

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT: STATEMENT OF UNDERSTANDING FOR BAH ENTITLEMENT

PERMANENT

TEMPORARY

AUTHORITY (IF PERMANENT):

BAH DEPENDENTS AT DEPENDENTS LOCATION

_____: I hereby understand that my eligibility for BAH at dependents location requires Commanding Officer's approval(Sea) or PERS-451H(Shore). I understand I must provide current and original supporting documents to validate entitlement for BAH dependents location as necessary. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, separation, death or birth) that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

BAH DEPENDENTS AT PDS LOCATION

_____: I hereby understand that my eligibility for BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, separation, death or birth), dependent's address and/or assignment to government quarters that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

BAH SINGLE on Sea Duty (E4<4 from Shore to ship PCS same geo area or E4>4 and E5)

BAH SINGLE on Shore Duty (E1 to E6)

_____: I hereby reaffirm my request for Single BAH in lieu of assignment to government quarters and understand that I must have a private residence in the vicinity of the homeport/PDS. I understand that my eligibility requires the Commanding Officer and CBH Director's final approval. I also understand that it is my responsibility to report any change(s) to my living arrangements. I also certify that the address shown below is the same address listed on the Command Recall Bill.

(ELECTION ONLY)

BAH SINGLE for MIL to MIL (Sea or Shore)

BAH SINGLE for Sea Duty E6 and Above

BAH SINGLE for Shore Duty E7 and Above

_____: I hereby elect NOT to occupy GOV'T QTRS and receive BAH effective _____(Date). I am currently maintaining and residing at my primary residence shown below. I am not currently assigned or occupying Government Quarters at my PDS location. I also understand that it is my responsibility to report any change to my living arrangements. I also certify that the address shown below is also the same address listed on the Command Recall Bill.

MEMBER/PRIMARY DEPENDENT ADDRESS:

Any member who submits a claim for BAH which contains a false statement may be subject to disciplinary action(s) for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it can include dishonorable discharge, total forfeitures and confinement. You are required to ensure your NAVPERS 1070/602 is accurate and that changes in dependent status (marriage, birth, divorce, separation or death) or location, are immediately reported to the chain of command and your servicing Personnel Support Detachment (Ship or PSD Afloat) or Personnel Office.

MEMBER SIGNATURE DATE

WITNESSED BY: NAME, RATE, TITLE

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE

TRAVEL HISTORY FORM

PRIVACY ACT STATEMENT

Authority: USC 5701 , 37 USC 404-427, EO 9397 , 37 USC 3322, 31 CFR 209 and/or 210.
Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is Used to maintain a numerical identification system for individual claims. The Information will be used to process payment data from the Federal agency to the Financial institution and/or its agent.

Routine Use(s): To substantiate claims for reimbursement for official travel.
Disclosure: Voluntary; however, failure to furnish information requested may result in total or Partial denial of amount claimed and may delay or prevent the receipt of payments Through the EFT/DDS programs.

LAST NAME:	FIRST NAME:	MIDDLE INITIAL	PAY GRADE
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LOCAL ADDRESS; STREET, CITY, STATE AND ZIP CODE:

CLAIMANT STATUS: (CHECK ONE)

ACTIVE DUTY SEPARATED/RETIRED CLVILIAN EMPLOYEE DEPENDENT

PERMANENT DUTY STATION:

MANDATORY:
FOR EFT/DDS payment please provide the following information:

FINANCIAL INSTITUTION NAME:	9-DITGIT ROUTING TRANSIT NUMBER
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ACCOUNT TYPE :

CHECKING ACCOUNT: SAVING S ACCOUNT:

MEMBER'S SIGNATURE: _____ DATE: _____

YOUR WORK PHONE NUMBER:

COMM : _____ DSN: _____

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil or criminal penalties. PRIVACY SENSITIVE

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

CHECKLIST FOR TRAVEL CLAIMS

User: All military and civilian personnel on official travel.

Purpose. This checklist should be used by the Traveler (TVLR) and Authorizing Official's (AO) to ensure travel claims are proper, complete, and comply with the intent of the orders before submitting. Claims are to be completed within five business days upon completion of travel.

Definitions:

Traveler – Individual who performed the travel.

Authorizing Official (AO) – Individual designated in writing by the command using Appointment/Termination Record-Authorized Signature (DD Form 577)

TVLR AO

1.			The Travel Voucher (DD Form 1351-2 Mar 2008) must be prepared in ink, typewriter, or computer generated and include full SSN.
2.			Member's signature must be in Block 20a, and dated in Block 20b AO's must complete Blocks 21a-21d on the travel voucher. NO AO SIGNATURE REQUIRED ON MILITARY PCS.
3.			All information in Blocks 1-9 and 11 of the travel voucher must be completed. Blk 12 and 13 for dependent PCS only. Provide a duty phone number and e-mail address. Ensure the administrative data i.e. name, SSN on the travel voucher agree with the orders. If not, make administrative corrections and initial.
4.			Indicate advances and/or accrued per diem payments listed in Block 9. Annotate "NONE" in Block 9 if there were no advances or partial payments. Do not indicate ATM cash withdrawals in Block 9.
5.			Annotate Block 1 of the DD1351-2 (Split Disbursement) to reflect amounts charged to the Government Travel Charge Card (GTCC). This is mandatory for GTCC holders for TDY only not in conjunction with PCS.
6.			Itinerary in Block 15a must use dates (not times), modes of travel, and reason for stops. Please refer to the reverse page of the DD1351-2 for correct codes.
7.			Check Block 16 (POC Travel) if mileage is claimed.
8.			Block 17 must be completed indicating duration of travel period.
9.			Indicate all of the authorized reimbursable expenses in Block 18. Mission related items (e.g. batteries/film) are not reimbursable travel expenses and should be submitted through Vendor Pay.
10.			Is rental car expense or airline ticket reimbursement claimed? If so, only rental car and airline tickets obtained through proper channels (government contracted office, e.g. SATO) will be reimbursed. Rental Car/Airline Ticket receipts are required regardless of dollar amount. Pre-calculation receipts are not acceptable. Receipts must have a zero balance. <u>Include a copy of the government contracted travel office (SATO) itinerary.</u> If you didn't use a government contracted office you will only be reimbursed the GOVT rate.
11.			Annotate control numbers for non-availability of government quarters in the remarks. If not, and approved after the fact, the Approving Official's signature authorizing commercial lodging or an amended order issued must be included. (TDY only and not in conjunction with PCS). Provide/attach copy of CNA.
12.			Lodging must be claimed and supported by paid receipts (regardless of amount). Receipts must show a zero balance. Attach copy of lodging receipt. PER JFTR U4129E Lodging cost reimbursement is not authorized for a member who stays with a friend or relative.
13.			All reimbursable expenses of \$75.00 or more claimed on the travel voucher must be supported by an original paid receipt. Attach copies of all receipts over \$75.00.
14.			Is a conference or registration fee claimed? If so, state the number of meals provided at no cost in Block 19 of the DD 1351-2. If none, please state. Attach copy of conference fee receipt.
15.			Exchange rate when foreign currency is involved must be annotated on the reimbursable block. The traveler must include the itemized expense in both foreign currency and U.S. Dollars.
16.			Was leave taken in conjunction with the travel? If so, annotate it in the itinerary and in Block 29, Remarks section. Attach a copy of the NAVCOMP 3065 (leave form – MILITARY ONLY) if leave was taken in conjunction with travel.

CHECKLIST FOR TRAVEL CLAIMS

User: All military and civilian personnel on official travel.

Purpose. This checklist should be used by the Traveler (TVLR) and Authorizing Official's (AO) to ensure travel claims are proper, complete, and comply with the intent of the orders before submitting. Claims are to be completed within five business days upon completion of travel.

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17.			Attach complete copy of orders and all modifications.
18.			If claiming dependent Dislocation Allowance (DLA) annotate DLA in BLK 18 and fill out attached DLA Statement. Attach old and new page 2 (Record of Emergency (Military only). TLE is to be claimed in BLK 18 of the travel voucher and fill out attached TLE statement. Attach lodging receipts for TLE. CNA FROM NGIS IS REQUIRED FOR TLE
19.			Ensure the required orders, receipts, statements, justifications, etc., are attached to the travel claim and that the claim is reasonable and consistent with the mission.
20.			Is the bank account information on file with your travel office correct? If so, any funds not being sent to the GTCC account will be electronically sent to the personal account. If not, complete form SF 1199A and attach a copy to travel claim.
21.			Forward the completed travel voucher and supporting documentation to the Supervisor/Reviewing official or Authorizing Official. Required for Civilian PCS ONLY

Remarks:

Date Submitted by Member		Member Signature	
Date Approved by AO		AO Signature	

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized DISCLOSURE of this information may result in both civil and criminal penalties. **PRIVACY SENSITIVE.**

DISLOCATION ALLOWANCE (DLA) STATEMENT

1. Name: _____	2. SSN: _____	3. Order Number: _____
4. This is the _____ (number) claim for Dislocation Allowance based on a PCS during FY _____. I have not and will not request government procured shipment of a house trailer or reimbursement for shipment at personal expense if I am claiming DLA for this PCS.		
5. If claiming dependent DLA a. Date dependent travel began: _____ b. Date dependent travel ended: _____		
Note: If claiming single DLA: E7 and above shore duty may elect to reside off base. E6 and below must attach a copy of the Barracks approval for Single BAH. E6 and above Sea duty may elect to live off Ship. E1 and above MIL to MIL may elect to reside off base.		
6. This is to certify that upon my transfer to _____ /home ported in _____, that I opted not to occupy government quarters (BEQ/BOQ) _____ Member's signature	7. I maintain residence off-base and my current address is: Street address: _____ City: _____ State: _____ ZIP: _____	
8. Mode of Transportation: _____	9. From: _____ <i>(City / State / Country)</i>	To: _____ <i>(City / State / Country)</i>
10. Old Address: Street: _____ City: _____ State: _____ ZIP: _____	11. New Address: Street: _____ City: _____ State: _____ ZIP: _____	
12. Place to which dependents were last transported at government expense: _____		
13. Authorized POVs License Plate #: a. _____ b. _____ c. _____ d. _____	State: a. _____ b. _____ c. _____ d. _____	
14. _____ Member's signature Date _____		

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TEMPORARY LODGING EXPENSE (TLE) ALLOWANCE CERTIFICATION

(Please PRINT legibly)

RESET

1. Name:		2. SSN:	
3. Name/location of last permanent duty station (PDS)/homeport/designated place:			
Date detached from last PDS:		Date reported to new PDS:	
4. Dependent Information:			
Name	Relationship	Date of birth/marriage	
5. TLE at Old PDS			
Temporary lodging was obtained at:		Daily cost of lodging (receipts attached):	
		\$ _____	
6. TLE at New PDS			
Temporary lodging was obtained at:		Daily cost of lodging (receipts attached):	
		\$ _____	
7. Dates Temporary Lodging Occupied			
Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	
8. If commercial temporary lodging facilities were used, a non-availability of government quarters statement is attached.			
<p><i>I certify that in connection with <input type="checkbox"/> departure from, and/or <input type="checkbox"/> arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for <input type="checkbox"/> myself/myself and dependents listed above; or <u> </u> N/A dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old <u> </u> or the new permanent duty station.</i></p> <p><i>Provide copy of CNA if available or sign below statement to attest that no GOVT Quarters were available when contacted.</i></p> <p><i>I certify GOVT QTRS were not available upon detaching LPDS or arrival at new PDS.</i></p> <p>Member's signature: _____ Date: _____</p>			
9. Member's signature:		Date:	
10. Interviewed by:		Date:	

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PSD WASHINGTON RECEIPTS MINI MASTER UPDATE

Information contained here-in is required and maintained locally by PSD Washington for contact information. Please fill in all fields as accurately and up-to-date as possible.

NAME: _____

RATE/RANK: _____ SSN: _____

NEW PERM. DUTY STATION: _____

DATE REPORTED ONBOARD: _____

WORK PHONE NUMBER: _____

ADMIN/CPC POC PHONE NUMBER: _____

MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____

MEMBER'S ADDRESS: _____

(C) PHONE: _____ (H) PHONE: _____

EMAIL ADDRESS: _____

DEPENDENT'S ADDRESS IF DIFFERENT FROM MEMBER:

DEPENDENT'S PHONE NUMBER: _____

ADDITIONAL MISC INFO: _____

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PRIVACY SENSITIVE



Prudential

Office of Servicemembers' Group Life Insurance

Print Form

Save Completed Form

Clear Form

Servicemembers' Group Life Insurance Election and Certificate

1. About You

Form with fields for Print Name (First, Middle, Last), Rank, title or grade, Social Security Number, Duty Location, Branch of Service, Current Amount of SGLI

2. About Your Coverage

I am completing this form to: (Check all that apply)

- Check boxes for: Name or update my SGLI beneficiary, Increase or restore my SGLI coverage to \$..., Reduce my SGLI coverage to \$..., Decline or cancel SGLI coverage.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries Complete this section unless you are declining coverage

Table with 5 columns: Primary Name and Address, Social Security Number (If available), Relationship to you, Share to each (% or \$ amounts), Payment Option (Lump sum* or 36 equal monthly payments). Rows 1-4.

Secondary

Table with 5 columns: Primary Name and Address, Social Security Number (If available), Relationship to you, Share to each (% or \$ amounts), Payment Option (Lump sum* or 36 equal monthly payments). Rows 1-4.

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects 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).

Open Solutions Inc. is the Service Provider 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 UMB Bank, N.A. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).

4. About Your Health Complete this section *ONLY* if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender Female
 Male

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

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a. A heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

Any request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI).

5. Your Signature You must complete this section.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.
- I am free to name anyone I want as my beneficiary. I certify that I understand if I have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that if I am married, my spouse may be notified that he/she (or my child) is not my designated beneficiary.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature _____ Social Security Number _____ Date (MM, DD, YYYY) _____

Address _____

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve
Contact telephone/email	Disapprove
Date	Date
Address	

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you...	Then...
are married and decline coverage upon entry into service	Your spouse will be notified that you declined coverage.
are married and designate any person other than your spouse or child for any amount of insurance	Your spouse will be notified in writing that he/she or your child is not the named beneficiary, unless: – your spouse has been previously notified, OR – your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	Your spouse will be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	The sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> ■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate if the beneficiary is a minor at time of claim. ■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. ■ Naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	You must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to...	Then...
receive the insurance proceeds in one lump sum	<p>Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your 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).</p> <p>* Alliance Account 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.</p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ■ Write "36" under the Payment Option. ■ Your beneficiary cannot change this payment option.
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member...	The Personnel Clerk should inform the service member...	Then the Personnel Clerk should...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	Have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ■ Approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ■ Send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> ■ an application with health questions is required to increase, elect, or restore coverage at a later date. ■ of the following: <ul style="list-style-type: none"> – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. – declining or canceling SGLI will also cancel Family SGLI— both spouse and dependent child coverage— and Traumatic Injury Protection (TSGLI). 	<ul style="list-style-type: none"> ■ Forward the form to payroll to change SGLI premium deductions. ■ If canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ■ If the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing of the member's election based on Title 38, USC 1967 (f).
is married or gets married after completing this form	<ul style="list-style-type: none"> ■ Family SGLI automatically covers spouse. ■ he or she must register their spouse in DEERS for payroll to deduct premiums. ■ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	If applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	Direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	Attach the Supplemental Beneficiary Form to the 8286.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> ■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ■ if the member is married, the member's spouse will be notified in writing that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	<p>Have the member sign SGLV 8286 to certify that he/she understands that:</p> <ul style="list-style-type: none"> ■ he/she is free to name anyone as beneficiary. ■ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ■ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. **After the form is completed, Personnel Clerk should:**

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI
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