, 622	3	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
IN	463-464	2	2	2	N/A	N/A	3	N/A	4	4	N/A	3	3
IN	470	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
IN	rest of state	3	1	2	N/A	N/A	1	N/A	2	1	N/A	1	1
IN	460-462, 472-473	2	1	3	N/A	N/A	2	N/A	4	1	N/A	1	2
KS	660-662, 666	3	1	4	N/A	N/A	2	N/A	4	1	N/A	1	2
KS	rest of state	3	2	4	N/A	N/A	1	N/A	1	1	N/A	2	1
KY	410	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
KY	rest of state	1	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
LA	entire state	2	1	1	N/A	N/A	2	N/A	2	1	N/A	1	1
MA	12	4	3	5	N/A	1	2	N/A	N/A	1	N/A	3	3
MA	014-027, 055	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
MA	010-011, 013	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
MD	rest of state	2	2	5	1	N/A	2	N/A	N/A	4	N/A	4	1
MD	219	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
MD	205-212, 214, 216-217	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
ME	039-042	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
ME	rest of state	5	2	5	N/A	N/A	3	N/A	N/A	2	N/A	3	2
MI	480-485	3	2	4	N/A	N/A	3	N/A	N/A	3	N/A	2	3
MI	rest of state	3	1	4	N/A	N/A	2	N/A	N/A	2	N/A	2	2
MN	550-551, 553-555, 563	2	4	5	N/A	N/A	3	2	N/A	4	N/A	3	5
MN	rest of state	3	3	5	N/A	N/A	2	1	N/A	2	N/A	2	2
MO	726	2	2	2	N/A	N/A	1	N/A	2	1	N/A	1	1
MO	640-641, 644-645, 649	3	1	4	N/A	N/A	2	N/A	4	1	N/A	1	2
MO	rest of state	3	1	4	N/A	N/A	2	N/A	1	1	N/A	1	1
MO	630-631, 633	3	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
MS	entire state	2	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
MT	entire state	4	1	1	N/A	N/A	2	N/A	N/A	1	N/A	1	1
NC	280-282	4	2	4	N/A	N/A	2	N/A	4	2	N/A	2	3
NC	rest of state	4	2	4	N/A	N/A	2	N/A	2	2	N/A	2	2
NC	275-277, 283	4	3	4	N/A	N/A	2	N/A	5	2	N/A	2	2
NC	279	3	1	3	2	N/A	2	N/A	4	2	N/A	1	2
ND	entire state	3	5	3	N/A	N/A	1	1	N/A	1	N/A	1	1

## Federal Employees Dental Vision Program (FEDVIP)2024 Dental Rating Region Chart

State	State/ZIP(first 3)	Aetna Dental High & Standard	Blue Cross Blue Shield FEP Dental High & Standard	Delta Dental's Federal Employees Dental Program High & Std	Dominion National High & Standard	Emblem Health Dental High & Standard	GEHA Connection Dental Federal High & Std	HealthPartners Dental Plan High & Standard	Humana Dental High & Std	The MetLife Federal Dental Plan High & Standard	Triple-S Salud High	United Concordia Dental High & Standard	UnitedHealthcare Dental Plan High & Standard
NE	rest of state	1	2	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
NE	680-681	1	2	3	N/A	N/A	1	N/A	N/A	1	N/A	1	2
NH	030-033, 038	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
NH	rest of state	5	3	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
NJ	070-079, 085-089	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
NJ	080-084	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
NM	870-871, 873, 875	3	1	5	N/A	N/A	3	N/A	N/A	1	N/A	2	1
NM	rest of state	3	1	4	N/A	N/A	3	N/A	N/A	2	N/A	2	1
NV	889-891	2	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
NV	rest of state	2	2	5	N/A	N/A	3	N/A	N/A	2	N/A	4	4
NV	897	4	5	5	N/A	N/A	5	N/A	4	4	N/A	4	4
NY	120-123, 128	4	3	5	N/A	1	2	N/A	N/A	1	N/A	3	3
NY	140-143	4	2	5	N/A	1	2	N/A	N/A	1	N/A	3	1
NY	63	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
NY	005, 100-119, 124-126	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
NY	rest of state	4	2	5	N/A	1	1	N/A	N/A	1	N/A	3	2
OH	450-452, 459	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
OH	440-443, 446-447	2	1	2	N/A	N/A	2	N/A	2	1	N/A	3	1
OH	430-433, 437	2	1	3	N/A	N/A	2	N/A	2	1	N/A	2	2
OH	453-455	2	1	3	N/A	N/A	2	N/A	2	1	N/A	2	1
OH	rest of state	3	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
OK	entire state	2	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
OR	rest of state	5	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
OR	970-973	4	4	5	N/A	N/A	3	N/A	N/A	4	N/A	5	5
PA	170-171, 175-176	3	1	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
PA	180-181, 183	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
PA	rest of state	3	1	2	1	N/A	1	N/A	N/A	1	N/A	1	1
PA	189-196	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
PA	150-154, 156-157, 160, 162	1	1	2	1	N/A	1	N/A	N/A	1	N/A	1	1
PA	172-174	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
PR	entire area	3	1	1	N/A	N/A	1	N/A	N/A	1	1	1	1
RI	entire state	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
SC	297	4	2	4	N/A	N/A	2	N/A	4	2	N/A	2	3
SC	rest of state	4	2	5	N/A	N/A	2	N/A	2	2	N/A	1	2
SD	entire state	3	1	5	N/A	N/A	2	1	N/A	1	N/A	1	1
TN	entire state	1	1	4	N/A	N/A	2	N/A	2	1	N/A	1	1
TX	733, 786-787	2	1	3	N/A	N/A	3	N/A	4	2	N/A	1	4
TX	783-784	2	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
TX	750-754, 760-762	2	1	2	N/A	N/A	2	N/A	4	2	N/A	1	3
TX	770, 772-775	2	1	2	N/A	N/A	2	N/A	3	2	N/A	1	3
TX	739	2	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
TX	780-782	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	1
TX	rest of state	2	1	2	N/A	N/A	1	N/A	2	1	N/A	1	1
UT	entire state	2	2	5	N/A	N/A	2	N/A	1	1	N/A	3	5
VA	230, 232, 238	3	1	3	2	N/A	2	N/A	3	1	N/A	2	3
VA	rest of state	3	1	3	N/A	N/A	2	N/A	1	1	N/A	1	1
VA	231, 233-237	3	1	3	2	N/A	2	N/A	4	2	N/A	1	2
VA	201, 205, 220-227	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
VI	entire area	2	1	5	N/A	N/A	1	N/A	N/A	1	N/A	5	1
VT	54	5	5	5	N/A	N/A	2	N/A	N/A	2	N/A	3	4
VT	rest of state	5	5	5	N/A	N/A	2	N/A	N/A	2	N/A	3	3
WA	986	4	4	5	N/A	N/A	3	N/A	N/A	4	N/A	5	5
WA	980-985	5	5	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5
WA	rest of state	5	4	5	N/A	N/A	4	N/A	N/A	4	N/A	4	5
WI	530-532, 534	3	3	5	N/A	N/A	2	N/A	N/A	2	N/A	3	3
WI	540	2	4	5	N/A	N/A	3	2	N/A	4	N/A	3	5
WI	rest of state	3	3	5	N/A	N/A	2	2	N/A	2	N/A	2	3
WV	254	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
WV	rest of state	4	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
WY	834	4	4	5	N/A	N/A	2	N/A	N/A	2	N/A	2	3
WY	rest of state	4	2	5	N/A	N/A	1	N/A	N/A	2	N/A	2	1
International	International	2	1	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5

# TRICARE® Costs and Fees 2024



This is a general overview of most costs and fees for TRICARE. For detailed costs and fees, including those for TRICARE For Life, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). Visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder) to learn more about eligibility and TRICARE plans.

## Are You In Group A or Group B?

- You're in **Group A** if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018.
- You're in **Group B** if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

**Note:** When enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), or the Continued Health Care Benefit Program (CHCBP), Group A beneficiaries follow Group B annual deductibles and applicable copayments or cost-shares.

## TRICARE PRIME® (JAN. 1–DEC. 31, 2024)

Includes TRICARE Prime, TRICARE Prime Overseas, TRICARE Prime Remote, TRICARE Prime Remote Overseas, the US Family Health Plan (USFHP), and TYA Prime plans.

### Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, and USFHP only)

No annual enrollment fee for active duty service members (ADSMs), active duty family members (ADFMs), and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families, and most others:

- **Group A:** \$363 per individual/\$726 per family
- **Group B:** \$438.96 per individual/\$879 per family

### Annual Deductible

There is no annual deductible.

## TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0

Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$25	\$25
Specialty Care Outpatient Visit	\$37	\$37
Urgent Care Center Visit	\$37	\$37
Emergency Room Visit	\$75	\$75
Inpatient Admission (Hospitalization), Network	\$188/ admission	\$188/ admission

## TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- An annual deductible before TRICARE cost-sharing will begin: \$300 per individual/\$600 per family.
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs don't apply to the catastrophic cap.

## TRICARE SELECT® (JAN. 1–DEC. 31, 2024)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, TYA Select, and CHCBP plans.

### Annual Enrollment Fees (TRICARE Select and TRICARE Select Overseas only)

No annual enrollment fee for ADFMs. For retirees, their families, and others:

- **Group A:** \$177.96 per individual/\$355.92 per family
- **Group B:** \$564.96 per individual/\$1,131 per family

### Annual Deductible

You must spend your annual deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$62	\$125

Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$188	\$377

Retirees, their families, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network <sup>†</sup> : \$188	Network <sup>†</sup> : \$377
		Out-of-Network <sup>†</sup> : \$377	Out-of-Network <sup>†</sup> : \$754

(Continued on next page)

\* For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically retired member is classified in the Defense Enrollment Eligibility Reporting System in either category and enrolls, as long as there is continuous TRICARE Prime enrollment. See [www.tricare.mil/costs](http://www.tricare.mil/costs) for more information.

<sup>†</sup> Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

### Certain TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network \*

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B and TRS members	Group A	Group B and TRR members
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	Network: \$27 Out-of-Network: 20% †	Network: \$18 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$31 Out-of-Network: 25% †
<b>Specialty Care Outpatient Visit</b>	Network: \$38 Out-of-Network: 20% †	Network: \$31 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
<b>Urgent Care Center Visit</b>	Network: \$27 Out-of-Network: 20% †	Network: \$25 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
<b>Emergency Room Visit</b>	Network: \$104 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 20% †	Network: \$139 Out-of-Network: 25% †	Network: \$100 Out-of-Network: 25% †
<b>Inpatient Admission (Hospitalization)</b>  ‡ Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic. § All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.	Network and Out-of-Network: \$22.30 per day or \$25 per admission (whichever is more)	Network: \$75 per admission	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services	Network: \$219 per admission
		Out-of-Network: 20% †	Out-of-Network: \$1,221 per day § or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Out-of-Network: 25% †
	\$22.30 per day (subsistence charge) ‡ military hospital or clinic			

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after annual deductible is met.

When enrolled in a premium-based health plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult Prime, TRICARE Young Adult Select, or the Continued Health Care Benefit Program), you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

Quarterly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,813	\$4,539

Monthly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$51.95	\$256.87
TRICARE Retired Reserve	\$585.24	\$1,406.22
TRICARE Young Adult Prime	\$637	Not available
TRICARE Young Adult Select	\$311	Not available

## Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** A TRICARE Young Adult member's catastrophic cap is based on the sponsor's status but follows group B. The Continued Health Care Benefit Program catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
<b>ADFMs</b>	\$1,000/family	\$1,256/family
<b>Retirees, their families, and others</b>	\$3,000/family (TRICARE Prime) \$4,157/family (TRICARE Select)	\$4,399/family
<b>TRS members</b>	(Follow Group B)	\$1,256/family
<b>TRR members</b>	(Follow Group B)	\$4,399/family



## PHARMACY COSTS (JAN. 1, 2024–DEC. 31, 2025)

Copayments won't change in 2024 for survivors of active duty service members and medically retired service members and their family members. ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Your TRICARE plan, which group you're in (A or B), and pharmacy type determine whether you may have to meet your annual deductible before copayments or cost-shares apply. To learn more, use the TRICARE Compare Cost Tool at [www.tricare.mil/comparecosts](http://www.tricare.mil/comparecosts).

At network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription; with all other pharmacy options, you may get up to a 90-day supply, depending on the type of drug prescribed. Some drugs are only covered through home delivery. Overseas, some limitations may apply. Learn more at <https://militaryrx.express-scripts.com>, or call Express Scripts at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
<b>Military pharmacy</b> Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
<b>TRICARE Pharmacy Home Delivery</b> Up to a 90-day supply	\$13	\$38	\$76	Not available
<b>TRICARE retail network pharmacy</b> Up to a 30-day supply	\$16	\$43	\$76	Full cost of drug
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> 50% cost-share applies after you meet your point-of-service annual deductible  <b>All other beneficiaries:</b> You pay for <b>formulary drugs</b> (\$43 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$76 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)  Visit <a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a> for more information.	<b>ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas:</b> \$0 (you may have to pay the full cost up front and file a claim for reimbursement)  <b>ADFMs using TRICARE Select Overseas and TRS members:</b> 20% cost-share after you meet your annual deductible  <b>Retirees, their families, TRR members, and all others in TRICARE Select Overseas:</b> 25% cost-share after you meet your annual deductible			Full cost of drug





## VOLUNTARY DENTAL PROGRAMS

The TRICARE Dental Program (TDP) is a voluntary, premium-based dental program. Below are the TDP rates. To learn more about dental plans and eligibility, visit [www.tricare.mil/dental](http://www.tricare.mil/dental). **Note:** Retirees, their families, and certain others may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). Learn about FEDVIP dental and vision coverage at [www.benefeds.com](http://www.benefeds.com).

### TRICARE Dental Program Monthly Premiums (May 1, 2023–April 30, 2024)

Sponsor status	Sponsor only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor and family premium
Active duty	N/A	\$12.36	\$32.13	N/A
Selected Reserve	\$12.36	\$30.89	\$80.33	\$92.69
Individual Ready Reserve	\$30.89	\$30.89	\$80.33	\$111.22

### TRICARE Dental Program Out-of-Pocket Costs (May 1, 2023–April 30, 2024)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	0%
Basic restorative	20%
Endodontic, periodontic, oral surgery	Pay grades E-1 through E-4: 30%; All others: 40%
Prosthodontic, implant, orthodontic	50%
Annual deductible	\$0
Non-orthodontic service maximum *	\$1,500 (per person, per contract year: May 1–April 30)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime)
Dental accident maximum	\$1,200 (per person, per contract year: May 1–April 30)

\* Orthodontic diagnostic service charges are applied toward the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

**Note:** More costs, including those for survivors and medically retired individuals, are available at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## LOOKING FOR More Information?

GO TO [www.tricare.mil](http://www.tricare.mil)



#### TRICARE Costs

[www.tricare.mil/costs](http://www.tricare.mil/costs)



#### TRICARE Plan Finder

[www.tricare.mil/planfinder](http://www.tricare.mil/planfinder)



#### TRICARE East Region

Humana Military  
1-800-444-5445  
[HumanaMilitary.com](http://HumanaMilitary.com)  
[www.tricare-east.com](http://www.tricare-east.com)



#### TRICARE Overseas Program (TOP)

International SOS  
Government Services, Inc.  
[www.tricare-overseas.com](http://www.tricare-overseas.com)  
For toll-free contact information, visit this website.



#### TRICARE Pharmacy Program

Express Scripts, Inc.  
1-877-363-1303  
1-877-540-6261 (TDD/TTY)  
[www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy)  
<https://militaryrx.express-scripts.com>



#### TRICARE Dental Program

United Concordia Companies, Inc.  
CONUS: 1-844-653-4061  
OCONUS: 1-844-653-4060 or 1-717-888-7400  
711 (TDD/TTY)  
[www.uccitdp.com](http://www.uccitdp.com)



#### TRICARE West Region

Health Net Federal Services, LLC  
1-844-866-WEST (1-844-866-9378)  
[www.tricare-west.com](http://www.tricare-west.com)

#### TOP Regional Call Centers Eurasia-Africa

+44-20-8762-8384 (overseas)  
1-877-678-1207 (stateside)  
[tricarelon@internationalsos.com](mailto:tricarelon@internationalsos.com)

#### Latin America and Canada

+1-215-942-8393 (overseas)  
1-877-451-8659 (stateside)  
[tricarephi@internationalsos.com](mailto:tricarephi@internationalsos.com)

#### Pacific

+65-6339-2676 (overseas)  
1-877-678-1208 (stateside)  
[sin.tricare@internationalsos.com](mailto:sin.tricare@internationalsos.com)

#### An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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## **Soldiers, Military Retirees and (Gray Area Retirees)**

Have you come to update your ID because of the following??

Adoption  
Marriage  
Divorce

Remarriage  
Death of Spouse

If the answer is **YES**.....

You may need to **UPDATE** your Reserve Component Survivor Benefit Plan RCSBP or SBP!!

The military Law for RCSBP/SBP states you have **1 YEAR from the EVENT** to complete and update your forms. Take care of your Survivors!!

Contact Your Retirement Services Office:

Missouri National Guard  
NGMO-FWS-RS  
2405 Logistics Road  
Jefferson City, MO 65101-1203  
Phone: 573-638-9500 ext. 37011 or 39648  
Fax: 573-638-9548  
Email: john.r.lewis2.civ@army.mil  
or todd.e.henderson.civ@army.mil





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**Base: Ike Skelton Training Site**

**Service Provider: Retirement Services Office**