

GRAY AREA RETIREMENT CHECKLIST

As of 1 March 2016

- _____ **Retirement requested from the MONG with transfer to the Retired Reserve**
- _____ **Education Benefits** (Transfer of Chapter 33 GI Bill benefits to Dependents – Incur 4yr Obligation)
- _____ **iPERMS Records Copied on CD from UNIT:** (documents below needed at Age 60)
 - ___ 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)
 - ___ Retired Reserve Orders
 - ___ Final NGB Form 23 (Final Retirement Points History Statement)
 - ___ NGB Form 22 (Report of Separation and Record of Service)
 - ___ Promotion orders for highest grade held if required (Reduction order if admin/voluntary reduction)
 - ___ DD Forms 214 & Deployment Orders (Service after 28 January 2008 - Early Retirement eligibility)
- _____ **All Medical Records/Line of Duties on CD from JFHQ Medical Records:**
 - ___ File with Veterans Administration/Missouri Veterans Commission for claims benefits
- _____ **Gray Area Retiree Benefits explained (By the Retirement Services Office):**
 - ___ Retirement Calculator of Pay and RCSBP/SBP (payment starts at Age 60)
 - ___ RCSBP (adoption, marriage, death, divorce, remarriage, death of spouse) 1 year from event
 - ___ Gray Area ID Card (for Sponsor and Dependents)
 - ___ Conversion of SGLI to VGLI & Other Life Ins: AAFMAA, MBA, USAA or State Sponsored Life Ins. (SSLI with MONGA phone: 573-632-4240 or website: www.mongaonline.com)
 - ___ Casualty Checklist; Council MAP; MO Military Reserve Force; DS & My Pay logon; Report Deaths; MO Vet Cemetery; SFL explained
 - ___ TRICARE Medical and Dental explained (Technicians must keep FEHB until age 60)
- _____ **Importance of keeping address updated with RSO/HRC**
- _____ **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)
ID Cards 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
Military Installations, Facilities and Activities Local post policies and in-country directives govern the use of facilities.		
Exchanges	Yes	Yes
Commissary	Yes	Yes
Shoppettes	Yes	Yes
Service Stations Gasoline coupons are not available in OCONUS for retirees.	Yes	Yes
Physical Fitness Center	Yes	Yes
Other Facilities 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
Medical Facilities	Member - No; except on ADT or AD (Eligible if returned to an active duty status) Spouse/Dependents - No	Member - Yes Spouse/Dependents - Yes

Tricare	Member - No	Member - Yes (Until age 65)
	Spouse/Dependents - No	Spouse/Dependents - Yes (until 65) . After 65, Tricare for Life is second payor to Medicare.
TRICARE Retiree Dental Program (TRDP)	Yes (Gray Area Retirees)	Yes
Lodging /AFRC (4) 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
Space-A Travel	Member - Yes; limited to CONUS	Member - Yes
	Spouse/Dependents - No	Spouse/Dependents - Yes (OCONUS)
SATO/Carlson Wagonlit Travel	Yes	Yes
Legal Assistance	Limited (AR 27-3)	Yes
Survivor Assistance	Yes	Yes
Casualty Assistance	Yes	Yes
Family Services	Yes	Yes
VA Benefits	Yes, if Vet	Yes
Servicemens Group Life Insurance (There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)	No	No
Veterans Group Life Insurance (There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)	Yes, if eligible and requested	Yes if eligible
State Benefits	See your State Representative	See your State Representative



Prudential

Office of Servicemembers'
Group Life Insurance

OSGLI
PO Box 41618
Philadelphia, PA 19176-1473

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 www.benefits.va.gov/insurance, or complete the attached application and return it to the above address.

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 www.insurance.va.gov or call 800-419-1473.

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 & Over
\$400,000	\$32.00	\$40.00	\$52.00	\$68.00	\$88.00	\$144.00	\$268.00	\$432.00	\$600.00	\$920.00	\$1,840.00
\$350,000	\$28.00	\$35.00	\$45.50	\$59.50	\$77.00	\$126.00	\$234.50	\$378.00	\$525.00	\$805.00	\$1,610.00
\$300,000	\$24.00	\$30.00	\$39.00	\$51.00	\$66.00	\$108.00	\$201.00	\$324.00	\$450.00	\$690.00	\$1,380.00
\$250,000	\$20.00	\$25.00	\$32.50	\$42.50	\$55.00	\$90.00	\$167.50	\$270.00	\$375.00	\$575.00	\$1,150.00
\$200,000	\$16.00	\$20.00	\$26.00	\$34.00	\$44.00	\$72.00	\$134.00	\$216.00	\$300.00	\$460.00	\$920.00
\$150,000	\$12.00	\$15.00	\$19.50	\$25.50	\$33.00	\$54.00	\$100.50	\$162.00	\$225.00	\$345.00	\$690.00
\$100,000	\$8.00	\$10.00	\$13.00	\$17.00	\$22.00	\$36.00	\$67.00	\$108.00	\$150.00	\$230.00	\$460.00
\$50,000	\$4.00	\$5.00	\$6.50	\$8.50	\$11.00	\$18.00	\$33.50	\$54.00	\$75.00	\$115.00	\$230.00
\$10,000	\$0.80	\$1.00	\$1.30	\$1.70	\$2.20	\$3.60	\$6.70	\$10.80	\$15.00	\$23.00	\$46.00

- 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. Be sure to 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 www.insurance.va.gov or call 800-419-1473 (Monday to Friday, 8:00 a.m. to 5:00 p.m. Eastern Time).



Application For Veterans' Group Life Insurance

OSGLI use only

1

VETERAN INFORMATION (INFORMATION ON FILE)

First Name:

Last Name:

Social Security #:

Address 1:

Address 2:

City:

State:

ZIP Code:

Country:

Date of Birth:

Gender: ☐ Male ☐ Female

Age:

Branch of Service:

Date of Separation:

M M D D Y Y Y Y

MY CORRECT ADDRESS INFORMATION IS (check this box for changes ☐)

First Name:	<input type="text"/>	MI:	<input type="text"/>
Last Name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	ZIP Code:	<input type="text"/>
		Country:	<input type="text"/>

ADDITIONAL CONTACT INFORMATION

Email:

- ☐ Please send me general information and newsletters by email
- ☐ Please send me notices related to my bill or policy by email

[illegible]

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 \$400,000 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 ☐ Semi-Annually ☐ 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")

Height: feet inches Weight: pounds

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 5 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 5 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: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
M M D D Y Y Y Y



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:

SSN:

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:

SSN:

Payment: ☐ Lump Sum* ☐ 36 Installments

Share: %

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

(must equal 100%) **TOTAL** 0

* 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.



B. Secondary Beneficiaries

The total for all secondary 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:

SSN:

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:

SSN:

Payment: ☐ Lump Sum* ☐ 36 Installments

Share: %

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

TOTAL 0

must equal 100%

5 AUTHORIZATION/SIGNATURE

I authorize OSGLI to record and consider the individuals/institutions that I have named on this form as beneficiaries for VGLI benefits, specifically those names I have entered in section A ("Primary Beneficiaries") and also section B ("Secondary Beneficiaries"). I understand that I cannot have combined SGLI and VGLI coverage for more than \$400,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

Veteran's Signature:

Date:
M M D D Y Y Y Y

The Veteran must sign and date this form.

The signature date must be the date this form is actually signed.

Submit the completed form by fax to 800-236-6142 or mail to: OSGLI, P O BOX 41618, Philadelphia, PA 19176-9913

Office of Servicemembers' Group Life Insurance (OSGLI) telephone number is 800-419-1473.

Please visit www.insurance.va.gov to create an online account and see other available features.

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

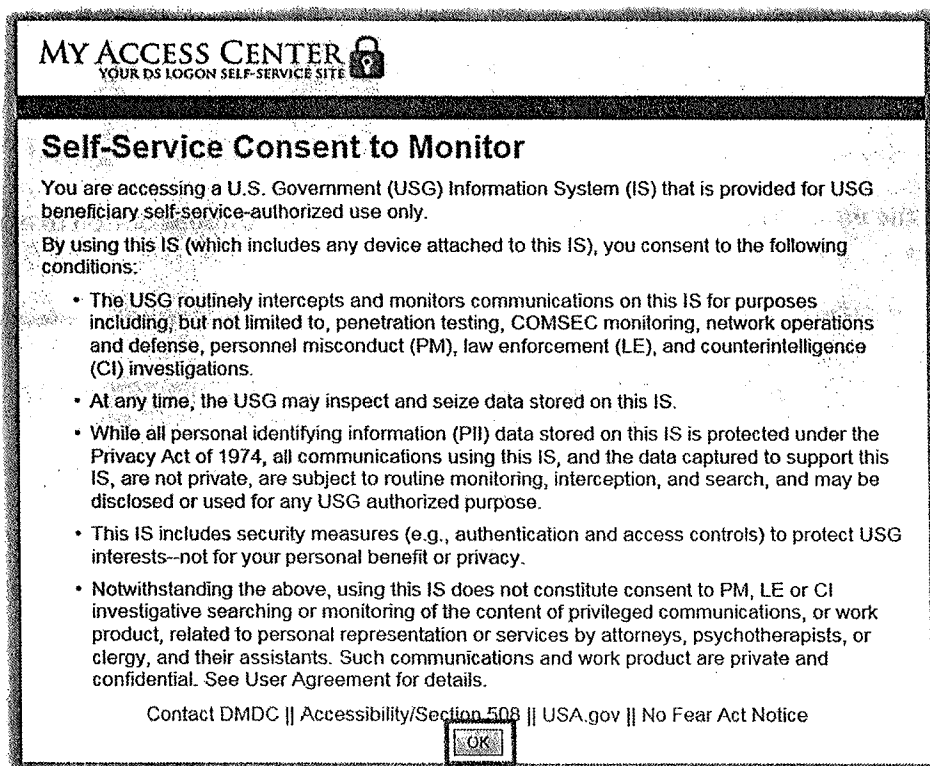


Registration Using E-mail

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.



The screenshot shows a web browser window with the title "MY ACCESS CENTER YOUR DS LOGON SELF-SERVICE SITE". The main heading is "Self-Service Consent to Monitor". Below this, the text states: "You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only." It then says: "By using this IS (which includes any device attached to this IS), you consent to the following conditions:" followed by a bulleted list of five conditions. At the bottom, there is a line of text: "Contact DMDC || Accessibility/Section 508 || USA.gov || No Fear Act Notice" and an "OK" button.

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](#) [+/-](#)

DS LOGON
Department of Defense
Self-Service

☐ Show Password
[Forgot DS Logon Username?](#)
[Forgot DS Logon Password?](#)

CAC
Common Access Card

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

DFAS myPay Password
Defense Finance and
Accounting Service

[Forgot DFAS MyPay Login Id?](#)
[Forgot DFAS MyPay Password?](#)

☒ 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](#) [+/-](#)

DS LOGON
Department of Defense
Self-Service

☐ Show Password
[Forgot DS Logon Username?](#)
[Forgot DS Logon Password?](#)

CAC
Common Access Card

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

DFAS myPay Password
Defense Finance and
Accounting Service

[Forgot DFAS MyPay Login Id?](#)
[Forgot DFAS MyPay Password?](#)

☒ 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](#)

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](#)

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

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.

[Submit](#) [Cancel](#) [Change Password Guide](#)

- 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](#) [-A+](#)

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](#) [-A+](#)

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](#) AA+

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](#) AA+

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](#) AA+

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.

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Activate Account

Fill in your personal information and your Activation Code to activate your DS Logon. We will search for your record in DEERS. [?](#)

First Name [?](#)

Last Name

Date of Birth

Person Identifier Social Security Number [?](#)

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. [?](#)

Activation Code

- 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.

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

Activate Account

Please enter the DATE OF ISSUE found on the back of your DoD ID card.

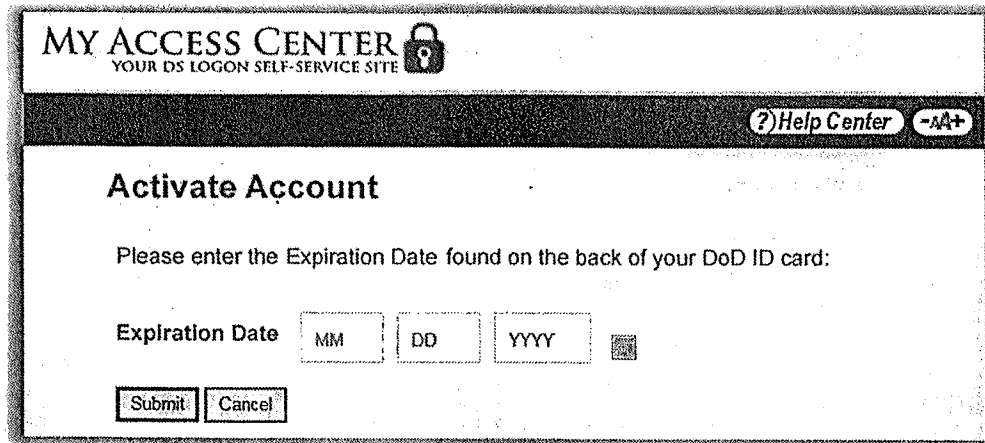
DATE OF BIRTH: 1977AUG22 WEIGHT: 179 HEIGHT: 6'0" HAIR COLOR: BN EYE COLOR: BR

DATE OF ISSUE: 2010OCT21 DIRECTOR: SAMPLE EMPLOYEE ID: 2010OCT21

DD FORM 1173 OCT 93 PROPERTY OF US GOVERNMENT

DATE OF ISSUE

- 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.



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

Help Center

Activate Account

Please enter the Expiration Date found on the back of your DoD ID card:

Expiration Date

MM DD YYYY

Submit 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.

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

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 -A+ Log Off

Registration Process

Select challenge questions and enter personalized answers.
②
These questions will be asked if you need to retrieve or change your password.

Question 1 ☒

Question 2 ☒

Question 3 ☒

Question 4 ☒

Question 5 ☒

Continue Cancel

- 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 -A+

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?

Yes No

- 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

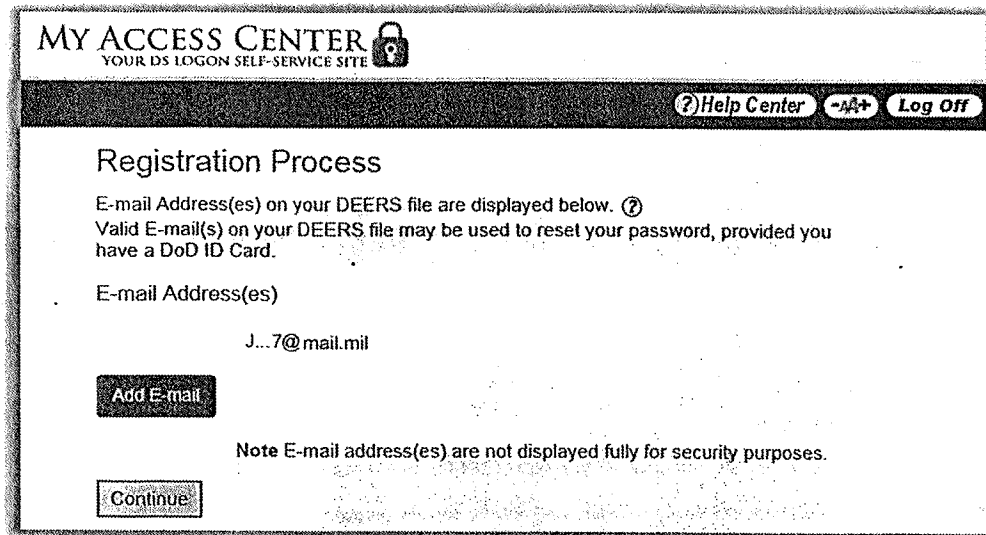
Congratulations! You have successfully upgraded to a DS LOGON Premium account.

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)

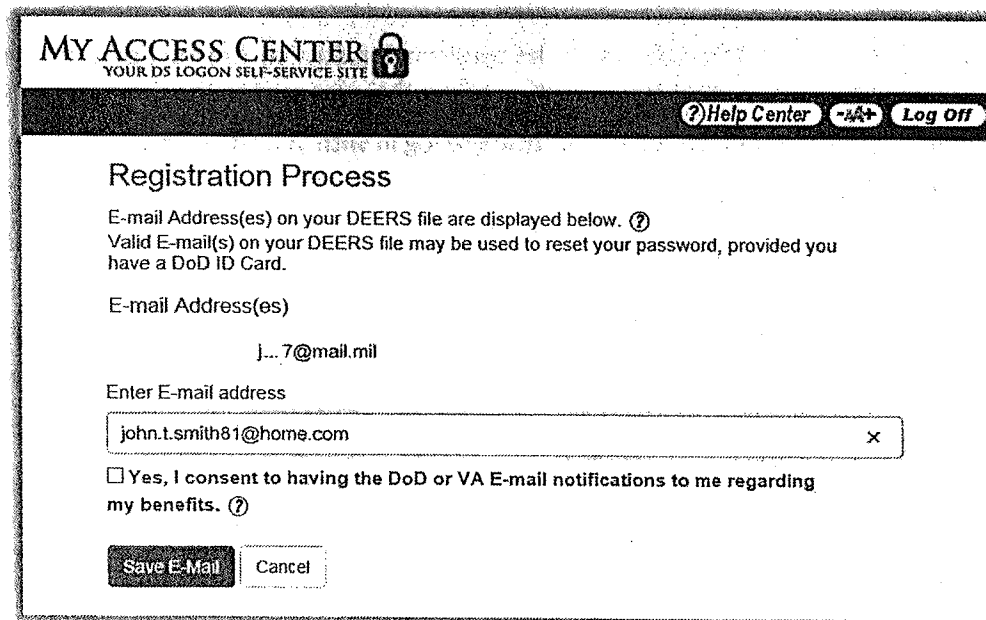
J...7@mail.mil

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

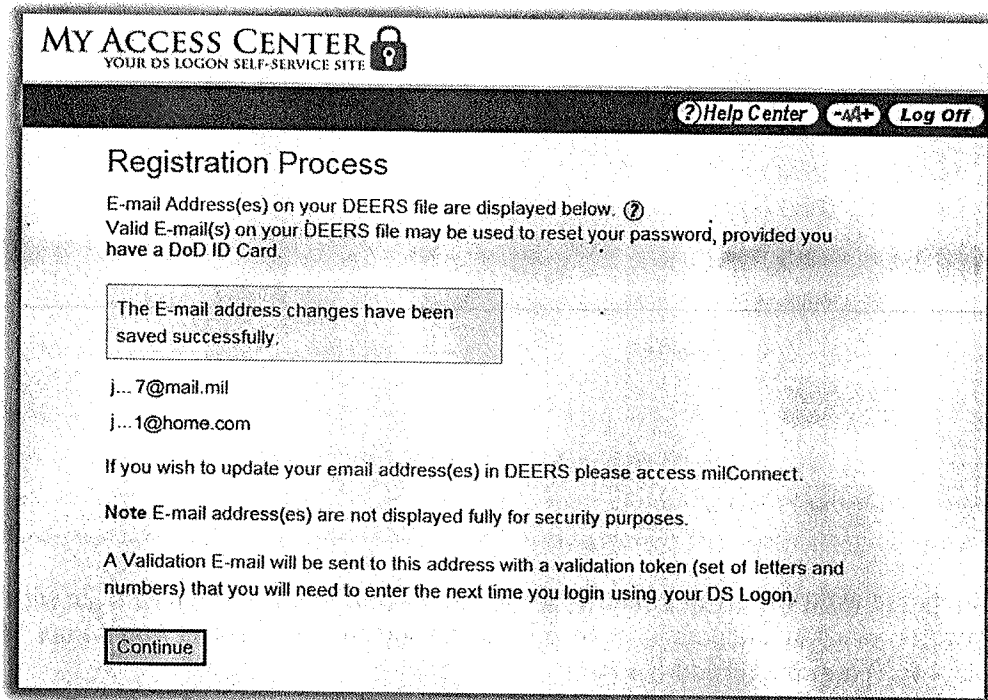
Enter E-mail address

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.



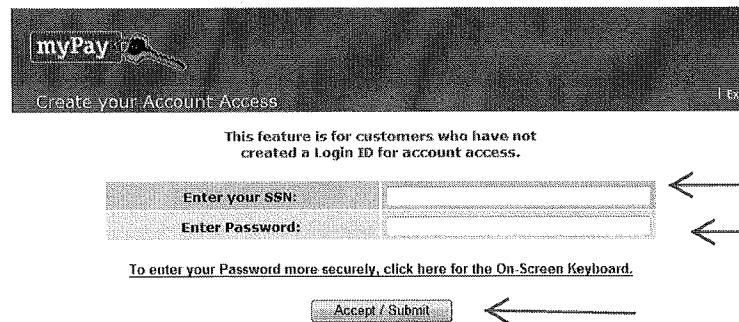
- 22) The email that you entered appears on the confirmation screen. The next time that you login, you will be prompted to enter the validation token that was sent to the E-mail address provided.
- 23) Your registration is complete. Select **Continue** to log in with your new account.

How to Create a New *myPay* Account


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

myPay																								
Accessibility Section 508 Security Privacy Notice FAQ System Usage Contact Us																								
Log In	Important Information	Quick Links																						
<p>Account Access</p> <p>Login ID:</p> <input type="text"/> <p>Forgot your Login ID?</p> <p>Password:</p> <input type="password"/> <p>Forgot or Need a Password?</p> <p><input type="button" value="Go"/></p> <p>To enter your Password more securely, click on the On-Screen Keyboard link below.</p> <p>On-Screen Keyboard</p> <p><input type="button" value="SmartCard Login"/></p> <p>DoD CAC PIV</p>  <p>New User</p> <p>Read this First: How New Accounts are Added to myPay</p> <p>Create an Account You will need a temporary password to proceed.</p> <p>Stay Connected</p> <p> </p> <p> It's about the customer!</p>	<p>Roth TSP Problem Corrected</p> <p>The Roth TSP problem you may have experienced is corrected. You can now go into myPay to re-enroll and input your percentage based contribution elections. Again, we apologize for any inconvenience this caused you and thank you for your patience.</p> <hr/> <p>Military Pay Allotment Policy Change</p> <p>Effective 1 January 2015 the policy governing military discretionary allotments changes. More information is available at www.dfes.mil/MIL_AL_HTML</p> <hr/> <p>2014 myPay Tax Statement Schedule</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Available</th> </tr> </thead> <tbody> <tr> <td>Annuitant 1099-R</td> <td>Available</td> </tr> <tr> <td>Retiree 1099-R</td> <td>Available</td> </tr> <tr> <td>Civilian W-2 (DoD/Non-DoD)</td> <td>Available</td> </tr> <tr> <td>Reserve Component Air Force, Army, and Navy W-2</td> <td>01/07/2015</td> </tr> <tr> <td>Army Student Loan Repayment Program (SLRP) W-2</td> <td>01/13/2015</td> </tr> <tr> <td>Active/Reserve Component Marine Corps W-2</td> <td>01/14/2015</td> </tr> <tr> <td>Army Non-Appropriated Fund (NAF) Civilian W-2</td> <td>01/14/2015</td> </tr> <tr> <td>Savings Deposit Program (SDP) 1099INT</td> <td>01/23/2015</td> </tr> <tr> <td>Active Component Air Force, Army, and Navy W-2</td> <td>01/24/2015</td> </tr> <tr> <td>Travel/Miscellaneous W-2</td> <td>01/31/2015</td> </tr> </tbody> </table> <hr/> <p>System Availability</p> <p>RECURRING WEEKLY SYSTEM MAINTENANCE:</p> <p><u>All myPay Customers:</u></p> <ul style="list-style-type: none"> • Access to myPay unavailable between 0000 and 0100 ET daily, Monday – Friday • Access to Travel Advice of Payment (AoP) unavailable between 0600 and 1800 ET every 3rd Sunday of the month <p><u>Marine Corps Customers:</u></p> <ul style="list-style-type: none"> • Access to LES and W-2 unavailable between 2200 ET every Friday and 0400 ET every Saturday • Access to all transactions unavailable between 2300 ET every Friday and 0800 ET every Saturday <p>NO ADDITIONAL WEEKEND SYSTEM MAINTENANCE</p>	Status	Available	Annuitant 1099-R	Available	Retiree 1099-R	Available	Civilian W-2 (DoD/Non-DoD)	Available	Reserve Component Air Force, Army, and Navy W-2	01/07/2015	Army Student Loan Repayment Program (SLRP) W-2	01/13/2015	Active/Reserve Component Marine Corps W-2	01/14/2015	Army Non-Appropriated Fund (NAF) Civilian W-2	01/14/2015	Savings Deposit Program (SDP) 1099INT	01/23/2015	Active Component Air Force, Army, and Navy W-2	01/24/2015	Travel/Miscellaneous W-2	01/31/2015	<p>Quick Links</p> <p>DFAS Resources</p> <ul style="list-style-type: none"> • DFAS - Home • How do I get a new myPay Password? • myPay Assistance and Customer Support • myPay SmartCard (DoD CAC and PIV) • myPay Trusted agents • Pay Inquiries: Army Active, Navy (Active/Reserve) Air Force (Active/Reserve/Guard) • Pay Inquiries: Army National Guard • Pay Inquiries: Army Reserve • SmartVoucher - Complete a DD 1351-2 • Travel Voucher Checklist • AskDFAS Tax Statement Reissue Requests <p>External Resources</p> <ul style="list-style-type: none"> • Adobe Reader • Army Retirement Services Office • IRS Withholding Calculator (Form W-4) • Military Compensation - Retirement Calculators • PDHRA for Army Civilians • PlanSmartChoice • Thrift Savings Plan • TreasuryDirect • US Air Force - Home • US Army - Home • US Marine Corps - Home • US Navy - Home • Veterans Affairs - Home • Veterans Affairs - Returning Service Members (OEF/OIF)
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5. Create your account by entering your Social Security Number and your temporary password and click the “Accept/Submit” button.



The image shows a screenshot of a web form titled "myPay" with a key icon. Below the title is the text "Create your Account Access" and a link "Exit". A message states: "This feature is for customers who have not created a Login ID for account access." The form contains two input fields: "Enter your SSN:" and "Enter Password:". Below these fields is a link: "To enter your Password more securely, click here for the On-Screen Keyboard." At the bottom is a button labeled "Accept / Submit". Three arrows point to the right-hand side of the SSN and Password input fields, and one arrow points to the "Accept / Submit" button.

myPay 

Create your Account Access [Exit](#)

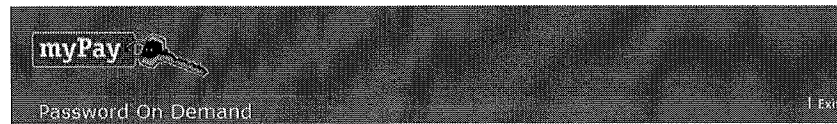
This feature is for customers who have not created a Login ID for account access.

Enter your SSN:

Enter Password:

[To enter your Password more securely, click here for the On-Screen Keyboard.](#)

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.








Please select only one (1) of the following:

- ☐ Email directly to my Army Knowledge On-line (AKO) Email registered in myPay
- ☐ Email directly to my Personal Email registered in myPay
- ☐ Mail to my address of record with Military Retired

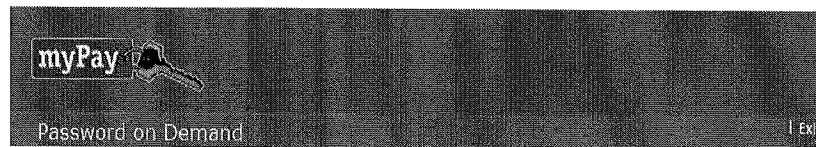
Emails should be received within one hour. Mail requests may take up to ten days.

Send me a Password

- | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|-----------|----------------|-----------|----------------------------|-----------|---|------------|--|------------|---|------------|---|------------|---------------------------------------|------------|--|------------|--------------------------|------------|--|
|  | | | | | | | | | | | | | | | | | | | | | | |
| Accessibility/Section 508 Security Privacy Notice FAQ System Usage Contact Us | | | | | | | | | | | | | | | | | | | | | | |
| <div> <div>Log In</div> <div>Account Access</div> <div> Login ID:
 <input type="text"/> </div> <div> Forgot your Login ID?
 <input type="button" value="Go"/> </div> <div> Password:
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| Travel/Miscellaneous W-2 | 01/31/2015 | | | | | | | | | | | | | | | | | | | | | |

2. Enter your Social Security Number and click the “Yes” button on the bottom right side of the page



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.

Please enter your Login ID:

OR Please enter your Social Security Number:



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.

No

NO return to the Home Page

Yes



YES to reset my Password online
or to request a temporary Password

DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL THE ARMED FORCES
"RETIREE 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)

Location of these Documents:

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)

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:

Office/Organization	Phone Number
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 Pass & ID	_____

OTHER IMPORTANT NUMBERS

Organization	Local and 800#
--------------	----------------

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 $\frac{3}{4}$ " 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 $\frac{1}{2}$ " 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: _____

Copy Attached #11? yes no

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

Brand/Generic Name _____ Schedule of Use _____

Type (pill, capsule, liquid, injection) _____ Dosage _____

Copy Attached #12? yes no

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

13. Spouse: Living? _____ yes no

First Initial/Maiden Last

Telephone: Home#: _____ Work#: _____

Cell: Home#: _____ Work#: _____

14. Companion: _____ Living? yes no

First Initial/Maiden Last

Telephone: Home#: _____ Work#: _____

Cell: Home#: _____ Work#: _____

15. List other emergency contacts:

Name _____ Address _____

Telephone: Home#: _____ Work#: _____

Cell: Home#: _____ Work#: _____

Copy Attached #15? yes no

16. Primary Physician: _____ Phone: _____

First Initial Last

17. Ophthalmologist: _____ Phone: _____

First Initial Last

18. Dentist: _____ Phone: _____

First Initial Last

19. Specialists: _____ Phone: _____

First Initial Last

20. Preferred Hospital: 1
- st
- _____ 2
- nd
- _____

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

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

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

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

Mother _____ Living? yes no
 First Maiden Last

26. Adopted: yes no
- If yes provide as much information on your parents' health that you know: _____

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

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

If YES, I have discussed donation with my family members? yes no

Signature of Donor: _____ Date: _____

PREPARED (DATE) _____ UPDATED (DATE) _____

BURIAL INFORMATION

Name

Address

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

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

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

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): _____

DOCUMENT

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)

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

Record)(for all periods)

Retirement Orders

Safe-Deposit Box – List Contents:

Will

Vehicle Registration

Vehicle Title

Insurance policies

Investment papers (CDs, Mutual Funds,
IRA, other)

Burial plot information

Uniform for burial

Medical and dental records

Real Estate deeds

Tax returns

Bank Name Phone# Type of Acct

Account# (check or savings)

WHAT DOES RCSBP COST?

There are two costs/premiums in calculating RCSBP:

1. The RCSBP cost/premium for coverage received prior to age 60.
2. The SBP cost/premium for coverage received after age 60.

A more detailed and personalized cost/premium estimate on RCSBP is available at the Army Human Resources Command SBP/RCSBP pay calculator website: <https://www.hrc.army.mil/site/Reserve/soldierservices/retirement/survivorbenefitpaycalc.asp>

Note: RC retired Soldiers begin paying RCSBP and SBP premiums when they begin receiving retired pay – usually at age 60.

ISN'T TERM INSURANCE LESS THAN RCSBP?

Yes! Term insurance is cheaper because it:

1. Is temporary insurance protection that does not adjust for inflation.
2. Covers an individual for loss over a certain period of time.
3. Has no residual cash value once the time period is over.

RCSBP is an inflation-adjusted benefit, at a constant relative cost, which cannot be outlived by the surviving spouse.

WHAT HAPPENS TO MY SPOUSE COVERAGE IF WE DIVORCE AFTER RETIREMENT?

Spouse coverage will be suspended when the DFAS retired pay center is notified of your divorce. (Notify them immediately.)

Note: You and/or your former spouse have one year from the date of divorce to make a written request, to change your election from spouse to former spouse, voluntarily or in compliance with a court order or written agreement.

WHAT IF MY SPOUSE DIES FIRST?

RCSBP, like insurance, pays an annuity only if the Soldier dies first. Costs/premiums will be suspended but not reimbursed. If the Soldier remarries, RCSBP coverage can be resumed within one year from the date of the new marriage.

WHAT HAPPENS TO MY ELECTION WHEN I REACH AGE 60?

If you elected RCSBP, it will automatically roll over and become SBP with the same elections chosen for SBP. If you chose Option A and did not elect RCSBP, you must make an SBP election when you reach age 60." Contact HRC-Fort Knox prior to applying for retired pay at age 60 to insure that your SBP elections are properly annotated in the system.

IS THE RCSBP ANNUITY REDUCED AT AGE 62?

No! The two-tier benefit system has been phased out. All beneficiaries receive 55 percent of the Soldier's elected base amount.

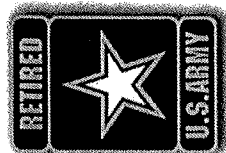
This pamphlet was prepared by HQDA, Army Retirement Services, 200 Stovall St, Alexandria, VA 22332-0470.

See also: <http://www.armyg1.army.mil/rso/sbp.asp>

and

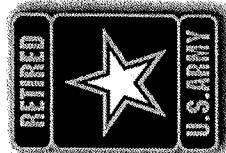
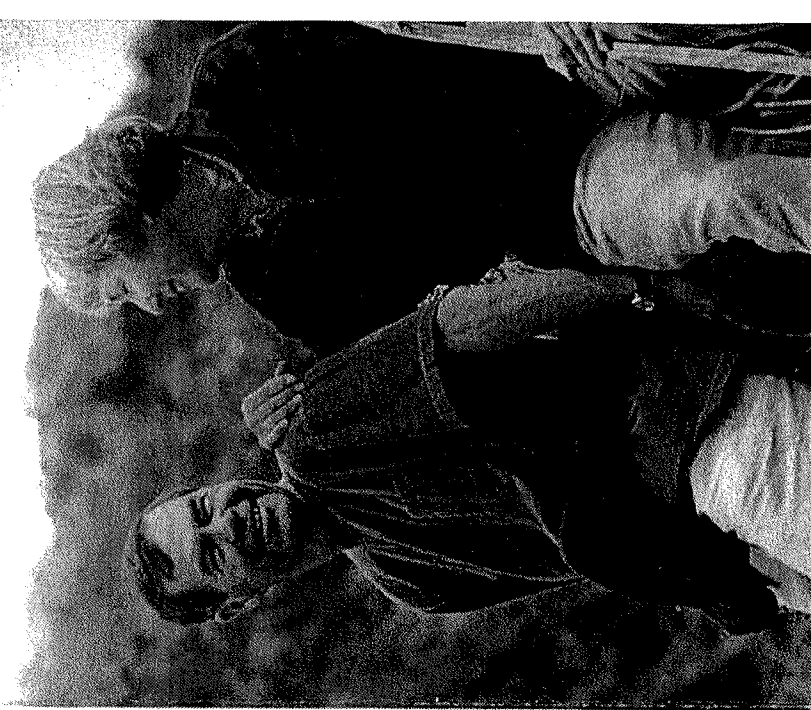
<http://www.hrc.army.mil/site/Reserve/soldierservices/retirement/rcsbp.htm>

(09/10)



WHAT HAPPENS TO
YOUR RETIRED PAY
WHEN YOU DIE?
IT STOPS!

RESERVE COMPONENT SURVIVOR BENEFIT PLAN BASIC QUESTIONS ANSWERED



WHAT IS RCSBP?

The Reserve Component Survivor Benefit Plan (RCSBP) is an annuity that is paid to your survivors upon your death. RCSBP is the only way your survivors can receive a portion of your military retired pay.

HOW DOES RCSBP WORK?

The Soldier must make an RCSBP election within 90 days of eligibility or an automatic election will go into effect. Once a Reserve Component (RC) Soldier achieves 20 qualifying years of service, the Soldier is eligible to enroll in RCSBP. Soldiers making their RCSBP election must decide whether or not to receive reduced retired pay and provide their survivors an annuity for life. Upon the death of the retired Soldier, the designated annuitant will receive 55 percent of the base amount elected by the retired Soldier.

WHAT ARE RCSBP'S GREATEST ADVANTAGES?

1. Paid to surviving spouse for life.
2. Yearly Cost-Of-Living Adjustments.
3. Government subsidized.
4. Premiums paid are tax free.

RCSBP ELECTION OPTIONS

You have three options when making your RCSBP/SBP elections:

- Option A** (Decline Election until age 60) – You are waiving participation in RCSBP. No premiums will be paid or annuity received; however, you remain eligible to elect Survivor Benefit Plan (SBP) coverage at age 60.
- Option B** (Deferred Annuity) – Provides an annuity to begin on the 60th anniversary of your birth, if you die before age 60.
- Option C** (Immediate Annuity) – Coverage begins as soon as you sign up. Annuity is paid upon your death regardless of age.

DOES MY SPOUSE HAVE TO AGREE WITH ME?

By law, a spouse's written concurrence is required if a Soldier elects anything other than immediate annuity with full retired pay as base amount.

I'M UNMARRIED — CAN I ENROLL IN RCSBP?

Yes! An unmarried Soldier can enroll in RCSBP to cover a child(ren), or someone who has insurable interest in the Soldier. (See beneficiary section for details.)

ONCE ENROLLED CAN I CANCEL RCSBP?

No! Once a Soldier chooses to take RCSBP the Soldier is required by law to pay all the premiums until the annuity is paid in full. An RC Soldier is considered to have paid RCSBP in full after making 360 RCSBP premium payments and having reached age 70 or older (although most RC retired Soldiers will not be "paid up" until age 90 because you don't usually start receiving retired pay until age 60).

CAN I CHANGE MY RCSBP ELECTION?

Yes! A Soldier can update an RCSBP election due to changes in dependency status (for example, gaining a child or divorcing). Utilize the DD Form 2656-6, Survivor Benefit Plan Election Change Certificate to update your RCSBP election.

Note: Immediately notify your RSO and/or contact HRC-Ft. Knox in writing about any change to your RCSBP beneficiary election.

WHO CAN BE A BENEFICIARY IN RCSBP?

There are six RCSBP's election categories:

1-Spouse: The surviving spouse is the beneficiary of RCSBP upon the death of the Soldier/Retiree.

Note: The RCSBP annuity is paid until the spouse dies, unless the surviving spouse remarries before age of 55. The annuity for the surviving spouse can be reinstated if the remarriage ends.

2-Spouse & Child(ren): Under this election, the spouse is the primary beneficiary and eligible children are secondary beneficiaries. Children receive the annuity only if the spouse cannot because of death or remarriage before age 55.

3-Child(ren) Only: Under this election, the child(ren) who are still eligible when the retired Soldier dies will receive the RCSBP annuity. Children are eligible until they exceed age 18 or age 22, if they're full-time, unmarried students. A child who is incapacitated before losing eligibility for age then becomes eligible for life.

Eligible children are defined as adopted children, stepchildren, foster children and recognized natural children who live with the retiree in a regular parent-child relationship. Children of all marriages are eligible beneficiaries under this election.

Note: The 55 percent annuity is divided equally among all eligible children until the child(ren) exceeds the age of eligibility. It is recommended you research the impact SBP for a fully disabled child may have on other benefits the child is now or will be receiving.

4-Former Spouse: This option can be elected voluntarily or be required by a state court. Former spouse costs and benefits are identical to those for spouses.

5-Former Spouse & Child(ren): Identical to the "spouse & children" option in costs and benefits, except that only children of the marriage to the former spouse are eligible beneficiaries.

6-Insurable Interest: Is a relative more closely related than cousin; or business associate with a financial interest in the Soldier. A Soldier can select this option if he/she is unmarried with no children or has one dependent child.





JUN - SEP 2019



LTG (Ret) David Halverson SMA (Ret) Raymond Chandler

A MESSAGE FROM

THE CO-CHAIRS CHIEF OF STAFF, ARMY RETIRED SOLDIER COUNCIL

Dear Retired Soldiers and Families,

As the new co-chair for the Chief of Staff, Army Retired Soldier Council, I am honored to be a Soldier for Life, a proud Retired Soldier, and to serve such an important role. My fellow co-chair, the 14th Sgt. Maj. of the Army, Ray Chandler and I are excited to serve our Army and our tremendous retired community.

First, we want to thank our mentor and good friend retired Lt. Gen. Jim Lovelace. He was the co-chair for six years and made such magnificent progress and contributions. He was a role model for all. We want to thank him from the bottom of our hearts.

As we move forward, retired Sgt. Maj. of the Army Chandler and I just hosted our annual Chief of Staff, Army Retired Soldier Council meeting here in Washington, D.C. We have an inspiring, passionate council consisting of the 14 members pictured on page 4. We had a productive week of updates from the Army Vice Chief of Staff, the current Sgt. Maj. of the Army, the entire Army Staff and special interagency leaders to include the Commissary, the Exchange, and the Defense Health Agency. We completed our report to the Chief of Staff, Army. We believe we have highlighted the most important issues that concern our Retired Soldiers. After the numerous briefings, it was clear to us all that our Army is strong; it is a dangerous world in which our Army operates; readiness is the Army's #1 priority; and we must posture and modernize for our near peer threat now.

The retired community can ensure we enable the readiness of our Army. We are a voice and a force in our communities of over 1.2 million Retired Soldiers and surviving spouses throughout our country. We are all Soldiers for Life, and they need our assistance. We must mobilize at the grassroots level for our "Hire and Inspire" mission. We must assist in any way to sustain the all-volunteer force. We are the Army's fourth and largest component. We are a resource to our Army by educating, advocating, and inspiring others to serve our Army. We can assist veterans and retirees into our communities by welcoming and mentoring them during their transition to civilian life.

Additionally, there are numerous things we can do for our Army. There are many initiatives where Retired Soldiers can volunteer their time and talents and stay engaged. We submitted a white paper from our own Director of Army Retirement Services, Mark Overberg, which highlights where we can still serve the Army. Initiatives like "Meet your Army"; recruiting; retiree councils; casualty assistance; retirement services; military treatment facilities; Reserve Officer Training Corps (ROTC); U.S. Junior ROTC; Army Community Services; retiree appreciation days; assistant voting officers; regimental associations; and military service organizations to name a few. These are positive programs that need the expertise, culture, and values of our Retired Soldiers. This calling must be a grassroots awakening and we must activate ourselves locally, regionally, nationally, and abroad.

As we move forward, we must truly work with the Army and its leadership. Our deeds, not just our words, must resonate. I look forward to serving you and our world's best Army. It is about people. We are Soldiers for Life. Hire and Inspire. Army Strong!

Features

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Retired Soldier Council 4-5

New authorization expands
eligibility for guests at Edelweiss 16

Articles

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as next chief of staff 2

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Celebrating the legacy
and evolution of the GI Bill 9

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Now available on a screen
near you: mobile-friendly myPay 12

Wait! Is military retirement
pay taxable or not? 13

Regular Items

Echoes from the past:
News from 60 years ago 3

Ask Joe: Your benefits guru 8

Did you know the electronic edition has 8 more pages than this edition? You can download it in the Army Echoes app or at <https://soldierforlife.army.mil/retirement/army-echoes>.



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
- 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.

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

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

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

Duty to Assist 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

Establishing Combat Veteran

Eligibility 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

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 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

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

General Compensation

Provisions 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

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

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

M10 Part III Change

1 http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1008

M21-1 Table of Contents 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

Mental Health Program

Guidelines 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

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

Persian Gulf Registry Referral

Centers 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

Persian Gulf Veterans' Illnesses Research 2002, Annual Report To

Congress http://www1.va.gov/resdev/prt/gulf_war_2002/GulfWarRpt02.pdf

Phase I PGR http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1004

Phase II PGR 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 Project 112 (Including Project SHAD) <http://www1.va.gov/shad/>

Prosthetics

Eligibility 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

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

Research Advisory Committee on Gulf War Veterans Illnesses

http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations_2004.pdf

Research and Development 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

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

[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

[..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

[n_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

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>

[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>

[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

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://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

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

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.

Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement

I _____, by my signature,
(Print Rank/Full Name/Last Four of SSN)
certify that I previously 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 adjustment (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, then, by law, my election will be full coverage for any spouse and/or children I have at retirement ("Option C").
6. If married and I elect less than the maximum spouse SBP coverage allowed by law, then I will require my spouse's concurrence. Spouse concurrence must be signed on or after the date I signed and prior to my date of placement 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, then 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 25th and 36th 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 will show as fully 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, marriage) between completing my SBP election and my retirement date, then a new DD Form 2656 with an updated SBP election is required.
10. If, upon reaching retirement age, I elect at that time to decline SBP coverage for a spouse or a specific eligible child, then I close those SBP categories forever.
11. My spouse's SBP annuity ends if remarried prior to age 55. If that marriage ends, then the spouse SBP annuity restarts from that date.
12. If I elected "spouse and children" or "children only" SBP coverage, then all my eligible children are covered.
13. If I elected "spouse and children" SBP, then 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, then 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.
16. If I am unmarried at retirement and elect "child" SBP, then 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, then I have one year from the date I gained the child to add a child to my existing "spouse" SBP coverage.

Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement

17. **No Beneficiary at Retirement.** If I have no beneficiary at retirement (spouse and/or child), then 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 (DFAS) and request SBP coverage. If I take no action within one year, then the SBP category is closed, not only for that SBP beneficiary category, but also for any future beneficiary in that SBP category. If I elect SBP, then 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. I can elect insurable interest for a child if I am not married and have only one eligible child. However, I must pay the insurable interest SBP premium cost versus the child SBP premium cost. If I elected insurable interest SBP and, after retirement, I marry or have a child, then 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, then I can elect "former spouse" SBP coverage at my retirement. If court ordered and I do not elect "former spouse" SBP, then 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 to spouse if the former spouse dies. Action must be taken within one year of the former spouse's death or all the court orders can be amended to show former spouse SBP is no longer required and spouse can be elected as long as it is within one year of the 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, then my surviving spouse and eligible children will receive Dependency and Indemnity Compensation (DIC) from the VA. My surviving spouse's SBP is offset dollar-for-dollar by the spouse DIC. The premiums I paid for any portion of spouse SBP offset by DIC will be refunded to my surviving spouse. If my surviving spouse remarries after age 57 and is qualified for both SBP and DIC, then there is no offset of SBP by DIC. 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, then 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, then 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, then I must pay my SBP premiums to DFAS through direct remittance or I may direct VA, by submitting 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.

21. **TRICARE.** I understand that as a Gray Area Retiree, I am eligible to purchase the Tricare Retired Reserve Health Insurance. I am not eligible for Tricare Premium Free Health Insurance until I turn age 60.

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

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
RETIREMENT SERVICES OFFICE (RSO)

573-638-9500 ext. 39648
573-638-9500 ext. 37011

Or

HUMAN RESOURCES COMMAND (HRC)

502-613-8950

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.¹ 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.² 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.

¹ 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.

² 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.



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: debra.l.havens.civ@mail.mil
or john.r.lewis2.civ@mail.mil

IMPORTANT NOTICE!

The Retiree Dental and Vision Benefit

TAKE COMMAND

The current TRICARE Retiree Dental Program will end
DEC. 31, 2018.

During the 2018 Open Season, you can enroll in the Office of Personnel Management's (OPM) **Federal Dental and Vision Insurance Program (FEDVIP)** for dental benefits in 2019. 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 or 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.

2019 FEDVIP Dental Plans:

Aetna Dental	GEHA
Delta Dental	Humana
Dominion Dental	MetLife
EmblemHealth	Triple-S Salud
FEP BlueDental	United Concordia Dental

2019 FEDVIP Vision Plans:

Aetna Vision
FEP BlueVision
UnitedHealthcare Vision
Vision Service Plan (VSP)

Note: Plan details and rates for the 2019 plan year will be available in fall 2018.

Important Dates



Fall 2018

2019 FEDVIP plan rates are available



Nov. 10–Dec 9, 2019

Federal Benefits Open Season for FEDVIP



Jan. 1, 2019

2019 FEDVIP plan year begins

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.

For more information, visit TRICARE.benefeds.com.

2020 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart						
Plan - Option	2020 Biweekly Premium Rates			2020 Monthly Premium Rates		
	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
UnitedHealthcare Vision - High	\$4.93	\$9.61	\$14.30	\$10.68	\$20.82	\$30.98
UnitedHealthcare Vision - Standard	\$3.28	\$6.38	\$9.50	\$7.11	\$13.82	\$20.58
VSP - High	\$6.65	\$13.32	\$19.99	\$14.41	\$28.86	\$43.31
VSP - Standard	\$3.51	\$7.01	\$10.53	\$7.61	\$15.19	\$22.82
Aetna Vision Preferred - High	\$5.77	\$11.53	\$17.29	\$12.50	\$24.98	\$37.46
Aetna Vision Preferred - Standard	\$3.18	\$6.36	\$9.55	\$6.89	\$13.78	\$20.69
FEP BlueVision - High	\$5.49	\$10.97	\$16.46	\$11.90	\$23.77	\$35.66
FEP BlueVision - Standard	\$3.50	\$6.99	\$10.49	\$7.58	\$15.15	\$22.73

2020 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

		2020 Biweekly Premium Rates			2020 Monthly Premium Rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
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.							
Aetna Dental - High							
	0	\$17.65	\$35.31	\$52.95	\$38.24	\$76.51	\$114.73
	1	\$16.03	\$32.05	\$48.08	\$34.73	\$69.44	\$104.17
In and Out-of-Network Benefits	2	\$17.65	\$35.31	\$52.95	\$38.24	\$76.51	\$114.73
	3	\$18.79	\$37.58	\$56.35	\$40.71	\$81.42	\$122.09
	4	\$20.73	\$41.46	\$62.19	\$44.92	\$89.83	\$134.75
	5	\$22.52	\$45.03	\$67.54	\$48.79	\$97.57	\$146.34
Delta Dental - High							
	0	\$27.06	\$54.11	\$81.17	\$58.63	\$117.24	\$175.87
	1	\$18.13	\$36.28	\$54.40	\$39.28	\$78.61	\$117.87
In and Out-of-Network Benefits	2	\$19.90	\$39.80	\$59.71	\$43.12	\$86.23	\$129.37
	3	\$21.83	\$43.68	\$65.51	\$47.30	\$94.64	\$141.94
	4	\$23.24	\$46.47	\$69.74	\$50.35	\$100.69	\$151.10
	5	\$27.06	\$54.11	\$81.17	\$58.63	\$117.24	\$175.87
Delta Dental - Standard							
	0	\$13.33	\$26.66	\$39.99	\$28.88	\$57.76	\$86.65
	1	\$9.38	\$18.75	\$28.13	\$20.32	\$40.63	\$60.95
In and Out-of-Network Benefits	2	\$10.22	\$20.46	\$30.67	\$22.14	\$44.33	\$66.45
	3	\$11.03	\$22.07	\$33.11	\$23.90	\$47.82	\$71.74
	4	\$11.64	\$23.29	\$34.93	\$25.22	\$50.46	\$75.68
	5	\$13.33	\$26.66	\$39.99	\$28.88	\$57.76	\$86.65
Dominion Dental Services - High							
	1	\$9.58	\$19.15	\$28.73	\$20.76	\$41.49	\$62.25
In-Network Benefits Only Except for Emergency Services	2	\$9.94	\$19.88	\$29.80	\$21.54	\$43.07	\$64.57
	3	\$10.30	\$20.60	\$30.90	\$22.32	\$44.63	\$66.95
	4	\$10.69	\$21.37	\$32.07	\$23.16	\$46.30	\$69.49
	5	\$14.21	\$28.41	\$42.62	\$30.79	\$61.56	\$92.34
Dominion Dental Services - Standard							
	1	\$5.66	\$11.30	\$16.96	\$12.26	\$24.48	\$36.75
In-Network Benefits Only Except for Emergency Services	2	\$5.90	\$11.80	\$17.69	\$12.78	\$25.57	\$38.33
	3	\$6.58	\$13.15	\$19.73	\$14.26	\$28.49	\$42.75
	4	\$7.30	\$14.59	\$21.89	\$15.82	\$31.61	\$47.43
	5	\$8.36	\$16.72	\$25.08	\$18.11	\$36.23	\$54.34
Emblemhealth FEDVIP Dental Program - High							
In and Out-of-Network Benefits	1	\$19.20	\$38.38	\$57.58	\$41.60	\$83.16	\$124.76
Humana Federal Advantage Plan - High							
	1	\$10.63	\$21.24	\$31.88	\$23.03	\$46.02	\$69.07
In-Network Benefits Only Except for Emergency Services	2	\$11.25	\$22.50	\$33.75	\$24.38	\$48.75	\$73.13
	3	\$12.18	\$24.38	\$36.55	\$26.39	\$52.82	\$79.19
	4	\$14.78	\$29.57	\$44.34	\$32.02	\$64.07	\$96.07
	5	\$15.82	\$31.65	\$47.46	\$34.28	\$68.58	\$102.83
FEP BlueDental - High							
	0	\$25.60	\$51.17	\$76.77	\$55.47	\$110.87	\$166.34
	1	\$17.31	\$34.63	\$51.94	\$37.51	\$75.03	\$112.54
In and Out-of-Network Benefits	2	\$19.40	\$38.77	\$58.16	\$42.03	\$84.00	\$126.01
	3	\$21.12	\$42.23	\$63.35	\$45.76	\$91.50	\$137.26
	4	\$22.88	\$45.72	\$68.59	\$49.57	\$99.06	\$148.61
	5	\$25.60	\$51.17	\$76.77	\$55.47	\$110.87	\$166.34
FEP BlueDental - Standard							
	0	\$13.63	\$27.26	\$40.89	\$29.53	\$59.06	\$88.60
	1	\$9.16	\$18.32	\$27.49	\$19.85	\$39.69	\$59.56
In and Out-of-Network Benefits	2	\$10.04	\$20.09	\$30.13	\$21.75	\$43.53	\$65.28
	3	\$11.42	\$22.83	\$34.22	\$24.74	\$49.47	\$74.14
	4	\$12.33	\$24.64	\$36.94	\$26.72	\$53.39	\$80.04
	5	\$13.63	\$27.26	\$40.89	\$29.53	\$59.06	\$88.60
GEHA Connection Dental Federal - High							
	0	\$17.27	\$34.56	\$51.84	\$37.42	\$74.88	\$112.32
	1	\$17.27	\$34.56	\$51.84	\$37.42	\$74.88	\$112.32
In and Out-of-Network Benefits	2	\$19.00	\$37.97	\$57.00	\$41.17	\$82.27	\$123.50
	3	\$21.56	\$43.13	\$64.68	\$46.71	\$93.45	\$140.14
	4	\$23.28	\$46.55	\$69.85	\$50.44	\$100.86	\$151.34
	5	\$25.83	\$51.70	\$77.59	\$55.97	\$112.02	\$168.11
GEHA Connection Dental Federal - Standard							
	0	\$10.06	\$20.12	\$30.17	\$21.80	\$43.59	\$65.37
	1	\$10.06	\$20.12	\$30.17	\$21.80	\$43.59	\$65.37
In and Out-of-Network Benefits	2	\$11.04	\$22.08	\$33.11	\$23.92	\$47.84	\$71.74
	3	\$12.55	\$25.05	\$37.58	\$27.19	\$54.28	\$81.42
	4	\$13.54	\$27.06	\$40.58	\$29.34	\$58.63	\$87.92
	5	\$15.02	\$30.02	\$45.04	\$32.54	\$65.04	\$97.59

2020 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

		2020 Biweekly Premium Rates			2020 Monthly Premium Rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family

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.

MetLife Federal Dental Plan - High

	0	\$28.25	\$56.50	\$84.75	\$61.21	\$122.42	\$183.63
	1	\$19.10	\$38.19	\$57.29	\$41.38	\$82.75	\$124.13
In and Out-of-Network Benefits	2	\$21.39	\$42.79	\$64.18	\$46.35	\$92.71	\$139.06
	3	\$23.31	\$46.62	\$69.92	\$50.51	\$101.01	\$151.49
	4	\$25.24	\$50.48	\$75.73	\$54.69	\$109.37	\$164.08
	5	\$28.25	\$56.50	\$84.75	\$61.21	\$122.42	\$183.63

MetLife Federal Dental Plan - Standard

	0	\$15.12	\$30.23	\$45.35	\$32.76	\$65.50	\$98.26
	1	\$10.30	\$20.59	\$30.89	\$22.32	\$44.61	\$66.93
In and Out-of-Network Benefits	2	\$11.17	\$22.33	\$33.50	\$24.20	\$48.38	\$72.58
	3	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
	4	\$13.75	\$27.51	\$41.26	\$29.79	\$59.61	\$89.40
	5	\$15.12	\$30.23	\$45.35	\$32.76	\$65.50	\$98.26

Triple S PPO - High

In-Network Benefits Only Except for Services
Rendered by Orthodontists

1	\$4.58	\$9.16	\$12.01	\$9.92	\$19.85	\$26.02
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United Concordia Dental - High

	0	\$23.04	\$46.06	\$69.08	\$49.92	\$99.80	\$149.67
	1	\$15.44	\$30.87	\$46.28	\$33.45	\$66.89	\$100.27
In and Out-of-Network Benefits	2	\$17.32	\$34.68	\$52.00	\$37.53	\$75.14	\$112.67
	3	\$19.24	\$38.45	\$57.70	\$41.69	\$83.31	\$125.02
	4	\$21.13	\$42.27	\$63.41	\$45.78	\$91.59	\$137.39
	5	\$23.04	\$46.06	\$69.08	\$49.92	\$99.80	\$149.67



This brochure provides an overview of most costs and fees for TRICARE programs. For detailed costs and fees, including those for TRICARE For Life, visit www.tricare.mil/costs. To learn more about each TRICARE program option and eligibility, visit www.tricare.mil/planfinder.

TRICARE beneficiaries fall into one of two groups: 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 deductibles and applicable copayments or cost-shares.

TRICARE PRIME® (JAN. 1–DEC. 31, 2020)

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

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

No yearly 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:** \$300 per individual/\$600 per family
- **Group B:** \$366 per individual/\$732 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	\$20	\$20
Specialty Care Outpatient Visit	\$31	\$31
Urgent Care Center Visit	\$31	\$31
Emergency Room Visit	\$62	\$62
Inpatient Admission (Hospitalization)	\$156/ admission	\$156/ 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:

- A yearly 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 do not apply to the catastrophic cap.

TRICARE SELECT® (JAN. 1–DEC. 31, 2020)

Includes TRICARE Select, TRICARE Overseas Program (TOP) Select, TRS, TRR, TYA Select, and CHCBP plans.

Annual Enrollment Fees (TRICARE Select and TOP Select only)

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

- **Group A:** No yearly enrollment fee
- **Group B:** \$471 per individual/\$942 per family

Annual Deductible

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

ADFMs and TRS members

Pay grades E-4 and below

Group A		Group B	
Individual	Family	Individual	Family
\$50	\$100	\$52	\$104

Pay grades E-5 and above

Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$156	\$313

Retirees, their families, TRR members, and all others

Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	Network†: \$156	Network†: \$313
		Out-of-Network†: \$313	Out-of-Network†: \$626

(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 a continuous TRICARE Prime enrollment. See www.tricare.mil/costs for more information.

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

TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network*

Covered Services	ADFMIs and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B	Group A	Group B
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	Network: \$22 Out-of-Network: 20%†	Network: \$15 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$26 Out-of-Network: 25%†
Specialty Care Outpatient Visit	Network: \$33 Out-of-Network: 20%†	Network: \$26 Out-of-Network: 20%†	Network: \$45 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Urgent Care Center Visit	Network: \$22 Out-of-Network: 20%†	Network: \$20 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Emergency Room Visit	Network: \$89 Out-of-Network: 20%†	Network: \$41 Out-of-Network: 20%†	Network: \$118 Out-of-Network: 25%†	Network: \$83 Out-of-Network: 25%†
Inpatient Admission (Hospitalization)	\$19.55 per day or \$25 per admission (whichever is more) Network and Out-of-Network	\$62 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$182 per admission Network
		20%† Out-of-Network	\$953 per day* or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25%† Out-of-Network
		\$19.55 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 deductible is met.

PREMIUM-BASED HEALTH PLANS

When enrolled in a premium-based health plan (TRS, TRR, TYA Prime, TYA Select, or CHCBP), you pay a monthly or quarterly premium and follow Group B deductibles and applicable copayments or cost-shares.

Quarterly Premium (Oct. 1, 2019–Sept. 30, 2020)

Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,553	\$3,500

Monthly Premium (Jan. 1–Dec. 31, 2020)

Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$44.17	\$228.27
TRICARE Retired Reserve	\$444.37	\$1,066.26
TRICARE Young Adult Prime	\$376	Not available
TRICARE Young Adult Select	\$228	Not available



Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year. This protects you because it limits the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** The TYA member's catastrophic cap is based on the sponsor's status but follows Group B. The CHCBP catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
ADFM's	\$1,000/family	\$1,044/family
Retirees, their families, and others	\$3,000/family	\$3,655/family
TRS members	(Follow Group B)	\$1,044/family
TRR members	(Follow Group B)	\$3,655/family



PHARMACY COSTS (JAN. 1, 2020–DEC. 31, 2021)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Costs for all others are shown below.

At TRICARE retail 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. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. Overseas, some limitations may apply.

To learn more, visit www.express-scripts.com/TRICARE or call Express Scripts, Inc., which administers the TRICARE pharmacy benefit, at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
Military pharmacy Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery Up to a 90-day supply	\$10	\$29	\$60	Not available
TRICARE retail network pharmacy Up to a 30-day supply	\$13	\$33	\$60	Full cost of drug
Non-network pharmacy (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	TRICARE Prime options: 50% cost-share applies after the point-of-service (POS) deductible is met All other beneficiaries: You pay for formulary drugs (\$33 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$60 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
Overseas pharmacy (outside the U.S. and U.S. territories) Visit www.tricare.mil/overseas-pharmacy for more information.	ADSMs and ADFMs using TOP Prime or TOP Prime Remote: \$0 (you may have to pay the full cost up front and file a claim for reimbursement) ADFM's using TOP Select and TRS members: 20% cost-share after yearly deductible is met Retirees, their families, TRR members, and all others enrolled in TOP Select: 25% cost-share after the yearly deductible is met			Full cost of drug





VOLUNTARY DENTAL PROGRAMS

There are two voluntary dental options separate from TRICARE health care options: the TRICARE Dental Program (TDP) and the Federal Employees Dental and Vision Insurance Program (offered by the U.S. Office of Personnel Management). Below are the TDP rates. To learn more about dental programs and eligibility, visit www.tricare.mil/dental.

TRICARE Dental Program Monthly Premiums (May 1, 2019–April 30, 2020)

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	\$11.54	\$30.00	N/A
Selected Reserve	\$11.54	\$28.85	\$75.01	\$86.55
Individual Ready Reserve	\$28.85	\$28.85	\$75.01	\$103.86

TRICARE Dental Program Out-of-Pocket Costs (May 1, 2019–April 30, 2020)

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%
Yearly 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 towards the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

LOOKING FOR More Information?

GO TO www.tricare.mil/contactus



TRICARE Costs

www.tricare.mil/costs



TRICARE Plan Finder

www.tricare.mil/planfinder



TRICARE East Region

Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com



TRICARE Overseas Program (TOP)

International SOS
Government Services, Inc.
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
www.express-scripts.com/TRICARE



TRICARE Dental Program

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



TRICARE West Region

Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

TOP Regional Call Centers Eurasia-Africa

+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarel@internationalosos.com

Latin America and Canada

+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalosos.com

Pacific (Singapore):

+65-6339-2676 (overseas)
1-877-678-1208 (stateside)
sin.tricare@internationalosos.com

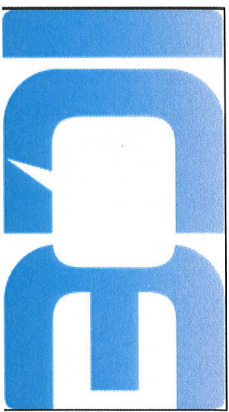
Pacific (Sydney):

+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydricare@internationalosos.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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Base: Ike Skelton Training Site

Service Provider: Retirement Services Office