

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)