

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

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

| | | |
|--|--|---------------------------|
| 1. NAME (Last, First, Middle Initial) | 2. DATE OF BIRTH (YYYYMMDD) | 3. SOCIAL SECURITY NUMBER |
| 4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) | 5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH | |

SECTION II - DISCLOSURE

| | |
|--|---|
| 6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO: (Name of Facility/TRICARE Health Plan) | |
| a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION | b. ADDRESS (Street, City, State and ZIP Code) |
| c. TELEPHONE (Include Area Code) | d. FAX (Include Area Code) |
| 7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL | |

8. INFORMATION TO BE RELEASED

| | |
|--|--|
| 9. AUTHORIZATION START DATE (YYYYMMDD) | 10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED |
|--|--|

SECTION III - RELEASE AUTHORIZATION

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
 - b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
 - c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
 - d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.
- I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

| | | |
|--|--|---------------------|
| 11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE | 12. RELATIONSHIP TO PATIENT (If applicable) | 13. DATE (YYYYMMDD) |
|--|--|---------------------|

SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

| | | |
|--|-----------------------------|---------------------|
| 14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED | 15. REVOCATION COMPLETED BY | 16. DATE (YYYYMMDD) |
|--|-----------------------------|---------------------|

| | |
|--|---|
| 17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE | SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER: |
|--|---|

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 |
| Lodging 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 |
| 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 Spouse/Dependents - No | Member - Yes (Until age 65) 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 Spouse/Dependents - No | Member - Yes 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 |
| Servicemembers 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).



OSGLI use only

IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). Please complete all fields and correct any inaccurate information.

VETERAN INFORMATION (INFORMATION ON FILE)

First Name: MI:

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

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

Email:

☐ Please send me notices related to my bill or policy by email

Daytime Phone: - -

Evening Phone: - -

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

[illegible]

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**

* 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.



The total for all secondary beneficiaries must equal 100%.

- (Select One)

Gender: ☐ Male ☐ Female

First Name: MI:

Last Name: _____

Other: _____

Address: _____

Phone: _____ SSN: _____

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

- (Select One)

Gender: ☐ Male ☐ Female

First Name: _____ MI: _____

Last Name: _____

Other: _____

Address: _____

Phone: _____ SSN: _____

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

TOTAL

must equal 100%

5 AUTHORIZATION/SIGNATURE

I authorize OSGI 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:

X

Date: - -

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.



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

Self-Service Consent to Monitor

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

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

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

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

OK

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

DS LOGON ?

Department of Defense
Self-Service

DS Logon Username

DS Logon Password

☐ Show Password

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

Login

More DS Logon Options

CAC ?

Common Access Card

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

Login

DFAS myPay Password ?

Defense Finance and
Accounting Service

MyPay Login Id

MyPay Password

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

Login

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

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

DS LOGON ?

Department of Defense
Self-Service

DS Logon Username

DS Logon Password

☐ Show Password

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

Login

More DS Logon Options

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

CAC ?

Common Access Card

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

Login

DFAS myPay Password ?

Defense Finance and
Accounting Service

MyPay Login Id

MyPay Password

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

Login

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

DS LOGON Registration

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

Select registration method

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

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

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

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

Continue **Cancel**

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Registration Process

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

First Name ?

Last Name

Date of Birth MM DD YYYY

Person Identifier Social Security Number ?

Submit **Cancel**

[Change Password Guide](#)

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

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



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Registration Process

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

CAC ?
Common Access Card



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



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

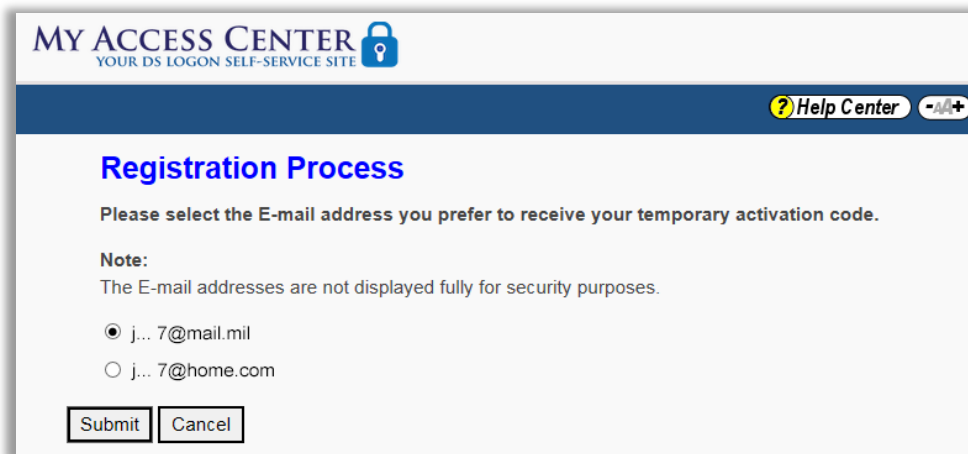
[? Help Center](#) [-AA+](#)

Registration Process

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

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

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



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

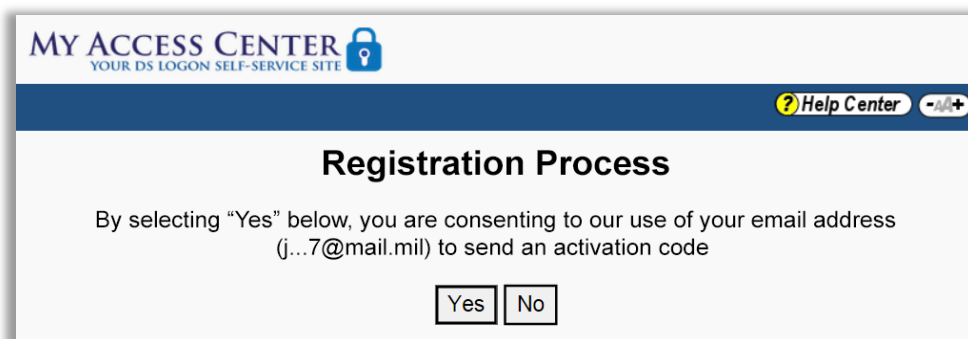
Registration Process

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

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

☒ j... 7@mail.mil
☐ j... 7@home.com

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



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

Registration Process

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

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



MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

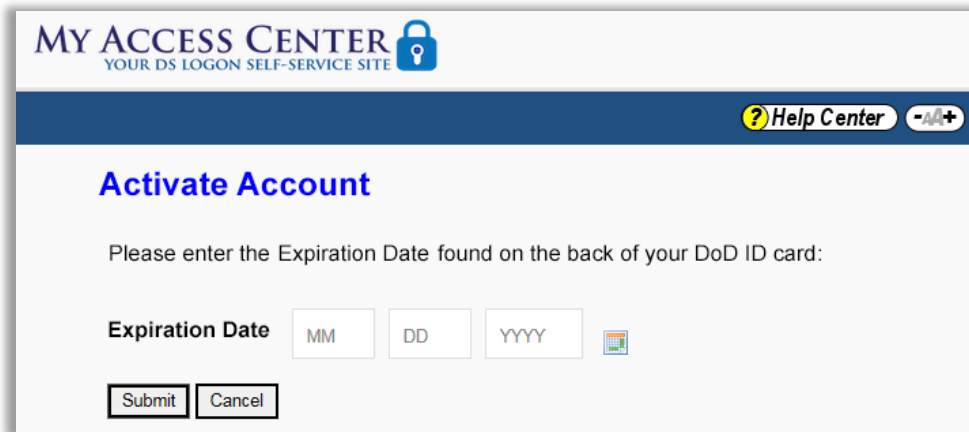
Registration Process

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

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

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

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



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.

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Registration Process

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

Password Security Requirements:

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

Important Points to Remember:

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

Password ✓

Confirm Password ? ✓

☐ Show Passwords

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

[Password Tips](#)

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Registration Process

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

Question 1

Question 2

Question 3

Question 4

Question 5

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Security Image

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

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

MY ACCESS CENTER
YOUR DS LOGON SELF-SERVICE SITE

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

Registration Process

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

| | | | | |
|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[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)

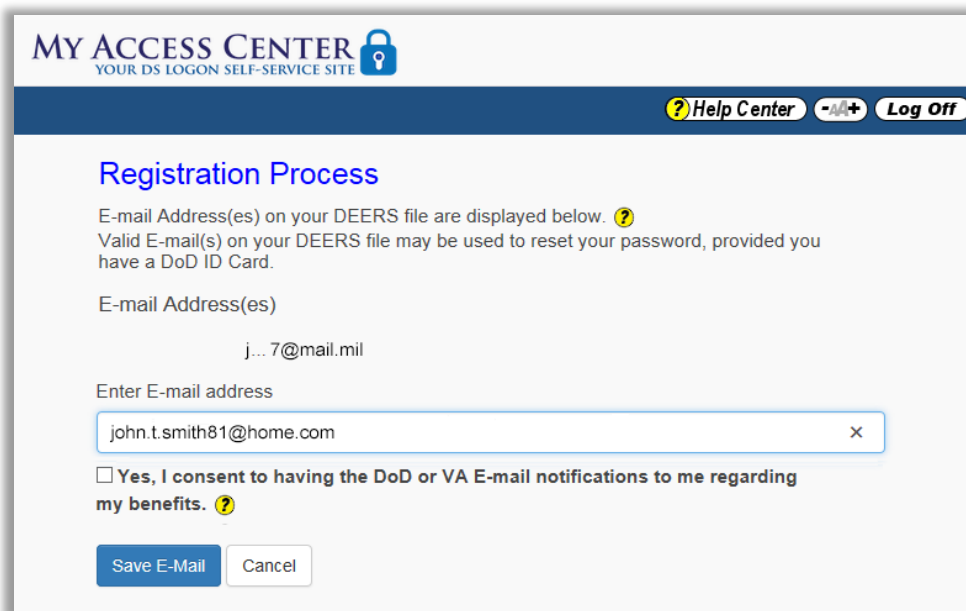
J...7@mail.mil

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.

New to myPay? How to Get Started

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

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

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

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

The screenshot shows the myPay homepage. At the top is a navigation bar with links: myPay, ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. Below the navigation bar, there's a section for "Sign In" with fields for "Login ID" and "Password", a "Sign In" button, and links for "Forgot your Login ID?" and "Forgot or Need a Password?". A red arrow points to the "Forgot or Need a Password?" link. Below the "Sign In" section is a "Smart Card Login" section with a "CAC | PIV" icon and a link to "Insert card then select Authentication Certificate". At the bottom, there's a "New User" section with a "Create your myPay Profile" button. On the left side, there's a "System Availability" section with "Recurring Weekly System Maintenance" information for All myPay Customers and Marine Corps Customers.

You must keep your Log ID and Password to access

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

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

FORGOT OR NEED A PASSWORD ✕

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

THIS PROCESS WILL VOID YOUR CURRENT PASSWORD.

Login ID ▲

OR

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.

▲ Required to continue.

Continue

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

FORGOT OR NEED A PASSWORD ✕

Please select only one (1) of the following:

☐ Mail to my address of record with Army Military Retiree

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

Send me a Password

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

The screenshot shows the myPay homepage. At the top is a navigation bar with links: myPay, ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. Below the navigation bar, there's a section for new users with a video player showing 'myPay on YouTube' and text: 'If you've never accessed myPay, need help changing your myPay password, or changing your email address in myPay, check out our online training tutorials available on YouTube.' To the right is the 'Sign In' section with fields for 'Login ID' and 'Password', a 'Sign In' button, and links for 'Forgot your Login ID?' and 'Forgot or Need a Password?'. Below that is the 'Smart Card Login' section with a 'CAC | PIV' icon and text: 'Insert card then select Authentication Certificate'. At the bottom left is the 'System Availability' section with a heading 'Recurring Weekly System Maintenance:' and a list of maintenance times. At the bottom right is the 'New User' section with a heading 'New to myPay?' and a link 'View Tutorial'. A red arrow points to the 'Create your myPay Profile' button in the New User section.

myPay

ACCESSIBILITY/SECTION 508 SECURITY FAQ QUICK LINKS CONTACT US

STAY CONNECTED WITH DFAS

myPay on YouTube

If you've never accessed myPay, need help changing your myPay password, or changing your email address in myPay, check out our online training tutorials available on YouTube.

Sign In

Login ID

Password

Sign In

Forgot your Login ID?

Forgot or Need a Password?

Smart Card Login
CAC | PIV

Insert card then select Authentication Certificate

System Availability

Recurring Weekly System Maintenance:

All myPay Customers:

- Access to myPay unavailable between 0000 and 0100 ET daily, Monday – Friday
- Access to Travel Advice of Payment (AoP) unavailable between 1200 and 1700 ET every Sunday
- Access to Travel Advice of Payment (AoP) unavailable between 0400 and 1900 ET every fourth Sunday of the

New to myPay? Read how new accounts are added. [View Tutorial](#) for a step-by-step walkthrough.

Create your myPay Profile

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

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

CREATE YOUR ACCOUNT ACCESS

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

- To create a Login ID and profile you will need your Social Security Number and a temporary Password.
- Your initial temporary Password will automatically be generated after your pay has been established. For more information on when to expect your first Password, read about how new accounts are added.
- If 30 days have passed since you started receiving pay and you have not received your initial temporary Password, request one now.

Social Security Number

Password

Submit

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

Create Account

You are required to establish a new Password.

If you need help setting up/fixing contact the Customer Support Desk at 1-888-276-8241 or 1-888-333-7471, extension (2)10,333-4338, or Technical Working Network (204) 333-8338 your PCs for hours of operation.
If you have specific pay account-related questions, contact your customer service representatives as listed under the frequently asked questions.

Login ID:

- Your Login ID must not be less than 8 or greater than 128 characters.
- Your Login ID must contain letters or numbers or a combination of alphanumeric characters. It may also contain @, _ , - .
- Spaces are not allowed within the Login ID.
- Cannot use a number.
- HINT: An e-mail address can be used as a Login ID.

Enter your Login ID:

Login ID is required

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

Password:

The password must:

- Be 8 to 20 characters in length.
- Contain at least one uppercase letter (A-Z).
- Contain at least one lowercase letter (a-z).
- Contain at least one number (0 - 9).
- Contain at least one of the following special characters: ! @ \$ % ^ * + = ~ _ .
- Change at least four characters from your previous password.

The password cannot:

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

Password Pitfalls: Avoid creating passwords that use:

- An acronym words in any language.
- Personal information such as name, birthday, driver's license, passport number, or similar information.
- Sequential or repeated characters. Examples: "12345678," "000000," ability or adjacent letters on your keyboard (such as: "qwerty").

The password will expire in 180 days.

Enter your password:

Re-enter your password:

The PASSWORD MUST:

- not include any spaces
- include at least 1 uppercase letter (a-z)
- include at least 1 lowercase letter (a-z)
- include at least 1 number (0-9)
- include at least 1 special character (! @ \$ % ^ * + = ~ _ .)
- be 8 to 20 characters in length
- is entered password must match password

7. Follow the on-screen instructions for creating your Login ID and Password, then select Create Account when finished.
8. Your Login ID and password are the keys to keeping your retired or annuity pay account current, so be sure to remember them!

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

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

As of Date: _____

Retirees Name _____ SSN _____ Ser# (Other) _____
(First) (Middle) (Last)

Military Grade _____ Date of Retirement _____ Branch of Svc. _____ Yrs. of Svc. _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Month Day Year

Date of Marriage _____ Place of Marriage _____

Month Day Year

Father's Name _____ DOB _____ Place of Birth _____

Month Day Year

Mother's Maiden Name _____ DOB _____ Place of Birth _____

Month Day Year

Documents needed to claim death benefits:

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

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

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

Location of these Documents:

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

Part I – Veterans Administration Data (if applicable)

VA Compensation \$ _____ Disability Claim # _____ Remarks _____

VA Insurance Policy nr(s) _____ / _____ File # _____

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

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

Other remarks _____

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

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

Retiree gross and net pay data: as of date _____

Gross pay \$ _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Net pay \$ _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Taxable income \$ _____

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

Survivor Benefit Plan Annuity:

55% annuity amount \$ _____

35% annuity amount \$ _____

RSFPP Annuity: \$ _____

Supplemental SBP: \$ _____

Annuity Base Amount: \$ _____

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

Effective _____

Part III – Social Security (when applicable)

Social Security Claim # _____ Month Filed _____

Type of Benefit(s) _____ Beginning month of entitlement _____

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

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

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

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

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

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

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

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

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

Contents of your safety deposit box should be known

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

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

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

Check VA for Presidential Memorial Certificate

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

The survivor should update appropriate will

Extra credit cards should be destroyed or cancelled

Appropriate changes should be made to all joint ownerships

Contact insurance companies as appropriate

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

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

Fill in and keep handy the following office phone numbers:

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

OTHER IMPORTANT NUMBERS

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

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

GENERAL INFORMATION

Directions for preparing and maintaining an Emergency Medical Information Record.

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

EMERGENCY MEDICAL INFORMATION

Either fill in or circle the correct response.

1. Patient: _____ Sex: M F SS# _____

First
Initial
Last
2. Address: _____

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

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

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

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

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

Telephone: Home#:_____Work#:_____

Cell: Home#: Work#:

Telephone: Home#: Work#:

Cell: _____ Home#:_____ Work#:_____

| Name | Address |
|------|---------|
|------|---------|

Telephone: Home#: Work#:

Cell: Home#: Work#:

Copy Attached #15? yes no

17. Ophthalmologist: _____ Phone: _____
First Initial Last

18. Dentist: _____ Phone: _____
First Initial Last

19. Specialists: _____ Phone: _____
First Initial Last

20. Preferred Hospital: 1st 2nd

21. Medical Insurance (private): yes no If yes, policy#: _____
Name of Insurance Company: _____
Copy of Medical Insurance Card Attached #21? yes no
22. Medicare: yes no If yes, policy#: _____
Copy of Medical Insurance Card Attached #22? yes no
23. Medicaid: yes no If yes, policy#: _____
Copy of Medical Insurance Card Attached #23? yes no
24. Military Identification Card (if applicable) _____ Active _____ Retired
Copy of Military ID Card Attached #24? yes no
(Medical Insurance and Military ID Cards can all be photocopied onto one sheet)
25. Parents: Father _____ Living? yes no
 First Initial Last
 Mother _____ Living? yes no
 First Maiden Last
26. Adopted: yes no
If yes provide as much information on your parents' health that you know: _____

Copy Attached #26? yes no
27. Marital Status: single married divorced separated
 widow widower significant other
28. I (have) (have not) COMPLETED a *Durable Power of Attorney*.
Copy Attached #28? yes no
Copy has been provided to Primary Physician? yes no
Location of Original Document? _____
29. I (have) (have not) COMPLETED a *Directive to Physicians* (living will).
Copy Attached #29? yes no
Copy has been provided to Primary Physician? yes no
Location of Original Document? _____
30. Organ/Tissue Donor: yes no
If YES, I have discussed donation with my family members? yes no
Signature of Donor: Date:

PREPARED (DATE) _____ UPDATED (DATE) _____

DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL ARMED FORCES

LETTER OF INSTRUCTIONS

Date: _____

I. From Retiree: _____ **SSN:** _____

To Spouse/Next of Kin: _____ **SSN:** _____

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

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

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

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

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

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

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

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

BURIAL INFORMATION

Who should be notified of your death?

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

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

Name of cemetery where you want to be buried: _____

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

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

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

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

Do you want a military honor guard? YES NO

INFORMATION

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

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

VA Claim #

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

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

Organ donor: Yes No (circle one)

Is there a living will?

Date of Marriage: _____ Place of Marriage (City, State, Country): _____

LOCATION OF DOCUMENTS

DOCUMENT

WHERE LOCATED

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

Retirement Orders

Will

Vehicle Title

Investment papers (CDs, Mutual Funds,

Burial plot information

Medical and dental records

Tax returns

Account# (check or savings)

WHAT DOES RCSBP COST?

There are two costs/premiums in calculating RCSBP:

1. The RCSBP cost/premium for coverage received prior to non-regular retirement.
2. The SBP cost/premium for coverage received after non-regular retirement.

A more detailed and personalized cost/premium estimate on RCSBP is available at the MyArmyBenefits SBP/RCSBP pay calculator website: http://myarmybenefits.us.army.mil/Home/BenefitCalculators/Survivor_Benefits.html

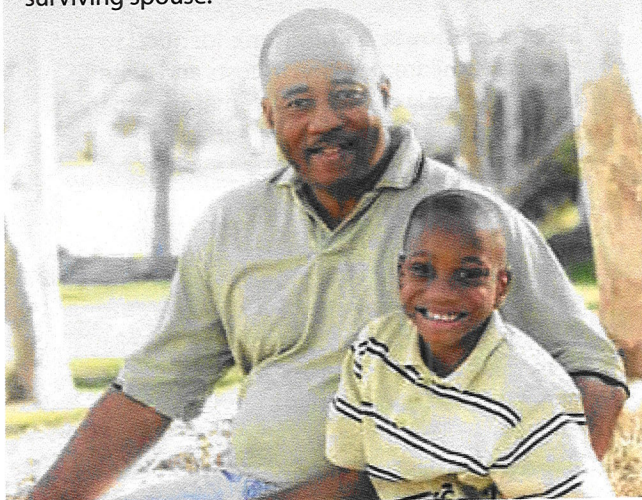
Note: RC Retired Soldiers begin paying RCSBP and SBP premiums when they begin receiving retired pay – usually at age 60.

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. May be difficult or expensive to renew when the policy's term ends and premiums can rise.

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 NON-REGULAR RETIREMENT?

If you elected RCSBP coverage, it will automatically roll over and become SBP with the same elections chosen for RCSBP. If you chose Option A and did not elect RCSBP, you must make a SBP election when you reach non-regular retirement. Contact HRC prior to applying for retired pay to ensure that your SBP elections are properly recorded 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 Army Retirement Services, 251 18th Street South Suite 210, Arlington, Virginia 22202-3531.

See also: <http://soldierforlife.army.mil/retirement/sbp>

and

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

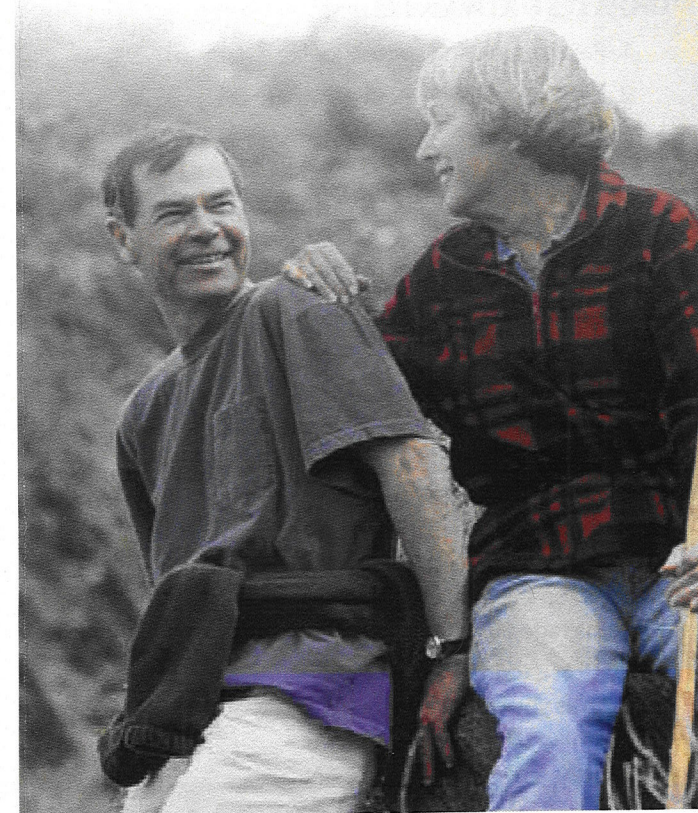


WHAT HAPPENS TO YOUR RETIRED PAY WHEN YOU DIE?

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 non-regular retirement) – 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 non-regular retirement.

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 (Option C) 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 RCSBP is "paid up". An RC Retired Soldier is considered to be paid up after making 360 RCSBP premium payments and having reached age 70 or older (most RC Retired Soldiers will not be paid up until age 90 because they 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). Use the DD Form 2656-6, Survivor Benefit Plan Election Change Certificate to update your RCSBP election. Immediately notify your RSO about any change to your RCSBP beneficiary election. Army Reservists' RCSBP election updates should be sent to Human Resources Command for processing. Army National Guard election updates should be sent to State Joint Forces Headquarters.

WHO CAN BE A BENEFICIARY IN RCSBP?

There are six RCSBP election categories:

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

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. SBP for an incapacitated child can be paid to a special needs trust.

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.





1,000,000!

**This is a newsletter
you will get once a
quarter**

An Army Force Multiplier

By **Mark E. Overberg**, Director Army Retirement Services

In October, the United States Army exceeded one million Retired Soldiers! That's as many Retired Soldiers as there are Soldiers serving on active duty, in the Army National Guard, and in the Army Reserve – combined. Retired Soldiers are an Army force multiplier.

In 2012, Gen. Raymond T. Odierno, the Army Chief of Staff, created the Soldier for Life (SFL) program to instill a new mindset which proclaims that service to the nation continues after uniformed service ends. In 2015, the Director of Army Retirement Services, retired Col. John W. Radke, coined the Retired Soldier mission statement during a conversation with Army Chief of Staff Gen. James C. McConville, then the Army G-1.

Mission: Hire & Inspire

The intent of Hire & Inspire is that your mission changed when you retired. No longer are you training and deploying to fight and win our nation's wars. But you still have a duty to the nation. And the Army still needs you. So let's break down the mission statement.

Hire: We want you to mentor veterans where you live and help them get jobs. This helps veterans and their families, so they are more likely to become our ambassadors as Soldiers for Life. But this also helps the Army. The money spent on veterans' unemployment compensation can instead be spent on training and equipping today's Soldiers.

Inspire: We want you to inspire Americans in three ways. But to do this, Americans must **see you** as a Retired Soldier – out of your uniform. Wear the U.S. Army Retired Lapel Button and put the Soldier for Life window sticker on your car. These are conversation starters. You inspire Americans just by telling your Army stories. Stories that need to be told. Your stories make Soldiers real to Americans. Tell them what being a Soldier means to you. Tell them about the sacrifices you and your family made. Dispel their negative stereotypes about veterans. Your stories help Americans understand why we need an Army, trained and ready to defend their freedoms. We need Americans to understand the Army. Their support will ensure the Army remains a formidable foe for our adversaries and a critical partner for our allies. By continuing to set an example in your daily life, you influence Americans to see military service as a viable career for their children.

Still Serving: There are many ways you can still serve the Army. The Army's largest demographic should not be its most underutilized asset. Continue to serve. Be a Soldier for Life.

(Continued on page 2)

Army version of the Bear Facts



**Army Retired
Lapel Button**



**SFL Window
Sticker**

Oct 2020 - Jan 2021

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

STATE OF MISSOURI
MISSOURI VETERANS CEMETERY PRECERTIFICATION APPLICATION

PLEASE INDICATE CEMETERY PREFERENCE BY MARKING THE APPROPRIATE BOX

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

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

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

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

SPOUSE'S NAME AND PERSONAL INFORMATION:

(Marriage documentation must be provided)

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

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

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

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

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

Printed Name: _____

Signature: _____ Date: _____

23. Telephone Number _____

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

To be completed by Missouri Veterans Cemetery.

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

___ Approved ___ Disapproved Signature _____ Date _____

Precertification Application Instructions and Requirements for Missouri Veterans Cemetery

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

BENEFITS

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

ELIGIBILITY:

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

Military Service:

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

Residency:

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

FEES:

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

Retiree Council Group compiled these websites to help Retirees

Subject: Fwd: Sites for VA related matters.

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

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

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

Appeals http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch05.doc

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

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl

Part 18

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl

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

Indemnity Compensation http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl

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>

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

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

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

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

VA Best Practice Manual for Posttraumatic Stress Disorder

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

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

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

VA INSTITUTING GLOBAL ASSESSMENT OF FUNCTION

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

VA Life Insurance Handbook Chapter

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

VA Loan Lending Limits and Jumbo Loans http://valoans.com/va_facts_limits.cfm

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.

REPORT THE DEATH OF A GRAY AREA RETIREE

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

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

Or

| | |
|-------------------------------|--------------|
| HUMAN RESOURCES COMMAND (HRC) | 502-613-8950 |
|-------------------------------|--------------|

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.

Army Initial Reserve Component Survivor Benefit Plan (RCSBP) Soldier Counseling Statement
(Updated 19 August 2021)

I _____, by my signature on page three (3) at the
(Print Rank/Full Name/Last Four of SSN)
end of this statement, certify that I am aware of the following information concerning my RCSBP election.

1. My entitlement to future retired pay stops when I die. My participation in RCSBP is the only way my eligible beneficiaries will receive a portion of my entitlement to future retired pay after my death.
2. The RCSBP annuity is 55 percent of the base amount I choose. The base amount is the amount of my future retired pay I elect to cover at my initial RCSBP election. My base amount increases with any changes to my future gross retired pay. Once RCSBP is paid to my beneficiaries, the RCSBP will increase with yearly cost of living adjustments (COLA). RCSBP premiums start from the effective date of my receipt of retired pay to pay for coverage previously received.
3. I have 90 days from the date of my Notification of Eligibility for Non-Regular Retirement (NOE) to complete a DD form 2656-5, Reserve Component SBP Election Certificate, if I have a spouse and or eligible children, I must elect an RCSBP Option described below:
 - a. Option A - Decline RCSBP coverage; must make an SBP election at non-regular retirement; pays no RCSBP premiums; receives no RCSBP coverage if death is prior to non-regular retirement.
 - b. Option B - Elect RCSBP coverage but defer the annuity until age 60; RCSBP election becomes the SBP election at non-regular retirement; at non-regular retirement must pay SBP premiums for current coverage and RCSBP premiums for coverage already received; if non-regular retirement and death is prior to age 60 survivor benefit annuity will not start until age 60.
 - c. Option C - Elect RCSBP coverage but receive annuity immediately if death is prior to non-regular retirement; RCSBP election becomes the SBP election at non-regular retirement; at non-regular retirement must pay SBP premiums for current coverage and RCSBP premiums for coverage already received.
4. If I elect RCSBP coverage, either Option B or C, and do not elect coverage for a spouse or eligible child at initial RCSBP election, I close those SBP categories forever.
5. **No Spouse or Children at Initial RCSBP Election.** I must complete a DD form 2656-5, even if unmarried with no eligible children. If I do not desire a former spouse or insurable interest election, I will not select an RCSBP Option since none apply. If I remarry or have a child, I have one year to enroll the new beneficiary into RCSBP by completing a DD Form 2656-6 or I default to Option A, decline RCSBP coverage, and will make an SBP decision at non-regular retirement. If no action within one year of first gaining a dependent spouse and or child, the election will default to Option A and I will have to make an SBP election at non-regular retirement.
6. If for some reason I fail to make an RCSBP election by completing the DD Form 2656-5 prior to the 90 day period following the date of my NOE, by law, my RCSBP election will be full coverage Option C for any spouse and or children I have at the date of my NOE.
7. If married and I elect less than the maximum spouse RCSBP coverage allowed by law, I will require my spouse's concurrence. Spouse concurrence must be signed on or after the date I signed and prior to the end of the 90 day period to make an RCSBP election following the date of my NOE in order to be valid. Full spouse RCSBP is full base amount Option C Spouse or Spouse and Children RCSBP.

Army Initial Reserve Component Survivor Benefit Plan (RCSBP) Soldier Counseling Statement
(Updated 19 August 2021)

8. My RCSBP election is irrevocable. While I can terminate all SBP coverage between the 25th and 36th month following my non-regular retirement with my spouse's concurrence, I cannot cancel my RCSBP coverage because my RCSBP premiums are for RCSBP coverage already received.
9. My RCSBP and SBP Are paid-up and I will pay no more RCSBP or SBP premiums after making 360 RCSBP or 360 SBP premiums and reaching at least age 70.
10. My spouse's RCSBP annuity ends if remarried prior to age 55. If that marriage ends, my spouse's RCSBP annuity restarts from that date.
12. If I elected spouse and children or children only RCSBP coverage, all my eligible children are covered.
13. If I elected spouse and children RCSBP, my spouse is the primary beneficiary. My RCSBP only goes to the children if my surviving spouse dies or remarries prior to age 55.
14. Children are eligible for RCSBP/SBP until age 18 or 22 if a full time unmarried student. A child that marries at any age loses eligibility for RCSBP/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 RCSBP, the child would receive the RCSBP annuity for life or until they marry. The RCSBP annuity for an incapacitated child may be paid to a special needs trust established for the benefit of the child.
16. When you do not have a beneficiary in an elected SBP category such as spouse, you do not have to pay RCSBP or SBP premiums for that period. There is one exception. When you do have an RCSBP election of child or spouse and child and are in receipt of retired pay for non-regular retirement, you must continue to pay child RCSBP even when you do not have an eligible child. Your SBP premiums stop when you do not have a beneficiary to include a child in an elected category.
17. If I am unmarried at my initial RCSBP election and elect child RCSBP, I have one year from my first marriage after my initial RCSBP election to add my new spouse to my existing child RCSBP coverage. If I did not have a child at retirement and elected spouse RCSBP, I have one year from the date I gained the first child after my initial RCSBP election to add a child to my existing spouse RCSBP coverage.
18. **Insurable Interest RCSBP Election.** Insurable interest SBP only applies if I am unmarried, have no eligible children, and do not desire to elect former spouse RCSBP. I understand I can elect RCSBP for someone who has an insurable interest in my life. If I elected insurable interest RCSBP and after my initial RCSBP election, I marry or have a child, I have one year to cancel my insurable interest RCSBP and elect spouse and or child RCSBP or I will close that SBP category permanently. 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 Initial RCSBP Election.**
- a. If I divorced prior to initial RCSBP election, I can elect former spouse RCSBP coverage at my initial RCSBP election. If former spouse RCSBP is court ordered and I do not elect former spouse RCSBP, the court may find me in contempt of court.
 - b. An election of former spouse and children RCSBP coverage only includes the children of my marriage to my former spouse. With the death of the former spouse, an election for spouse RCSBP coverage may be made.
 - c. Court ordered former spouse RCSBP can be stopped with the death of the former spouse or if all previous court orders are amended to show former spouse RCSBP is no longer court ordered.
 - d. An election of Former spouse or former spouse and child does not require spouse's concurrence.

Army Initial Reserve Component Survivor Benefit Plan (RCSBP) Soldier Counseling Statement
(Updated 19 August 2021)

20. A retired pay and SBP cost calculator is available on MyArmyBenefits at <http://myarmybenefits.us.army.mil/>.

21. **RCSBP and VA Disability.** This section applies to Soldiers who have a possible future VA disability claim. If my death is determined by the VA to be service connected, my surviving spouse and eligible children will receive Dependency and Indemnity Compensation (DIC) from the VA. My surviving spouse's RCSBP/SBP will be offset by 2/3 of spouse DIC in Calendar Year (CY) 2021, by 1/3 of spouse DIC in CY 2022 and not offset starting January 1, 2023. If I die prior to January 1, 2023 and my spouse is eligible to receive both RCSBP/SBP and DIC, they will receive a prorated amount of the RCSBP/SBP premiums I paid.

22. For more information on RCSBP go to the Army RSO homepage at <https://soldierforlife.army.mil/retirement/> or the MyArmyBenefits RCSBP fact sheets at <https://myarmybenefits.us.army.mil/>.

Sign this copy and return with your DD Form 2656-5 and keep a copy for your files and future reference. For more information on RCSBP go to the Army RSO homepage at <https://soldierforlife.army.mil/retirement/> or the MyArmyBenefits RCSBP fact sheets at <https://myarmybenefits.us.army.mil/>.

Soldier's Signature: _____ **Date:** _____

Army SBP Counselor's Signature: _____ **Date:** _____

Printed Name: _____ **Location/Unit:** _____

Retirement Services Office: phone: _____ **E-Mail:** _____

Distribution: Soldier; HRC for USAR, State JFHQ for ARNG with DD Form 2656-5; RSO with copy of DD Form 2656-5

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.

2022 FEDVIP Dental Plans:

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

2022 FEDVIP Vision Plans:

Aetna Vision
FEP BlueVision
The MetLife Federal
UnitedHealthcare
Vision Vision Service
Plan (VSP)

Note: Plan details and rates for the 2022 plan year will be available in fall 2021.

Important Dates

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



Nov 14–Dec 12, 2022

Federal Benefits Open Season for FEDVIP



Jan 1, 2023

2022 FEDVIP plan
year begins

| 2022 Federal Dental and Vision Program (FEDVIP) Dental Rating Region Chart | | | | | | | | | | | | | |
|--|---|------------------------------|---|--|-----------------------------------|-------------------------------------|---|--|--------------------------|---|---------------------|---|--|
| State | State/ZIP(first 3) | Aetna Dental High & Standard | Blue Cross Blue Shield FEP Dental High & Standard | Delta Dental's Federal Employees Dental Program High & Std | Dominion National High & Standard | EmblemHealth Dental High & Standard | GEHA Connection Dental Federal High & Std | HealthPartners Dental Plan High & Standard | Humana Dental High & Std | The MetLife Federal Dental Plan High & Standard | Triple-S Salud High | United Concordia Dental High & Standard | UnitedHealthcare Dental Plan High & Standard |
| AK | entire state | 5 | 5 | 5 | N/A | N/A | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| AL | rest of state | 2 | 1 | 1 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 1 | 1 |
| AL | 350-352, 362 | 2 | 1 | 1 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| AL | 356-358 | 1 | 1 | 1 | N/A | N/A | 1 | N/A | 3 | 1 | N/A | 1 | 1 |
| AR | entire state | 2 | 2 | 2 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| AZ | rest of state | 3 | 2 | 5 | N/A | N/A | 2 | N/A | 3 | 2 | N/A | 1 | 2 |
| AZ | 864 | 2 | 2 | 5 | N/A | N/A | 3 | N/A | N/A | 3 | N/A | 4 | 3 |
| AZ | 850-853 | 3 | 3 | 5 | N/A | N/A | 3 | N/A | 5 | 2 | N/A | 1 | 4 |
| AZ | 856-857 | 3 | 1 | 5 | N/A | N/A | 2 | N/A | 5 | 1 | N/A | 1 | 2 |
| CA | rest of state | 4 | 2 | 5 | N/A | N/A | 4 | N/A | 3 | 5 | N/A | 4 | 3 |
| CA | 900-908, 910-918, 922-928, 930-931, 933-935 | 3 | 4 | 5 | N/A | N/A | 5 | N/A | 5 | 5 | N/A | 3 | 5 |
| CA | 942, 956-959 | 4 | 5 | 5 | N/A | N/A | 5 | N/A | 4 | 4 | N/A | 4 | 4 |
| CA | 919-921 | 3 | 4 | 5 | N/A | N/A | 5 | N/A | 5 | 4 | N/A | 4 | 5 |
| CA | 939-941, 943-952, 954 | 4 | 5 | 5 | N/A | N/A | 5 | N/A | 5 | 5 | N/A | 5 | 5 |
| CO | rest of state | 3 | 4 | 4 | N/A | N/A | 4 | N/A | 3 | 4 | N/A | 3 | 2 |
| CO | 808-810, 812 | 3 | 4 | 5 | N/A | N/A | 4 | N/A | 5 | 4 | N/A | 3 | 3 |
| CO | 800-806 | 3 | 4 | 5 | N/A | N/A | 4 | N/A | 5 | 4 | N/A | 3 | 4 |
| CT | 060-063 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 4 |
| CT | 064-069 | 3 | 4 | 5 | N/A | 1 | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| DC | entire state | 2 | 3 | 5 | 2 | N/A | 4 | N/A | 3 | 4 | N/A | 4 | 3 |
| DE | entire state | 2 | 2 | 4 | 3 | N/A | 3 | N/A | N/A | 3 | N/A | 2 | 3 |
| FL | rest of state | 3 | 1 | 4 | N/A | N/A | 2 | N/A | 2 | 2 | N/A | 1 | 1 |
| FL | 330-334, 349 | 2 | 2 | 4 | N/A | N/A | 3 | N/A | 5 | 3 | N/A | 3 | 3 |
| FL | 329 | 3 | 1 | 4 | N/A | N/A | 3 | N/A | 2 | 1 | N/A | 1 | 1 |
| GA | 300-303, 305-306, 311, 399 | 3 | 1 | 2 | N/A | N/A | 3 | N/A | 4 | 2 | N/A | 1 | 3 |
| GA | rest of state | 4 | 1 | 2 | N/A | N/A | 2 | N/A | 1 | 2 | N/A | 1 | 1 |
| GU | entire area | 5 | 1 | 5 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 5 | 5 |
| HI | entire state | 4 | 3 | 5 | N/A | N/A | 3 | N/A | N/A | 4 | N/A | 4 | 3 |
| IA | 527-528 | 3 | 3 | 2 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| IA | rest of state | 3 | 3 | 4 | N/A | N/A | 1 | 1 | N/A | 1 | N/A | 1 | 1 |
| IA | 515 | 1 | 2 | 3 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 2 |
| ID | entire state | 4 | 4 | 5 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 2 | 3 |
| IL | 600-609, 613 | 2 | 2 | 2 | N/A | N/A | 3 | N/A | 4 | 4 | N/A | 3 | 3 |
| IL | 612 | 3 | 3 | 2 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| IL | rest of state | 3 | 1 | 2 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 1 | 1 |
| IL | 620, 622 | 3 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 2 |
| IN | 463-464 | 2 | 2 | 2 | N/A | N/A | 3 | N/A | 4 | 4 | N/A | 3 | 3 |
| IN | 470 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 2 |

| 2022 Federal Dental and Vision Program (FEDVIP) Dental Rating Region Chart | | | | | | | | | | | | | |
|--|-----------------------|------------------------------------|--|---|---|---|--|--|--------------------------------|--|---------------------------|--|---|
| State | State/ZIP(first 3) | Aetna Dental High & Standard | Blue Cross Blue Shield FEP Dental High & Standard | Delta Dental's Federal Employees Dental Program High & Std | Dominion National High & Standard | EmblemHealth Dental High & Standard | GEHA Connection Dental Federal High & Std | HealthPartners Dental Plan High & Standard | Humana Dental High & Std | The MetLife Federal Dental Plan High & Standard | Triple-S Salud High | United Concordia Dental High & Standard | UnitedHealthcare are Dental Plan High & Standard |
| IN | rest of state | 3 | 1 | 2 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| IN | 460-462, 472-473 | 2 | 1 | 3 | N/A | N/A | 2 | N/A | 4 | 1 | N/A | 1 | 2 |
| KS | 660-662, 666 | 3 | 1 | 4 | N/A | N/A | 2 | N/A | 4 | 1 | N/A | 1 | 2 |
| KS | rest of state | 3 | 2 | 4 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 2 | 1 |
| KY | 410 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 2 |
| KY | rest of state | 1 | 1 | 1 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| LA | entire state | 2 | 1 | 1 | N/A | N/A | 2 | N/A | 2 | 1 | N/A | 1 | 1 |
| MA | 12 | 4 | 3 | 5 | N/A | 1 | 2 | N/A | N/A | 1 | N/A | 3 | 3 |
| MA | 014-027, 055 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 3 |
| MA | 010-011, 013 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 4 |
| MD | rest of state | 2 | 2 | 5 | 1 | N/A | 2 | N/A | N/A | 4 | N/A | 4 | 1 |
| MD | 219 | 2 | 2 | 4 | 3 | N/A | 3 | N/A | N/A | 3 | N/A | 2 | 3 |
| MD | 205-212, 214, 216-217 | 2 | 3 | 5 | 2 | N/A | 4 | N/A | 3 | 4 | N/A | 4 | 3 |
| ME | 039-042 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 3 |
| ME | rest of state | 5 | 2 | 5 | N/A | N/A | 3 | N/A | N/A | 2 | N/A | 3 | 2 |
| MI | 480-485 | 3 | 2 | 4 | N/A | N/A | 3 | N/A | N/A | 3 | N/A | 2 | 3 |
| MI | rest of state | 3 | 1 | 4 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 2 | 2 |
| MN | 550-551, 553-555, 563 | 2 | 4 | 5 | N/A | N/A | 3 | 2 | N/A | 4 | N/A | 3 | 5 |
| MN | rest of state | 3 | 3 | 5 | N/A | N/A | 2 | 1 | N/A | 2 | N/A | 2 | 2 |
| MO | 726 | 2 | 2 | 2 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| MO | 640-641, 644-645, 649 | 3 | 1 | 4 | N/A | N/A | 2 | N/A | 4 | 1 | N/A | 1 | 2 |
| MO | rest of state | 3 | 1 | 4 | N/A | N/A | 2 | N/A | 1 | 1 | N/A | 1 | 1 |
| MO | 630-631, 633 | 3 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 2 |
| MS | entire state | 2 | 1 | 1 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| MT | entire state | 4 | 1 | 1 | N/A | N/A | 2 | N/A | N/A | 1 | N/A | 1 | 1 |
| NC | 280-282 | 4 | 2 | 4 | N/A | N/A | 2 | N/A | 4 | 2 | N/A | 2 | 3 |
| NC | rest of state | 4 | 2 | 4 | N/A | N/A | 2 | N/A | 2 | 2 | N/A | 2 | 2 |
| NC | 275-277, 283 | 4 | 3 | 4 | N/A | N/A | 2 | N/A | 5 | 2 | N/A | 2 | 2 |
| NC | 279 | 3 | 1 | 3 | 2 | N/A | 2 | N/A | 4 | 2 | N/A | 1 | 2 |
| ND | entire state | 3 | 5 | 3 | N/A | N/A | 1 | 1 | N/A | 1 | N/A | 1 | 1 |
| NE | rest of state | 1 | 2 | 2 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| NE | 680-681 | 1 | 2 | 3 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 2 |
| NH | 030-033, 038 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 3 |
| NH | rest of state | 5 | 3 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 4 |
| NJ | 070-079, 085-089 | 3 | 4 | 5 | N/A | 1 | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| NJ | 080-084 | 2 | 2 | 4 | 3 | N/A | 3 | N/A | N/A | 3 | N/A | 2 | 3 |
| NM | 870-871, 873, 875 | 3 | 1 | 5 | N/A | N/A | 3 | N/A | N/A | 1 | N/A | 2 | 1 |
| NM | rest of state | 3 | 1 | 4 | N/A | N/A | 3 | N/A | N/A | 2 | N/A | 2 | 1 |
| NV | 889-891 | 2 | 2 | 5 | N/A | N/A | 3 | N/A | N/A | 3 | N/A | 4 | 3 |
| NV | rest of state | 2 | 2 | 5 | N/A | N/A | 3 | N/A | N/A | 2 | N/A | 4 | 4 |

| 2022 Federal Dental and Vision Program (FEDVIP) Dental Rating Region Chart | | | | | | | | | | | | | |
|--|----------------------------|------------------------------------|--|---|---|---|--|--|--------------------------------|--|---------------------------|--|--|
| State | State/ZIP(first 3) | Aetna Dental High & Standard | Blue Cross Blue Shield FEP Dental High & Standard | Delta Dental's Federal Employees Dental Program High & Std | Dominion National High & Standard | EmblemHealth Dental High & Standard | GEHA Connection Dental Federal High & Std | HealthPartners Dental Plan High & Standard | Humana Dental High & Std | The MetLife Federal Dental Plan High & Standard | Triple-S Salud High | United Concordia Dental High & Standard | UnitedHealthc are Dental Plan High & Standard |
| NV | 897 | 4 | 5 | 5 | N/A | N/A | 5 | N/A | 4 | 4 | N/A | 4 | 4 |
| NY | 120-123, 128 | 4 | 3 | 5 | N/A | 1 | 2 | N/A | N/A | 1 | N/A | 3 | 3 |
| NY | 140-143 | 4 | 2 | 5 | N/A | 1 | 2 | N/A | N/A | 1 | N/A | 3 | 1 |
| NY | 63 | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 4 |
| NY | 005, 100-119, 124-126 | 3 | 4 | 5 | N/A | 1 | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| NY | rest of state | 4 | 2 | 5 | N/A | 1 | 1 | N/A | N/A | 1 | N/A | 3 | 2 |
| OH | 450-452, 459 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 2 |
| OH | 440-443, 446-447 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 2 | 1 | N/A | 3 | 1 |
| OH | 430-433, 437 | 2 | 1 | 3 | N/A | N/A | 2 | N/A | 2 | 1 | N/A | 2 | 2 |
| OH | 453-455 | 2 | 1 | 3 | N/A | N/A | 2 | N/A | 2 | 1 | N/A | 2 | 1 |
| OH | rest of state | 3 | 1 | 2 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 1 | 1 |
| OK | entire state | 2 | 1 | 4 | N/A | N/A | 2 | N/A | 2 | 2 | N/A | 1 | 1 |
| OR | rest of state | 5 | 2 | 5 | N/A | N/A | 3 | N/A | N/A | 3 | N/A | 4 | 3 |
| OR | 970-973 | 4 | 4 | 5 | N/A | N/A | 3 | N/A | N/A | 4 | N/A | 5 | 5 |
| PA | 170-171, 175-176 | 3 | 1 | 2 | 1 | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| PA | 180-181, 183 | 3 | 4 | 5 | N/A | 1 | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| PA | rest of state | 3 | 1 | 2 | 1 | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| PA | 189-196 | 2 | 2 | 4 | 3 | N/A | 3 | N/A | N/A | 3 | N/A | 2 | 3 |
| PA | 150-154, 156-157, 160, 162 | 1 | 1 | 2 | 1 | N/A | 1 | N/A | N/A | 1 | N/A | 1 | 1 |
| PA | 172-174 | 2 | 3 | 5 | 2 | N/A | 4 | N/A | 3 | 4 | N/A | 4 | 3 |
| PR | entire area | 3 | 1 | 1 | N/A | N/A | 1 | N/A | N/A | 1 | 1 | 1 | 1 |
| RI | entire state | 5 | 5 | 5 | N/A | N/A | 4 | N/A | N/A | 5 | N/A | 5 | 3 |
| SC | 297 | 4 | 2 | 4 | N/A | N/A | 2 | N/A | 4 | 2 | N/A | 2 | 3 |
| SC | rest of state | 4 | 2 | 5 | N/A | N/A | 2 | N/A | 2 | 2 | N/A | 1 | 2 |
| SD | entire state | 3 | 1 | 5 | N/A | N/A | 2 | 1 | N/A | 1 | N/A | 1 | 1 |
| TN | entire state | 1 | 1 | 4 | N/A | N/A | 2 | N/A | 2 | 1 | N/A | 1 | 1 |
| TX | 733, 786-787 | 2 | 1 | 3 | N/A | N/A | 3 | N/A | 4 | 2 | N/A | 1 | 4 |
| TX | 783-784 | 2 | 1 | 2 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 1 | 1 |
| TX | 750-754, 760-762 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 4 | 2 | N/A | 1 | 3 |
| TX | 770, 772-775 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 2 | N/A | 1 | 3 |
| TX | 739 | 2 | 1 | 4 | N/A | N/A | 2 | N/A | 2 | 2 | N/A | 1 | 1 |
| TX | 780-782 | 2 | 1 | 2 | N/A | N/A | 2 | N/A | 3 | 1 | N/A | 1 | 1 |
| TX | rest of state | 2 | 1 | 2 | N/A | N/A | 1 | N/A | 2 | 1 | N/A | 1 | 1 |
| UT | entire state | 2 | 2 | 5 | N/A | N/A | 2 | N/A | 1 | 1 | N/A | 3 | 5 |
| VA | 230, 232, 238 | 3 | 1 | 3 | 2 | N/A | 2 | N/A | 3 | 1 | N/A | 2 | 3 |
| VA | rest of state | 3 | 1 | 3 | N/A | N/A | 2 | N/A | 1 | 1 | N/A | 1 | 1 |
| VA | 231, 233-237 | 3 | 1 | 3 | 2 | N/A | 2 | N/A | 4 | 2 | N/A | 1 | 2 |
| VA | 201, 205, 220-227 | 2 | 3 | 5 | 2 | N/A | 4 | N/A | 3 | 4 | N/A | 4 | 3 |
| VI | entire area | 2 | 1 | 5 | N/A | N/A | 1 | N/A | N/A | 1 | N/A | 5 | 1 |

| 2022 Federal Dental and Vision Program (FEDVIP) Dental Rating Region Chart | | | | | | | | | | | | | |
|--|--------------------|------------------------------------|--|---|---|---|--|--|--------------------------------|--|---------------------------|--|---|
| State | State/ZIP(first 3) | Aetna Dental High & Standard | Blue Cross Blue Shield FEP Dental High & Standard | Delta Dental's Federal Employees Dental Program High & Std | Dominion National High & Standard | EmblemHealth Dental High & Standard | GEHA Connection Dental Federal High & Std | HealthPartners Dental Plan High & Standard | Humana Dental High & Std | The MetLife Federal Dental Plan High & Standard | Triple-S Salud High | United Concordia Dental High & Standard | UnitedHealthcare are Dental Plan High & Standard |
| VT | 54 | 5 | 5 | 5 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 3 | 4 |
| VT | rest of state | 5 | 5 | 5 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 3 | 3 |
| WA | 986 | 4 | 4 | 5 | N/A | N/A | 3 | N/A | N/A | 4 | N/A | 5 | 5 |
| WA | 980-985 | 5 | 5 | 5 | N/A | N/A | 5 | N/A | N/A | 5 | N/A | 5 | 5 |
| WA | rest of state | 5 | 4 | 5 | N/A | N/A | 4 | N/A | N/A | 4 | N/A | 4 | 5 |
| WI | 530-532, 534 | 3 | 3 | 5 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 3 | 3 |
| WI | 540 | 2 | 4 | 5 | N/A | N/A | 3 | 2 | N/A | 4 | N/A | 3 | 5 |
| WI | rest of state | 3 | 3 | 5 | N/A | N/A | 2 | 2 | N/A | 2 | N/A | 2 | 3 |
| WV | 254 | 2 | 3 | 5 | 2 | N/A | 4 | N/A | 3 | 4 | N/A | 4 | 3 |
| WV | rest of state | 4 | 1 | 2 | N/A | N/A | 1 | N/A | 1 | 1 | N/A | 1 | 1 |
| WY | 834 | 4 | 4 | 5 | N/A | N/A | 2 | N/A | N/A | 2 | N/A | 2 | 3 |
| WY | rest of state | 4 | 2 | 5 | N/A | N/A | 1 | N/A | N/A | 2 | N/A | 2 | 1 |
| ternation | International | 2 | 1 | 5 | N/A | N/A | 5 | N/A | N/A | 5 | N/A | 5 | 5 |

2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart

| Plan | Option | 2022 Biweekly Premium Rates Self-Only | 2022 Biweekly Premium Rates Self Plus One | 2022 Biweekly Premium Rates Self & Family | 2022 Monthly Premium Rates Self-Only | 2022 Monthly Premium Rates Self Plus One | 2022 Monthly Premium Rates Self & Family |
|-----------------------------------|----------|---------------------------------------|---|---|--------------------------------------|--|--|
| Aetna Vision Preferred | High | \$5.67 | \$11.32 | \$16.99 | \$12.29 | \$24.53 | \$36.81 |
| Aetna Vision Preferred | Standard | \$3.15 | \$6.30 | \$9.45 | \$6.83 | \$13.65 | \$20.48 |
| | | | | | | | |
| Blue Cross Blue Shield FEP Vision | High | \$5.55 | \$11.09 | \$16.64 | \$12.03 | \$24.03 | \$36.05 |
| Blue Cross Blue Shield FEP Vision | Standard | \$3.56 | \$7.11 | \$10.67 | \$7.71 | \$15.41 | \$23.12 |
| | | | | | | | |
| The MetLife Federal Vision Plan | High | \$5.62 | \$11.23 | \$16.85 | \$12.18 | \$24.33 | \$36.51 |
| The MetLife Federal Vision Plan | Standard | \$3.37 | \$6.73 | \$10.10 | \$7.30 | \$14.58 | \$21.88 |
| | | | | | | | |
| UnitedHealthcare Vision Plan | High | \$5.06 | \$9.88 | \$14.70 | \$10.96 | \$21.41 | \$31.85 |
| UnitedHealthcare Vision Plan | Standard | \$3.40 | \$6.62 | \$9.86 | \$7.37 | \$14.34 | \$21.36 |
| | | | | | | | |
| VSP Vision Care | High | \$6.71 | \$13.44 | \$20.17 | \$14.54 | \$29.12 | \$43.70 |
| VSP Vision Care | Standard | \$3.57 | \$7.13 | \$10.71 | \$7.74 | \$15.45 | \$23.21 |

2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

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

| Plan - Option | Rating Region | 2022 Biweekly Premium Rates Self-Only | 2022 Biweekly Premium Rates Self Plus One | 2022 Biweekly Premium Rates Self & Family | 2022 Monthly Premium Rates Self-Only | 2022 Monthly Premium Rates Self Plus One | 2022 Monthly Premium Rates Self & Family |
|--|---------------|---------------------------------------|---|---|--------------------------------------|--|--|
| Aetna Dental - High | 0 | \$17.69 | \$35.41 | \$53.11 | \$38.33 | \$76.72 | \$115.07 |
| Aetna Dental - High | 1 | \$16.07 | \$32.15 | \$48.24 | \$34.82 | \$69.66 | \$104.52 |
| Aetna Dental - High | 2 | \$17.69 | \$35.41 | \$53.11 | \$38.33 | \$76.72 | \$115.07 |
| Aetna Dental - High | 3 | \$18.83 | \$37.68 | \$56.51 | \$40.80 | \$81.64 | \$122.44 |
| Aetna Dental - High | 4 | \$20.77 | \$41.56 | \$62.35 | \$45.00 | \$90.05 | \$135.09 |
| Aetna Dental - High | 5 | \$22.56 | \$45.13 | \$67.70 | \$48.88 | \$97.78 | \$146.68 |
| Aetna Dental - Standard | 0 | \$9.87 | \$19.75 | \$29.61 | \$21.39 | \$42.79 | \$64.16 |
| Aetna Dental - Standard | 1 | \$8.98 | \$17.95 | \$26.94 | \$19.46 | \$38.89 | \$58.37 |
| Aetna Dental - Standard | 2 | \$9.87 | \$19.75 | \$29.61 | \$21.39 | \$42.79 | \$64.16 |
| Aetna Dental - Standard | 3 | \$10.50 | \$21.00 | \$31.49 | \$22.75 | \$45.50 | \$68.23 |
| Aetna Dental - Standard | 4 | \$11.57 | \$23.13 | \$34.69 | \$25.07 | \$50.12 | \$75.16 |
| Aetna Dental - Standard | 5 | \$12.54 | \$25.09 | \$37.63 | \$27.17 | \$54.36 | \$81.53 |
| Blue Cross Blue Shield FEP Dental - High | 0 | \$18.05 | \$36.11 | \$54.16 | \$39.11 | \$78.24 | \$117.35 |
| Blue Cross Blue Shield FEP Dental - High | 1 | \$18.05 | \$36.11 | \$54.16 | \$39.11 | \$78.24 | \$117.35 |
| Blue Cross Blue Shield FEP Dental - High | 2 | \$20.22 | \$40.44 | \$60.66 | \$43.81 | \$87.62 | \$131.43 |
| Blue Cross Blue Shield FEP Dental - High | 3 | \$22.01 | \$44.03 | \$66.04 | \$47.69 | \$95.40 | \$143.09 |
| Blue Cross Blue Shield FEP Dental - High | 4 | \$23.84 | \$47.68 | \$71.52 | \$51.65 | \$103.31 | \$154.96 |
| Blue Cross Blue Shield FEP Dental - High | 5 | \$26.68 | \$53.35 | \$80.03 | \$57.81 | \$115.59 | \$173.40 |
| Blue Cross Blue Shield FEP Dental - Standard | 0 | \$9.22 | \$18.44 | \$27.67 | \$19.98 | \$39.95 | \$59.95 |
| Blue Cross Blue Shield FEP Dental - Standard | 1 | \$9.22 | \$18.44 | \$27.67 | \$19.98 | \$39.95 | \$59.95 |
| Blue Cross Blue Shield FEP Dental - Standard | 2 | \$10.10 | \$20.21 | \$30.31 | \$21.88 | \$43.79 | \$65.67 |
| Blue Cross Blue Shield FEP Dental - Standard | 3 | \$11.48 | \$22.95 | \$34.40 | \$24.87 | \$49.73 | \$74.53 |
| Blue Cross Blue Shield FEP Dental - Standard | 4 | \$12.39 | \$24.76 | \$37.12 | \$26.85 | \$53.65 | \$80.43 |
| Blue Cross Blue Shield FEP Dental - Standard | 5 | \$13.68 | \$27.37 | \$41.05 | \$29.64 | \$59.30 | \$88.94 |
| Dominion National - High | 1 | \$9.39 | \$18.77 | \$28.16 | \$20.35 | \$40.67 | \$61.01 |
| Dominion National - High | 2 | \$10.42 | \$20.84 | \$31.25 | \$22.58 | \$45.15 | \$67.71 |
| Dominion National - High | 3 | \$13.85 | \$27.70 | \$41.55 | \$30.01 | \$60.02 | \$90.03 |
| Dominion National - Standard | 1 | \$5.58 | \$11.14 | \$16.72 | \$12.09 | \$24.14 | \$36.23 |
| Dominion National - Standard | 2 | \$7.11 | \$14.23 | \$21.34 | \$15.41 | \$30.83 | \$46.24 |
| Dominion National - Standard | 3 | \$8.18 | \$16.35 | \$24.53 | \$17.72 | \$35.43 | \$53.15 |
| EmblemHealth Dental - High | 1 | \$22.55 | \$45.07 | \$67.62 | \$48.86 | \$97.65 | \$146.51 |
| EmblemHealth Dental - Standard | 1 | \$19.26 | \$38.50 | \$57.76 | \$41.73 | \$83.42 | \$125.15 |
| | | | | | | | |
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| 2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts | | | | | | | |
|---|---------------|---------------------------------------|---|---|--------------------------------------|--|--|
| Please note: Rating areas for each carrier are not the same for all plans. Please refer to the Dental Rating Chart to determine your specific region. | | | | | | | |
| Plan - Option | Rating Region | 2022 Biweekly Premium Rates Self-Only | 2022 Biweekly Premium Rates Self Plus One | 2022 Biweekly Premium Rates Self & Family | 2022 Monthly Premium Rates Self-Only | 2022 Monthly Premium Rates Self Plus One | 2022 Monthly Premium Rates Self & Family |
| GEHA Connection Dental Federal - High | 0 | \$25.72 | \$51.45 | \$77.17 | \$55.73 | \$111.48 | \$167.20 |
| GEHA Connection Dental Federal - High | 1 | \$17.28 | \$34.56 | \$51.85 | \$37.44 | \$74.88 | \$112.34 |
| GEHA Connection Dental Federal - High | 2 | \$19.43 | \$38.85 | \$58.28 | \$42.10 | \$84.18 | \$126.27 |
| GEHA Connection Dental Federal - High | 3 | \$21.24 | \$42.48 | \$63.72 | \$46.02 | \$92.04 | \$138.06 |
| GEHA Connection Dental Federal - High | 4 | \$23.73 | \$47.46 | \$71.19 | \$51.42 | \$102.83 | \$154.25 |
| GEHA Connection Dental Federal - High | 5 | \$25.72 | \$51.45 | \$77.17 | \$55.73 | \$111.48 | \$167.20 |
| GEHA Connection Dental Federal - Standard | 0 | \$14.18 | \$28.36 | \$42.53 | \$30.72 | \$61.45 | \$92.15 |
| GEHA Connection Dental Federal - Standard | 1 | \$9.56 | \$19.13 | \$28.68 | \$20.71 | \$41.45 | \$62.14 |
| GEHA Connection Dental Federal - Standard | 2 | \$10.72 | \$21.43 | \$32.15 | \$23.23 | \$46.43 | \$69.66 |
| GEHA Connection Dental Federal - Standard | 3 | \$11.74 | \$23.43 | \$35.15 | \$25.44 | \$50.77 | \$76.16 |
| GEHA Connection Dental Federal - Standard | 4 | \$13.10 | \$26.16 | \$39.25 | \$28.38 | \$56.68 | \$85.04 |
| GEHA Connection Dental Federal - Standard | 5 | \$14.18 | \$28.36 | \$42.53 | \$30.72 | \$61.45 | \$92.15 |
| HealthPartners Dental Plan - High | 1 | \$20.74 | \$41.48 | \$62.23 | \$44.94 | \$89.87 | \$134.83 |
| HealthPartners Dental Plan - High | 2 | \$21.77 | \$43.53 | \$65.30 | \$47.17 | \$94.32 | \$141.48 |
| HealthPartners Dental Plan - Standard | 1 | \$14.94 | \$29.89 | \$44.82 | \$32.37 | \$64.76 | \$97.11 |
| HealthPartners Dental Plan - Standard | 2 | \$17.04 | \$34.09 | \$51.12 | \$36.92 | \$73.86 | \$110.76 |
| Humana Dental - High | 1 | \$17.30 | \$34.61 | \$51.91 | \$37.48 | \$74.99 | \$112.47 |
| Humana Dental - High | 2 | \$19.01 | \$38.03 | \$57.04 | \$41.19 | \$82.40 | \$123.59 |
| Humana Dental - High | 3 | \$19.96 | \$39.91 | \$59.86 | \$43.25 | \$86.47 | \$129.70 |
| Humana Dental - High | 4 | \$21.33 | \$42.68 | \$64.01 | \$46.22 | \$92.47 | \$138.69 |
| Humana Dental - High | 5 | \$23.45 | \$46.89 | \$70.34 | \$50.81 | \$101.60 | \$152.40 |
| Humana Dental - Standard | 1 | \$11.19 | \$22.38 | \$33.57 | \$24.25 | \$48.49 | \$72.74 |
| Humana Dental - Standard | 2 | \$12.07 | \$24.13 | \$36.20 | \$26.15 | \$52.28 | \$78.43 |
| Humana Dental - Standard | 3 | \$13.01 | \$26.03 | \$39.03 | \$28.19 | \$56.40 | \$84.57 |
| Humana Dental - Standard | 4 | \$14.29 | \$28.58 | \$42.87 | \$30.96 | \$61.92 | \$92.89 |
| Humana Dental - Standard | 5 | \$16.39 | \$32.78 | \$49.18 | \$35.51 | \$71.02 | \$106.56 |
| The MetLife Federal Dental Plan - High | 0 | \$26.70 | \$53.39 | \$80.09 | \$57.85 | \$115.68 | \$173.53 |
| The MetLife Federal Dental Plan - High | 1 | \$18.82 | \$37.63 | \$56.45 | \$40.78 | \$81.53 | \$122.31 |
| The MetLife Federal Dental Plan - High | 2 | \$19.85 | \$39.70 | \$59.55 | \$43.01 | \$86.02 | \$129.03 |
| The MetLife Federal Dental Plan - High | 3 | \$22.04 | \$44.09 | \$66.13 | \$47.75 | \$95.53 | \$143.28 |
| The MetLife Federal Dental Plan - High | 4 | \$23.98 | \$47.96 | \$71.94 | \$51.96 | \$103.91 | \$155.87 |
| The MetLife Federal Dental Plan - High | 5 | \$26.70 | \$53.39 | \$80.09 | \$57.85 | \$115.68 | \$173.53 |
| The MetLife Federal Dental Plan - Standard | 0 | \$14.18 | \$28.37 | \$42.55 | \$30.72 | \$61.47 | \$92.19 |
| The MetLife Federal Dental Plan - Standard | 1 | \$10.25 | \$20.51 | \$30.76 | \$22.21 | \$44.44 | \$66.65 |
| The MetLife Federal Dental Plan - Standard | 2 | \$10.90 | \$21.79 | \$32.69 | \$23.62 | \$47.21 | \$70.83 |
| The MetLife Federal Dental Plan - Standard | 3 | \$12.15 | \$24.30 | \$36.45 | \$26.33 | \$52.65 | \$78.98 |
| The MetLife Federal Dental Plan - Standard | 4 | \$13.40 | \$26.81 | \$40.21 | \$29.03 | \$58.09 | \$87.12 |
| The MetLife Federal Dental Plan - Standard | 5 | \$14.18 | \$28.37 | \$42.55 | \$30.72 | \$61.47 | \$92.19 |
| Triple-S Salud - High | 1 | \$4.80 | \$9.60 | \$12.61 | \$10.40 | \$20.80 | \$27.32 |

2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

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

| Plan - Option | Rating Region | 2022 Biweekly Premium Rates Self-Only | 2022 Biweekly Premium Rates Self Plus One | 2022 Biweekly Premium Rates Self & Family | 2022 Monthly Premium Rates Self-Only | 2022 Monthly Premium Rates Self Plus One | 2022 Monthly Premium Rates Self & Family |
|--|---------------|---------------------------------------|---|---|--------------------------------------|--|--|
| United Concordia Dental - High | 0 | \$23.55 | \$47.10 | \$70.62 | \$51.03 | \$102.05 | \$153.01 |
| United Concordia Dental - High | 1 | \$15.80 | \$31.60 | \$47.38 | \$34.23 | \$68.47 | \$102.66 |
| United Concordia Dental - High | 2 | \$17.72 | \$35.45 | \$53.17 | \$38.39 | \$76.81 | \$115.20 |
| United Concordia Dental - High | 3 | \$19.68 | \$39.34 | \$59.03 | \$42.64 | \$85.24 | \$127.90 |
| United Concordia Dental - High | 4 | \$21.61 | \$43.23 | \$64.84 | \$46.82 | \$93.67 | \$140.49 |
| United Concordia Dental - High | 5 | \$23.55 | \$47.10 | \$70.62 | \$51.03 | \$102.05 | \$153.01 |
| United Concordia Dental - Standard | 0 | \$15.42 | \$30.83 | \$46.24 | \$33.41 | \$66.80 | \$100.19 |
| United Concordia Dental - Standard | 1 | \$10.38 | \$20.75 | \$31.13 | \$22.49 | \$44.96 | \$67.45 |
| United Concordia Dental - Standard | 2 | \$11.65 | \$23.29 | \$34.92 | \$25.24 | \$50.46 | \$75.66 |
| United Concordia Dental - Standard | 3 | \$12.91 | \$25.81 | \$38.71 | \$27.97 | \$55.92 | \$83.87 |
| United Concordia Dental - Standard | 4 | \$14.16 | \$28.33 | \$42.49 | \$30.68 | \$61.38 | \$92.06 |
| United Concordia Dental - Standard | 5 | \$15.42 | \$30.83 | \$46.24 | \$33.41 | \$66.80 | \$100.19 |
| UnitedHealthcare Dental Plan - High | 0 | \$29.05 | \$58.09 | \$87.15 | \$62.94 | \$125.86 | \$188.83 |
| UnitedHealthcare Dental Plan - High | 1 | \$19.47 | \$38.93 | \$58.38 | \$42.19 | \$84.35 | \$126.49 |
| UnitedHealthcare Dental Plan - High | 2 | \$20.87 | \$41.74 | \$62.60 | \$45.22 | \$90.44 | \$135.63 |
| UnitedHealthcare Dental Plan - High | 3 | \$23.81 | \$47.61 | \$71.42 | \$51.59 | \$103.16 | \$154.74 |
| UnitedHealthcare Dental Plan - High | 4 | \$25.89 | \$51.78 | \$77.67 | \$56.10 | \$112.19 | \$168.29 |
| UnitedHealthcare Dental Plan - High | 5 | \$29.05 | \$58.09 | \$87.15 | \$62.94 | \$125.86 | \$188.83 |
| UnitedHealthcare Dental Plan - Standard | 0 | \$15.09 | \$30.16 | \$45.25 | \$32.70 | \$65.35 | \$98.04 |
| UnitedHealthcare Dental Plan - Standard | 1 | \$10.15 | \$20.30 | \$30.45 | \$21.99 | \$43.98 | \$65.98 |
| UnitedHealthcare Dental Plan - Standard | 2 | \$10.88 | \$21.76 | \$32.64 | \$23.57 | \$47.15 | \$70.72 |
| UnitedHealthcare Dental Plan - Standard | 3 | \$12.39 | \$24.78 | \$37.17 | \$26.85 | \$53.69 | \$80.54 |
| UnitedHealthcare Dental Plan - Standard | 4 | \$13.46 | \$26.93 | \$40.39 | \$29.16 | \$58.35 | \$87.51 |
| UnitedHealthcare Dental Plan - Standard | 5 | \$15.09 | \$30.16 | \$45.25 | \$32.70 | \$65.35 | \$98.04 |
| Delta Dental's Federal Employees Dental Program - High | 0 | \$26.37 | \$52.73 | \$79.10 | \$57.14 | \$114.25 | \$171.38 |
| Delta Dental's Federal Employees Dental Program - High | 1 | \$17.67 | \$35.35 | \$53.02 | \$38.29 | \$76.59 | \$114.88 |
| Delta Dental's Federal Employees Dental Program - High | 2 | \$19.38 | \$38.76 | \$58.13 | \$41.99 | \$83.98 | \$125.95 |
| Delta Dental's Federal Employees Dental Program - High | 3 | \$21.26 | \$42.52 | \$63.79 | \$46.06 | \$92.13 | \$138.21 |
| Delta Dental's Federal Employees Dental Program - High | 4 | \$22.63 | \$45.25 | \$67.88 | \$49.03 | \$98.04 | \$147.07 |
| Delta Dental's Federal Employees Dental Program - High | 5 | \$26.37 | \$52.73 | \$79.10 | \$57.14 | \$114.25 | \$171.38 |
| Delta Dental's Federal Employees Dental Program - Standard | 0 | \$13.05 | \$26.10 | \$39.16 | \$28.28 | \$56.55 | \$84.85 |
| Delta Dental's Federal Employees Dental Program - Standard | 1 | \$9.20 | \$18.40 | \$27.61 | \$19.93 | \$39.87 | \$59.82 |
| Delta Dental's Federal Employees Dental Program - Standard | 2 | \$10.02 | \$20.05 | \$30.07 | \$21.71 | \$43.44 | \$65.15 |
| Delta Dental's Federal Employees Dental Program - Standard | 3 | \$10.81 | \$21.61 | \$32.42 | \$23.42 | \$46.82 | \$70.24 |
| Delta Dental's Federal Employees Dental Program - Standard | 4 | \$11.40 | \$22.80 | \$34.19 | \$24.70 | \$49.40 | \$74.08 |
| Delta Dental's Federal Employees Dental Program - Standard | 5 | \$13.05 | \$26.10 | \$39.16 | \$28.28 | \$56.55 | \$84.85 |

TRICARE® Costs and Fees 2022

Updated January 2022



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, 2022)

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:** \$323 per individual/\$647 per family
- **Group B:** \$392 per individual/\$784 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 | \$22 | \$22 |
| Specialty Care Outpatient Visit | \$33 | \$33 |
| Urgent Care Center Visit | \$33 | \$33 |
| Emergency Room Visit | \$67 | \$67 |
| Inpatient Admission (Hospitalization), Network | \$168/admission | \$168/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, 2022)

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:** \$158 per individual/\$317 per family
- **Group B:** \$504 per individual/\$1,008 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 and TRS members | |
| Individual | Family | Individual | Family |
| \$50 | \$100 | \$56 | \$112 |
| Pay grades E-5 and above | | | |
| Group A | | Group B and TRS members | |
| Individual | Family | Individual | Family |
| \$150 | \$300 | \$168 | \$336 |
| Retirees, their families, TRR members, and all others | | | |
| Group A | | Group B and TRR members | |
| Individual | Family | Individual | Family |
| \$150 | \$300 | Network†: \$168 | Network†: \$336 |
| | | Out-of-Network†: \$336 | Out-of-Network†: \$672 |

(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.

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

| Covered Services | ADFM's and TRS members | | Retirees, their families, TRR members, and all others | |
|--|--|---|---|---------------------------------------|
| | Group A | Group B and TRS members | Group A | Group B and TRR members |
| Preventive Care Visit | \$0 | \$0 | \$0 | \$0 |
| Primary Care Outpatient Visit | Network: \$24 Out-of-Network: 20%† | Network: \$16 Out-of-Network: 20%† | Network: \$32 Out-of-Network: 25%† | Network: \$28 Out-of-Network: 25%† |
| Specialty Care Outpatient Visit | Network: \$38 Out-of-Network: 20%† | Network: \$28 Out-of-Network: 20%† | Network: \$50 Out-of-Network: 25%† | Network: \$44 Out-of-Network: 25%† |
| Urgent Care Center Visit | Network: \$24 Out-of-Network: 20%† | Network: \$22 Out-of-Network: 20%† | Network: \$32 Out-of-Network: 25%† | Network: \$44 Out-of-Network: 25%† |
| Emergency Room Visit | Network: \$99 Out-of-Network: 20%† | Network: \$44 Out-of-Network: 20%† | Network: \$133 Out-of-Network: 25%† | Network: \$89 Out-of-Network: 25%† |
| Inpatient Admission (Hospitalization) | \$20.75 per day or \$25 per admission (whichever is more) Network and Out-of-Network | \$67 per admission Network | \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network | \$196 per admission Network |
| | | 20%† Out-of-Network | \$1,053 per day§ or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network | 25%† Out-of-Network |
| | | \$20.75 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, 2021–Sept. 30, 2022) | | |
|---|------------|---------|
| Premium-Based Plan | Individual | Family |
| Continued Health Care Benefit Program | \$1,654 | \$4,079 |

| Monthly Premium (Jan. 1–Dec. 31, 2022) | | |
|--|-------------|-------------------|
| Premium-Based Plan | Member only | Member and family |
| TRICARE Reserve Select | \$46.70 | \$229.99 |
| TRICARE Retired Reserve | \$502.32 | \$1,206.59 |
| TRICARE Young Adult Prime | \$512 | Not available |
| TRICARE Young Adult Select | \$265 | 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 (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** A 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 |
|---|---|----------------|
| ADFMs | \$1,000/family | \$1,120/family |
| Retirees, their families, and others | \$3,000/family (TRICARE Prime) \$3,706/family (TRICARE Select) | \$3,921/family |
| TRS members | (Follow Group B) | \$1,120/family |
| TRR members | (Follow Group B) | \$3,921/family |



PHARMACY COSTS (JAN. 1, 2022–DEC. 31, 2023)

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. Depending on your TRICARE plan and whether you're in Group A or B, you may have to meet your annual deductible before copayments or cost-shares apply for certain pharmacy types. Use the TRICARE Compare Cost Tool at www.tricare.mil/comparecosts to learn more.

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 <https://militaryrx.express-scripts.com> or call Express Scripts, Inc., 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 | \$12 | \$34 | \$68 | Not available |
| TRICARE retail network pharmacy Up to a 30-day supply | \$14 | \$38 | \$68 | 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 (\$38 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$68 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) ADFMs 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, 2021–April 30, 2022)

| 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 | \$11.65 | \$30.28 | N/A |
| Selected Reserve | \$11.65 | \$29.12 | \$75.71 | \$87.36 |
| Individual Ready Reserve | \$29.12 | \$29.12 | \$75.71 | \$104.83 |

TRICARE Dental Program Out-of-Pocket Costs (May 1, 2021–April 30, 2022)

| 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



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
<https://militaryrx.express-scripts.com>



TRICARE Dental Program

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



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)
tricarelon@internationalsos.com

Latin America and Canada

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

Pacific (Singapore):

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

Pacific (Sydney):

+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydricare@internationalsos.com

An Important Note About TRICARE Program Information

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

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Soldiers, Military Retirees and (Gray Area Retirees)

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

Adoption
Marriage
Divorce

Remarriage
Death of Spouse

If the answer is YES.....

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

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

Contact Your Retirement Services Office:

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



Tell us how we did!

Scan me

Use your iPhone Camera



Or visit <https://ice.disa.mil/>

Base: Ike Skelton Training Site

Service Provider: Retirement Services Office