

RETIRED PAY APPLICATION CHECKLIST

Application Forms:

- Application for Retired Pay Benefits (DD Form 108)
 - Complete blocks 1-8 and 18-19; Leave blocks 9-17 blank
 - Sign and date (blocks 18-19)
 - All signatures must be original, may be digitally signed
- Data for Payment of Retired Personnel (DD Form 2656)
 - Witness cannot be a person named in sections V, IX, or X
 - Spouse must concur if you elect (34c) child(ren) only coverage, (35a) does not elect full spouse coverage or (34g) declines coverage when married
 - Block 37 Insurable Interest – You cannot choose insurable interest if married
 - All signatures must be original, may be digitally signed
- (optional) Direct Deposit Sign-Up Form (SF 1199A)
 - All signatures must be original

Supporting Documents:

- Chronological Points Statement (AHRC 249E/DA 5016, NGB 23B)
 - If points are missing from your Chronological Points Statement, include supporting documents for missing time
- 20 YR Letter or 15 YR Letter (Notification of Eligibility (NOE) for Retired Pay at age 60)
- Promotion or Reduction Order (for Soldiers applying at higher rank held)
- Separation Order (Transfer order to Retired Reserve)
- Reserve Component Survivor Benefit Plan Election (DD Form 2656-5 or DD Form 1883) (completed at the time of your 20 YR Letter/15 YR Letter/NOE)
- If applicable, DD Form 2656-6 (RCSBP Election Change Certificate)
 - Supporting documents for change (i.e. marriage, death, birth certificates, divorce decree as applicable)
- If applicable, Age 60 Extension Waiver

If applicable, Reduced Age/90 Day Drop (qualifying reserve on active duty on or after 29 Jan 08):

- Write "Reduced Age/90 Day Drop" at the top of DD Form 108 and 2656
- Reserve on active duty orders for qualifying periods
- DD 214s for qualifying periods

Submit application by using one of the methods below:

Mail: DEPARTMENT OF THE ARMY
US ARMY HUMAN RESOURCES COMMAND
ATTN: AHRC PDP TR
1600 SPEARHEAD DIVISION AVENUE DEPT 482
FORT KNOX, KY 40122

Scan and e-mail: usarmy.knox.hrc.mbx.tagd-retirement-application-request@mail.mil
(file must be less than 3 megs)
Fax: 502-613-4524

(PLEASE RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS)

APPLICATION FOR RETIRED PAY BENEFITS

See back for Instructions and Privacy Act Statement.

1. TO	2. DATE OF BIRTH (YYYYMMDD)	3. DATE RETIRED PAY TO BEGIN (YYYYMMDD)
4. HIGHEST MILITARY PAYGRADE HELD		
5. APPLICANT NAME (Last, First, Middle Initial)	6a. SERVICE NUMBER (If applicable)	b. SOCIAL SECURITY NUMBER
7a. PRESENT HOME ADDRESS (Street, Apt No., City, State, ZIP Code)	8. PRESENT ASSIGNMENT	
b. HOME TELEPHONE NUMBER ()		

SERVICE BEFORE 1 JULY 1949

9. ARMED FORCE AND COMPONENT	10. GRADE OR RATING	11. APPROXIMATE DATES OF SERVICE						12. ACTIVE DUTY								
		a. FROM			b. TO			a. FROM			b. TO					
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR			

SERVICE AFTER 30 JUNE 1949

13. RETIREMENT YEAR						14. ARMED FORCE AND COMPONENT	15. GRADE OR RATING	16. ACTIVE DUTY						17. RETIREMENT POINTS EARNED				
a. FROM			b. TO					a. FROM			b. TO							
DAY	MONTH	YEAR	DAY	MONTH	YEAR			DAY	MONTH	YEAR	DAY	MONTH	YEAR					

18. SIGNATURE	19. DATE SIGNED (YYYYMMDD)
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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1331; EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Used by members and former members of the Reserve Components to apply for retired pay at age 60. Application is reviewed to determine eligibility.

ROUTINE USE(S): Information provided by the member is used to:

- a. Identify the individual and his/her service record.
- b. Determine eligibility for retired pay under 10 U.S.C. 1331.
- c. Determine effective date that retired pay can and will commence.

DISCLOSURE: Voluntary; however, unless this form is completed, the individual will not receive retired pay.

INSTRUCTIONS

GENERAL. This form is to be submitted in one copy (*duplicate for Naval personnel*). Entries must be typewritten or hand printed. Brief instructions for making entries are provided below in numerical order. Submission of official statements of service is not required. If all information required is not readily available, prepare form to the best of your ability.

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

ITEM 1. Addresses of Headquarters of Armed Forces for purpose of forwarding application for retired pay are listed below. Application will be addressed to the Armed Force in which you are presently (or were last) a member.

ARMY: Commander
United States Army Reserve Personnel Center
9700 Page Boulevard, St. Louis, MO 63132-5200

NAVY: Commanding Officer
Naval Reserve Personnel Center (Code N221)
4400 Dauphine St.
New Orleans, LA 70149-7800

AIR FORCE: United States Air Force Military Personnel
Center (AFPMPR)
Building 499C
Randolph Air Force Base, TX 78148-9997

MARINE CORPS: Commandant
United States Marine Corps
(Code MMSR-5)
Washington, DC 20380-0001

COAST GUARD: Commandant
United States Coast Guard (SP-4)
Washington, DC 20593-0001

ITEM 2. Enter correct date of birth (*proof of date of birth may be required before final action is taken on application.*)

ITEM 3. Enter date you desire retired pay to begin (*cannot be before age 60*).

ITEM 4. Enter highest grade or rating held in Armed Forces.

ITEM 5. Enter your name in the order indicated.

ITEM 6a. Enter service (serial) number. If you have been a member of more than one Armed Force, enter the service number of each, i.e. "2 532 430 ARMY" and "603-1-91 NAVY."

ITEM 6b. Enter your Social Security Number.

ITEM 7. Enter your present home address and telephone number.

ITEM 8. Enter the complete designation of your present organization. If you are presently a member of a National Guard organization, give name of state. If not a member of a reserve organization, enter "none."

NOTE: Primary purpose of Items 9 through 17 is to enable reviewing authority to verify service which may not be of record.

ITEM 9. Enter the Armed Force and component for periods of service covered in Item 11. Example: "Army, USAR", "Navy, USNR." All enlisted service will include organization to which you were assigned. For National Guard service, include name of state.

ITEM 10. Enter the highest grade or rating held during each period of service shown in Item 11.

ITEM 11. Enter approximate dates of each individual period of service. Example: 2 May 1936 to 1 May 1939; 20 Oct 1942 to 15 Nov 1946.

ITEM 12. Enter inclusive dates of all periods of active duty performed during each individual period of service indicated in Item 11.

ITEM 13. Enter inclusive dates of each individual year of service performed after 30 June 1949. Example: If you were a member of a reserve component on 1 July 1949, your retirement year will be from 1 July 1949 to 30 June 1950, your second year will be 1 July 1950 to 30 June 1951, etc. If you were not a reservist on 1 July 1949 or have had a break in service since that time, your retirement year will begin on the date of acquiring an active status in a reserve component and end one year later. Example: 15 Sep 1956 to 14 Sep 1957.

ITEM 14. Enter the Armed Force and component in which you served during each year as shown in Item 13. All enlisted service will also include the organization to which you were assigned during the year specified, and, in the case of National Guard service, name of state.

ITEM 15. Enter highest grade or rating held during each year of service shown in Item 13.

ITEM 16. Enter inclusive dates of all periods of active duty, including active duty for training, performed during the year or years indicated in item 13.

ITEM 17. Enter the total retirement points earned for each period shown in Item 13. This total to include points earned through drills, correspondence courses, active duty, membership, etc.

ITEM 18. Place your signature in this space. Signature appearing therein must coincide with the name shown in Item 4.

ITEM 19. Insert date application is prepared.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																					
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>																					
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																					
Prefix	Suffix	TYPE	AMOUNT																				
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT											
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		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000						
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SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

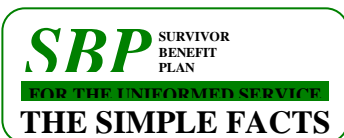
FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

RCSBP FACT SHEET

RESERVE COMPONENT SURVIVOR BENEFIT PLAN

This fact sheet is designed to supplement the Department of Defense brochure and is updated by the Army SFL RSO:



You should become familiar with the general provisions outlined in the main brochure before reading this fact sheet. The main brochure also lists other fact sheets that are available. This fact sheet provides information to help you understand the provisions of SBP, but it is not a contract document. The basic statutory provisions of SBP law are in chapter 73, title 10, United States Code.

The Reserve Component Survivor Benefit Plan (RCSBP) is the only Reserve program that lets you leave a percentage of your future retired pay as a monthly annuity to your beneficiaries. The maximum annuity is 55 percent of your retired pay. This fact sheet tells how participation in RCSBP affects the general provisions of SBP. You should also be familiar with those general provisions (see the main booklet and other fact sheets).

ELIGIBILITY

- a. **Initial RCSBP Election Timeframe.** Once you are notified that you qualify for a Reserve Retirement and receive your Notification of Eligibility (NOE) commonly known as the 20 year letter, you are eligible to sign up for RCSBP, regardless of your military status, age, or health. You have a 90-day period beginning the day you receive your NOE to make an RCSBP election.
- b. **Spouse Concurrence.** Since 1 Jan 01 if you are married and do not elect Option C, immediate spouse RCSBP coverage based on your full retired pay, your spouse must sign the RCSBP Election Certificate (DD Form 2656-5) concurring with the election prior to the end of the 90 day period that began the day you received your NOE. The spouse's signature must be notarized and dated on or after your signature on the DD form 2656-5. If you do not obtain your spouse's concurrence, your RCSBP election defaults to spouse immediate (Option C) RCSBP coverage based on your full retired pay.
- c. **Automatic RCSBP Coverage.** If you fail to complete the RCSBP Election certificate within the 90 day window to make your RCSBP election, your eligible dependents on the date of the NOE receive, by law, automatic Option C RCSBP coverage based on your full retired pay.
- d. **Automatic RCSBP for Special Situations.** If you die after becoming eligible for a Reserve non-regular retirement but before receiving the NOE or after receiving the NOE but within the 90 days from notification and have not made an RCSBP election, your dependents receive automatic Option C full RCSBP coverage. The dependents of Reservists who die in the line of duty of an injury or illness incurred or aggravated during inactive-duty training receive automatic Option C full RCSBP coverage.

COVERAGE

Your RCSBP election covers you from the time you qualify for a Reserve Retirement until you begin receiving retired pay at Reserve non-regular retirement. Once in receipt of retired pay, your RCSBP election (Option B or C) automatically becomes your SBP election. If you elected to decline RCSBP (Option A), you will have no RCSBP coverage and must make an SBP election at your Reserve non-regular retirement. Active duty retirement for length of service or medical retirement invalidates an RCSBP election and you will be required to make an SBP election without regard to a previous RCSBP election. If retired from active duty, you will not be charged any premiums for RCSBP coverage received.

ELECTION OPTIONS

- a. **Option A (DECLINE TO MAKE ELECTION UNTIL Reserve Non-Regular Retirement (AGE 60)).** You will remain eligible to elect Survivor Benefit Plan (SBP) coverage upon reaching the age you qualify for a Reserve non-regular retirement. An annuity will not be payable to your beneficiaries if you die before Reserve non-regular retirement. Since you received no RCSBP coverage, you will not pay RCSBP premiums at retirement.
- b. **Option B (DEFERRED ANNUITY).** Provides coverage for an annuity to begin on date you would have been eligible for Reserve non-regular retirement, if you die before your Reserve non-regular retirement and becomes your SBP election to begin immediately if you die after your Reserve non-regular retirement.
- c. **Option C (IMMEDIATE ANNUITY).** Provide coverage for an annuity to begin immediately, whether you die before or after your Reserve non-regular retirement.
- d. **No Dependents at NOE.** If you are not married, have no eligible children, and do not desire to elect RCSBP for a former spouse or insurable interest; you do not have an RCSBP election Option. However, once you acquire the first spouse or child after your NOE, you have one year to notify the Human Resources Command (HRC) that you now have an eligible beneficiary and request RCSBP coverage. The election must be submitted on a DD Form 2656-5 because you must elect an RCSBP Option, B or C, and level of coverage. Failure to elect RCSBP coverage within one year of acquiring an eligible dependent will result in your RCSBP election defaulting to Option A until your Reserve non-regular retirement at which time you will have to make an SBP election.

BENEFICIARIES

- a. **Spouse only.** To be eligible for an annuity your spouse must be married to you on the date of your NOE when you made an initial spouse RCSBP election and is still married to you on the date of your death. In the event you marry or remarry after your NOE and electing RCSBP, your new spouse must be married to you for one year, or be the parent of a child by that marriage to qualify for RCSBP. If you divorce and remarry the spouse you were married to and who you had elected spouse RCSBP at your NOE, they are immediately eligible for RCSBP at marriage.
- b. **Child only.** Coverage of children is limited to unmarried children under the age of 18, or under age 22 if in school pursuing a full-time course of study or training; or any age if incapable of self-support because of a mental or physical incapacity incurred while still eligible as defined above. RCSBP or SBP for a fully incapacitated child may affect other benefits the child may be entitled to due based on the disability. The law now allows the RCSBP or SBP for an incapacitated child to be paid to a special needs trust for the child to mitigate the effect of RCSBP or SBP on the child's other benefits. Coverage is for all eligible children.
- c. **Spouse and Children.** Same child eligibility rules as above; however, children will receive an RCSBP annuity only if your spouse becomes ineligible (through death or remarriage before age 55). Coverage is for all eligible children.
- d. **Former Spouse /Former Spouse and Child or Children.** You may elect to provide an annuity to a former spouse or a former spouse and child. Only the children of the marriage to the former spouse receive coverage if the election is former spouse and child. You may elect these beneficiary options even though you are married or have a dependent child, but such an election prevents payment of an annuity to the current spouse or a child outside of the marriage to the former spouse. Under an election for former spouse and child, the child receives an RCSBP annuity only if the former spouse becomes ineligible (through death or remarriage before age 55).
- e. **Insurable Interest.** This coverage may be elected only if you are not married or are unmarried with a sole dependent child. Any person more closely related to you than a cousin does not require justification to show the financial interest in your life for an insurable interest election. Any other person may qualify if you provide proof that person benefits in some manner from your continued life (a business partner, for instance). Note: This is a very expensive election for both RCSBP and SBP premium costs and can be cancelled at any time. If you marry or have an eligible child you can cancel insurable interest and elect spouse and or child within one year of marriage or acquiring a child. If no action is taken within the year of marriage and or acquiring the child, you close the category for both RCSBP and SBP.

Beneficiary Changes after Initial RCSBP Election at NOE

- a. **Suspended Spouse RCSBP.** If you remarry after electing RCSBP Spouse Coverage, and your spouse coverage is suspended (RCSBP covered spouse lost through death or divorce), the new spouse must be married to you for one year, or be the parent of a child by that marriage to qualify as an RCSBP beneficiary. Within one year of marriage you can elect to increase the amount of retired pay you covered for spouse RCSBP, decline to cover the new spouse and any future spouse, or resume existing RCSBP coverage. Taking no action will result in the new spouse receiving automatically the existing spouse RCSBP coverage.
- b. **No RCSBP Beneficiaries at NOE.** If you have no eligible RCSBP beneficiaries at retirement, and this marriage is your first eligible dependent (spouse and or child) after making your NOE but before your Reserve nonregular retirement, you have one year to request to change your RCSBP election to Spouse coverage or your RCSBP election defaults to Option A, decline RCSBP coverage.
- c. **Adding Spouse to Existing Child RCSBP.** If you were not married at your NOE, elected child RCSBP, and this is your first marriage following NOE; you can add your spouse to existing child RCSBP coverage as long as you make the election change within one year of your marriage. If no action within one year of your first marriage following NOE, you close the category spouse for both RCSBP and SBP.
- d. **Child after 20 year letter RCSBP election.** If you have a child after your 20 year letter and you previously elected child or spouse and child RCSBP coverage, the child will be added to your existing RCSBP coverage. If you had no children at your 20 year letter, elected spouse RCSBP, and this is your first child, you have one year to add the child coverage. If you take no action within one year, that spouse and any future child is excluded from RCSBP or SBP coverage. If you had no dependents at your 20 year letter and the child is your first dependent, you have one year to request to change your RCSBP election to child coverage or your RCSBP election defaults to Option A, decline RCSBP coverage.
- e. **Insurable Interest.** If your insurable interest dies, you have 180 days to elect a new insurable interest. The costs will be calculated from the death of the previous insurable interest.

Note: Any change in beneficiary status prior to Reserve non-regular retirement for US Army Reserve and Army Retired Reserve Soldiers must be reported to the Army Human Resources Command Reserve Retirement Services Office for Army Reserve or Retired Reserve and for National Guard to the State Retirement Services Office immediately.

RCSBP COSTS (PREMIUMS)

There are two premiums associated with RCSBP. These premiums are not paid until you begin receiving your retired pay at age 60. The two types of premiums are: Basic (SBP) Premium and Reserve (RCSBP) Premium. There is no RCSBP premium for RCSBP Option A as you receive no RCSBP coverage or for RCSBP coverage if retired under an active duty law for length of service or medical disability.

BASIC SBP PREMIUM

SBP premium and benefit's are each a percentage of your elected "base amount," which may be your full monthly retired pay or a lesser amount, but not less than \$300. If your monthly gross retired pay is less than \$300, then your full monthly retired pay must be designated as the base amount. The base amount, premiums and annuity payments all increase at the same time and by the same percentage as the increase in retired pay Cost-of-Living Adjustments (COLAs).

- a. **Basic SBP Premium for Spouse/Former Spouse.** The basic SBP premium can be calculated by accessing the MyArmyBenefits calculator at <http://myarmybenefits.us.army.mil/>.
- b. **Basic SBP Premium for Children.** The cost to cover children is also based on a percentage of the SBP base amount. It is dependent on your age, the age of your youngest child, and the age of your spouse if applicable. Your pay and personnel center can assist you in determining your exact cost.
- c. **Basic SBP Premium for Insurable Interest.** The base amount for an insurable interest beneficiary must be the full monthly retired pay. The cost is 10 percent of full monthly retired pay, plus 5 percent for each full 5 years the beneficiary is younger than you. However, the total cost cannot exceed 40 percent of monthly retired pay.

RCSBP PREMIUM

If you chose to elect RCSBP under Option B (Deferred Annuity) or Option C (Immediate Annuity), there is a Reserve premium added to the basic cost to cover the additional benefit previously received for coverage received prior to age 60. The Reserve premium is based on a percentage of the SBP base amount, and is dependent on your age and the age of your beneficiary at the time the RCSBP election is made. Your pay and personnel center can assist you in determining your exact cost. Calculators to estimate your retired pay, SBP and RCSBP premiums are available on the HRC website at <https://www.hrc.army.mil/Calculators/SurvivorBenefitPayCalc.aspx>.

SBP/RCSBP ANNUITY AMOUNT

Your RCSBP election becomes your SBP election when you reach eligibility to receive retired pay. The annuity is 55 percent of the base amount, the amount of your retired pay you elected for RCSBP/SBP coverage.

DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

- a. The RCSBP annuity of a spouse will be reduced by the amount the spouse receives as DIC. Your spouse will be eligible for DIC payments only if you die of a service-connected cause. In the event the DIC payment is greater than the RCSBP annuity, the annuity will not be paid. In the event you are receiving retired pay at the time of death, your surviving spouse will receive a refund of all premiums you paid. When part of an annuity is offset by DIC, premiums for the offset portion are refunded.
- b. The RCSBP spouse annuity reduction for DIC payments is made because both are federal programs and the government pays part of the costs. The combined income amount will always be at least equal to the full amount otherwise payable under RCSBP.
- c. When considering your RCSBP election and possible annuity reductions, the important point to consider is that what you're leaving your spouse is permanent income based on your retired pay.

SPOUSE RCSBP ANNUITANT REMARRIAGE

Your spouse/former spouse RCSBP annuity stops if your spouse or former spouse remarries before age 55. The annuity can resume if the marriage ends due to death or divorce. If your spouse/former spouse remarries after age 55, the RCSBP annuity continues. Based on a court case, a spouse who remarries after age 57 who is authorized RCSBP and DIC will receive both without an offset.

RETIREMENT UNDER THE PROVISIONS OF AN ACTIVE DUTY LAW

If retired under the provisions of an active duty law either for length of active service or for medical disability, your RCSBP election will not affect your SBP election and you will not pay for any RCSBP coverage received.

RCSBP WHEN DEATH IS ON ACTIVE DUTY

An RCSBP election does not apply while you are on active duty. If you die while in an active duty status, you are subject to the active duty death SBP provisions of the law.

RCSBP POINT OF CONTACT

All Retired Reserve/Army Reserve	US ARMY HUMAN RESOURCE COMMAND ATTN: TAGD (AHRC-PDP-TR) 1600 SPREARHEAD DIVISION AVENUE- DEPT 482 Fort Knox, KY 40122-5402	HRC Call Center – 1-888-ARMYHRC (276-9472) Reserve Retirement Services Office – 502-613-8950
Participating National Guard	To contact your State Army National Guard Retirement Services Officer go to the MyArmyBenefits Resource Locator at http://myarmybenefits.us.army.mil/Home.html . Go to the Benefit Library, select Resource Locator, Select your state and find the State National Guard Retirement Services Office	

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