



## **PSD WASHINGTON DC**

- **SEPARATIONS**
- **FLEET RESERVE**
- **RETIREMENT**

## **INFORMATION PACKET** **OCTOBER 2011**

*The information contained herein, including any attached documents, is  
"For Official Use Only"*

MEMORANDUM

From: PSD Washington, Separation/Retirements section

To: Navy members preparing for retirement or separation from active duty

SUBJ: SEPARATION/RETIREMENT PACKAGE FOR OFFICER AND ENLISTED PERSONNEL

1. For timely and accurate processing of your separation, please contact your Separations Clerk **no later than 90 days prior to commencement of PTDY, terminal leave or separation/retirement date to arrange a processing appointment.** If you are unable to keep your appointment, please call to reschedule as soon as possible.
2. **PHYSICAL EXAMINATION** – You are required to have a physical examination within **180 days** of your separation date (**HIV test must be within 90 days**). Your examination should be completed at least 30 days prior to your separation date to allow sufficient time for follow-up testing and/or treatment. On or before your separation date, you need to provide your separation clerk with your Medical and Dental Records or a memo from medical if medical will not release your medical/dental records to you. You may also request copies of your medical and dental records from your MTF office prior to turning in your original records to PSD for forwarding to the VA Medical Record Center.
3. **SECURITY TERMINATION STATEMENT (OPNAV FORM 5511/14)** – This form **must be** completed prior to your separation. In accordance with OPNAV Instruction 5510.1, you will not be separated without the completion of this form. **This form does not terminate your clearance if you have one.** You must contact your Security Manager in order to get this form completed.
4. **PRESEPARATION COUNSELING CHECKLIST (DD FORM 2648)** – This form is used to record pre-separation counseling areas of interest and for the basis of an Individual Transition Plan. You must schedule a pre-separation counseling with your Command Career Counselor to obtain and complete this form. The DD 2648 TEST is for Active duty and the 2648-1 TEST is for Reservists.
5. **SEPARATION/TERMINAL E-LEAVE** – E-Leave Request/Authorization for the period must be approved by your command, and submitted to your separation clerk upon approval **with a LCN provided by your command. PSD does not provide Leave Control Numbers. \*Maximum leave you can sell back in your career is 60 days.\***
6. **DATA FOR PAYMENT OF RETIRED PERSONNEL/SURVIVOR BENEFIT PLAN (DD FORM 2656)** – This is a mandated two part form for all retirees that requires you to make a decision concerning SBP and it also starts your retirement pay. Please turn this form in to PSD no later than 45 days prior to your retirement date. SBP simple facts helpful hints link: <http://www.npc.navy.mil/Search/search.aspx?q=SBP>
7. **EXTENSION/CONDITIONAL REENLISTMENT (ENLISTED RETIREES ONLY):** If your ETS/EAOS falls short of your authorized retirement date per your Statement of Service you must sign an extension or conditional reenlistment document to take you to your retirement date. You should see your separation clerk if such action is necessary.
8. **INDIVIDUAL READY RESERVE REGISTRATION:** Required for all individuals that have not completed their entire Military Service Obligation. Log on to NKO. Complete registration, print completion certificate, and provide copy of certificate to PSD.
9. **MISSING INFORMATION** – If any schools, awards, NECs, NOBCs, etc. are missing from your service record PSD will need verification of any such items prior to updating your DD 214. You may obtain your information from BUPERS On-line by visiting: [www.bol.navy.mil/](http://www.bol.navy.mil/) OMPF.
10. **PTDY ORDERS FOR JOB/HOUSE HUNTING** – For personnel who are entitled only: 10 days (involuntary separation, must be honorable) and 20 days for retirees/fleet reserve/disability retirees. The period of PTDY (10 or 20 days) that may be authorized includes weekends and holidays. PTDY may be taken in increments, as long as the total days do not exceed the number of days allowed including weekends. **MILPERSMAN 1320-220.**

# SEPARATIONS/RETIREMENTS POC

\* = BEST WAY TO CONTACT CLERK

<https://www.enic.navy.mil/NSAW/InstallationGuide/PersonnelSupportDetachment/index.htm>

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THINGS TO DO

- Schedule Pre-Separation Counseling with your Command Career Counselor
- Schedule TAP class
- Schedule Separation Appointment with your clerk
- Attend Reserve Affiliation Management Program briefing (if not part of TAP class)
- Individual Ready Reserve Registration (if applicable)
- Schedule Medical Physical
- Schedule Dental Physical

THINGS TO SCAN AND EMAIL BACK TO CLERK ASAP

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | VMET - Verification of Military Education and Training ( <b>Print from On-Line</b> )<br><a href="https://www.dmdc.osd.mil/appj/vmet/loginDisplay.do">https://www.dmdc.osd.mil/appj/vmet/loginDisplay.do</a> or ( <b>Google: VMET</b> ) |
| <input type="checkbox"/> | Enlisted/Officer Questionnaire ( <b>Included in Package</b> )  |
| <input type="checkbox"/> | Awards/Medals Check-off List ( <b>Included in Package</b> ) ( <u>list the # of each award</u> )  |
| <input type="checkbox"/> | DD Form 4/1 ( <b>ENLISTMENT/REENLISTMENT DOCUMENT</b> ) ( <b>Print from BOL On-Line</b> )  |
| <input type="checkbox"/> | Survivor Benefit Plan (DD form 2656) Must be in to DFAS at least <b>45 days prior to retirement date. *Bring Original to Appt*</b> (Retired personnel Only)  |
| <input type="checkbox"/> | Terminal/E-Leave Chit and last Three Leave chits (with <b>LCN ALREADY ASSIGNED</b> )   |
| <input type="checkbox"/> | Permissive PTDY <b>Orders (JOB/HOUSE HUNTING TAD ORDERS)</b> ( <b>No-Cost TAD Orders</b> )   |
| <input type="checkbox"/> | Pre-Separation Counseling Checklist ( <b>DD Form 2648 or 2648-1 as applicable</b> )  |
| <input type="checkbox"/> | <b>Copy of any prior Active Duty DD214(S)</b>  |

THINGS TO BRING

- Survivor Benefit Plan (DD form 2656) bring ORIGINAL
- Profile Sheets (**ENLISTED ONLY**) (**LAST THREE ONLY**)
- Separation Physical (DD FORM 2697, DD FORM 2807-1 and DD FORM 2808)
- Medical and Dental Records (**ORIGINALS**)
- Security Termination Statement (OPNAV 5511/14)
- Advance Travel Request/Travel History (**SEE YOUR SEP/RET CLERK**)
- Separation Eval (**ENLISTED ONLY**) (**NOT REQUIRED FOR FLEET RESERVE OR RETIREES**)

UNDER 8 YEARS OF SERVICE

- Navy Reserve Affiliation Management Program briefing Page 13
- INDIVIDUAL READY RESERVE (IRR) ANNUAL SCREENING (*Turn off pop-up blockers*)  
(**NKO COURSE**) <https://wwwa.nko.navy.mil/portal/home/>
- Oath of Office (**OFFICER UNDER 8 YEARS ONLY**) **CONTACT CTO PER YOUR ORDERS**

THINGS TO PICK UP FROM YOUR SEPARATION CLERK

- Travel package
- DD Form 214





## SECURITY TERMINATION STATEMENT

COMMAND : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

(Enter the name and address of the Navy or Marine Corps activity obtaining this statement).

1. I HEREBY CERTIFY that I have returned to the Department of the Navy (DON) all classified material which I had in my possession in accordance with the directions contained in the DON Information and Personnel Security Program Regulations SECNAVINST 5510.36, SECNAVINST 5510.30 and the Communications Security Material System Manual (CMS-1A).

2. I FURTHER CERTIFY that I no longer have any material containing classified information in my possession.

3. I shall not hereafter communicate or transmit classified information to any person or agency. I understand that the burden is upon me to ascertain whether or not information is classified and I agree to obtain the decision of the Chief of Naval Operations (CNO) or the CNO's authorized representative, on such matters prior to disclosing information which is or may be classified.

4. I will report to the Federal Bureau of Investigation or to the local Naval Criminal Investigative Service office without delay any incident wherein an attempt is made by an unauthorized person to solicit classified information.

5. I have been informed and am aware that Title 18 U.S.C. Sections 641, 793, 794, 798, 952 and 1924, as amended, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I have been informed and am aware that the making of a willfully false statement herein renders me subject to trial as provided by Title 18 U.S.C. 1001.

6. I have/have not received an oral debriefing.

Signature of witness	Signature of employee or military member
Type or print name of witness	Type or print first, middle, and last name of employee or service member. Include civilian grade or military rank/rate.
Date	Date

## DATA FOR PAYMENT OF RETIRED PERSONNEL

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration, DoD Financial Management Regulation, Volume 7B, Chapter 42; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To collect information needed to establish a retired/retainer pay account, including designation of beneficiaries for unpaid retired pay, state tax withholding election, information on dependents, and to establish a Survivor Benefit Plan election.

**ROUTINE USE(S):** Disclosures are made to the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants.

To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. Section 1450(f)(3), regarding Survivor Benefit Plan coverage.

To spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. Section 1448(a), regarding Survivor Benefit Plan coverage.

**DISCLOSURE:** Voluntary; however, failure to provide requested information will result in delays in initiating retired/retainer pay.

### INSTRUCTIONS

#### GENERAL.

1. Read these instructions and Privacy Act Statement carefully **before completing the data form.**

2. The Defense Finance and Accounting Service (DFAS) - Cleveland will establish your retired/retainer pay account based on the data provided on the form and your retirement/transfer orders. Your personnel office, disbursing/finance office, and SBP Counselor will assist you in the

proper completion and submission of this form. You should maintain these instructions along with a copy of the form as a permanent record of pay data. Please complete the form by typing or printing in ink.

3. Ensure that you promptly advise DFAS - Cleveland of changes to your marital/family status and any changes to your correspondence address and direct deposit information (or your Reserve Component if a gray area retiree).

#### SECTION I - PAY IDENTIFICATION.

ITEMS 1 and 2. Self-explanatory.

ITEM 3. If you are retiring from active duty, enter the date you transfer to the Fleet Reserve or date of retirement. If you are a Reserve member qualified to retire under 10 U.S. Code, Chapter 1223, enter either the date of your 60th birthday or, a later date on which you desire to begin receiving retired pay.

ITEMS 4 and 5. Self-explanatory.

ITEM 6. Enter the address and telephone number (include area code) where you can be contacted.

#### SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER INFORMATION.

This section must be completed. Your net retired/retainer pay must be sent to your financial institution by direct deposit/electronic fund transfer (DD/EFT).

ITEMS 7 through 10. If you are directing your retired pay to the same account number and financial institution to which you directed your active duty pay, annotate Items 7 through 10 "SAME AS ACTIVE DUTY". If you have a copy of the Direct Deposit Authorization form used to establish your DD/EFT for your active duty pay, attach a copy to this form.

If you are not currently on DD/EFT or are a Reservist, you must complete Items 7 through 10. Provide the nine digit Routing Transit Number (RTN) of your financial institution in Item 7. The RTN is the nine digit number located in the lower left-hand corner of either your checks or check deposit tickets. If you still are unable to obtain the RTN, you will have to contact your financial institution to which you want your retired/retainer pay directed and request the RTN. Also, indicate whether your account is (S) for Savings or (C) for Checking account in Item 8, your account number in Item 9, and your financial institution name and address in Item 10.

#### SECTION III - SEPARATION PAYMENT INFORMATION.

ITEM 11. Complete if you are retiring from active duty or a member/former member of the Reserve Component not on active duty retiring at age 60.

11.a. through 11.c. Complete if you received any type of separation bonus. In Item 11.a, enter an X in the YES block. In Item 11.b., enter "SE" for Severance Pay, "SP" for Separation Pay, "VSI" for Voluntary Separation Incentive, and "SSB" for Special Separation Bonus. In Item 11.c., enter the lump-sum gross amount for Severance, Separation and Special Separation Bonus payments and the annual installment gross amount for Voluntary Separation Incentive payments. Be sure to attach a copy of the orders that authorized the payment and a copy of your DD Form 214.

#### SECTION IV - MEMBER OF THE RESERVE COMPONENT.

ITEM 12. Complete if you are a member/former member of a Reserve Component, not on active duty, retiring at age 60.

#### SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY.

ITEM 13. Upon your death, 10 U.S. Code Section 2771 provides that any pay due and unpaid will be paid to the surviving person highest on the following list: (1) beneficiary(ies) designated in writing; (2) your spouse; (3) your children and their descendants, by representation; (4) your parents in equal parts, or if either is dead, the survivor; (5) the legal representative of your estate, and (6) person(s) entitled under the law of your domicile. Therefore, if you choose to designate a beneficiary or beneficiaries, you must complete Items 13.a. through 13.e. If you designate multiple beneficiaries, you can either provide a SHARE percentage to be paid to each person or leave the SHARE percentage blank. If you leave the SHARE percentage blank, any retired pay you are owed when you die will be divided equally among your designated beneficiaries. If you list more than one person with a 100% SHARE, the beneficiaries will be paid in the order as you list them on the form. If, for example, you designate two beneficiaries, then the SHARE percentage must either be 100% for each beneficiary, or the SHARE percentages when added together must equal 100%. If you designate more than one person, and the total percentage designated is greater than 100%, the person listed first is considered the primary beneficiary. Use the Remarks section for additional beneficiary information.

If you do not designate a beneficiary or beneficiaries in Item 13, or all designated beneficiaries have died before the date of your death, any unpaid retired pay will be paid to the living person or persons in the highest category of beneficiary listed above, as required by law.

#### SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION.

Complete this section after determining your allowed exemptions with the aid of your disbursing/finance office, or from the instructions available on IRS Form W-4, or other available IRS publications. Leave Items 14 through 16 blank if completing Item 17.

ITEM 14. Mark the status you desire to claim.

ITEM 15. Enter the number of exemptions claimed.

ITEM 16. Enter the dollar amount of additional Federal income tax you desire withheld from each month's pay. Leave blank if you do not desire additional withholding.

ITEM 17. Enter the word "EXEMPT" in this item only if you meet all the following criteria: (1) you had no Federal income tax liability in the prior year; (2) you anticipate no Federal income tax liability this year; and (3) you therefore desire no Federal income tax to be withheld from your retired/retainer pay.

NOTE: You must file a new exemption claim form with DFAS - Cleveland by February 15th of each year for which you claim exemption from withholding.

**INSTRUCTIONS (Continued)**

**SECTION VI (Continued)**

ITEM 18. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:

FROM (Year/Month) DUTY STATION TO (Year/Month)  
1994/02 NAVSTA, Norfolk, VA 1995/01

NOTE: This information may affect the determination as to that portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code, if you will maintain your permanent residence outside the U.S., Alaska, or Hawaii.

**SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.**

NOTE: Complete this section only if you want monthly state tax withholding. If you choose not to have a monthly deduction, you remain liable for state taxes, if applicable.

ITEM 19. Enter the name of the state for which you desire state tax withheld.

ITEM 20. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and must be in whole dollars (Example: \$50.00, not \$50.25).

ITEM 21. Enter only if different from the address in Item 6.

**SECTION VIII - DEPENDENCY INFORMATION.**

This information is needed by DFAS to determine SBP costs, annuities and options, and to maintain your account in special circumstances at the time of death.

ITEM 22.a. Provide your spouse's name. If none, enter "N/A" and proceed to Item 25.

ITEMS 22.b. through 24. Provide the requested information about your spouse. In Item 24, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 25. If you do not have dependent children, enter "N/A" in this item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to former spouse, if any, by indicating (FS) after the relationship in column d.

25.e. A disabled child is an **unmarried** child who meets one of the following conditions: a child who has become incapable of self support before the age of 18, or, a child who has become incapable of self support after the age of 18 but before age 22 while a full time student. Attach documentation. Enter Yes or No as appropriate.

**SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION.**

It is very important that you are counseled and are fully aware of your options under SBP. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS-Cleveland receives the SBP disenrollment request. There will be no refund of SBP costs paid for the period before the SBP disenrollment. If you make no election, maximum coverage will be established for all eligible family members (spouse and/or children). It is highly advisable to complete this part in the presence of your SBP counselor.

Members qualified to retire under 10 U.S. Code 1223 after 20 qualifying years of service, who either elected Reserve Component Survivor Benefit Plan (RCSBP) or who received automatic coverage under RCSBP must attach a copy of the RCSBP election or the notification of coverage to this form. Do not complete Items 26 through 28 as that election is permanent. However, Reserve members who declined SBP until age 60 must complete Items 26 through 28 (and Items 32 and 33 if applicable). If you elected either Immediate (Option C) or Deferred (Option B) RCSBP coverage and the elected beneficiary is no longer eligible, annotate this in the Remarks section and provide supporting documentation with this form.

ITEM 26. Complete if you are retiring from active duty or if you are a reservist (retiring under 10 U.S. Code, Chapter 1223) who declined RCSBP. You may only select one item.

**SECTION IX (Continued)**

26.a. through 26.c. Mark the applicable item that indicates the beneficiaries you desire to cover under SBP. In Items a. and c., you MUST indicate whether you do or do not have eligible dependents.

ITEM 26.d. Mark if you are not married and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 28. An election of this type must be based on your full gross retired/retainer pay. If the person is a non-relative or as distantly related as a cousin, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal will be effective on the first day of the month following the month the request is received by DFAS - Cleveland. Therefore, no refund of SBP costs collected before the effective date of the withdrawal will be paid.

26.e. and 26.f. Mark Item 26.e. if you desire coverage for a former spouse. Mark Item 26.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 25 as appropriate. Provide a certified photocopy of final decree that includes separation agreement or property settlement which discusses SBP for former spouse coverage. The DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," must also be completed and accompany the completed DD Form 2656 to DFAS - Cleveland.

26.g. Mark if you do not desire coverage under SBP. If married and declining coverage, Items 32 and 33 of Section XII must be completed.

ITEM 27.a. Mark if you desire the coverage to be based on your full gross retired/retainer pay.

27.b. Mark if you desire the coverage to be based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this item. Proceed to Section XII, if married.

27.c. Used by a REDUX member who wants coverage based on actual retired pay received under REDUX. If this option is selected, proceed to Section XII, if married.

27.d. Mark if you desire the higher threshold amount in effect on the date of your retirement.

ITEM 28. Enter the information for insurable interest beneficiary.

**SECTION X - REMARKS.**

ITEM 29. Reference each entry by item number. Continue on separate sheets of paper if more space is needed.

**SECTION XI - CERTIFICATION.**

Read the statement carefully, then sign your name and indicate the date of signature. For your SBP election to be valid, you must sign and date the form prior to the effective date of your retirement/transfer. A witness cannot be named as beneficiary in Sections V, VIII, or IX.

**SECTION XII - SURVIVOR BENEFIT PLAN SPOUSE CONCURRENCE.**

Title 10 U.S. Code, Section 1448 requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than maximum coverage, or elects child only coverage. Therefore, a member with an eligible spouse upon retirement, who elects any combination other than items 26.a. or 26.b. and 27.a., must obtain the spouse's concurrence in Section XII. A Notary Public must be the witness. In addition, the witness cannot be named beneficiary in Section V, VIII, or IX. Spouse's concurrence must be obtained and dated on or after the date of the member's election, but before the retirement/transfer date. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate.

**DATA FOR PAYMENT OF RETIRED PERSONNEL**

*(Please read Instructions and Privacy Act Statement before completing form.)*

**SECTION I - PAY IDENTIFICATION**

<b>1. NAME</b> (LAST, First, Middle Initial)	<b>2. SSN</b>	<b>3. RETIREMENT/ TRANSFER DATE</b> (YYYYMMDD)	<b>4. RANK/PAY GRADE/ BRANCH OF SERVICE</b>	<b>5. DATE OF BIRTH</b> (YYYYMMDD)
<b>6. CORRESPONDENCE ADDRESS</b> (Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)				
<b>a. STREET</b> (Include apartment number)	<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<b>e. TELEPHONE</b> (Incl. area code)

**SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION** (See Instructions)

<b>7. ROUTING NUMBER</b> (See Instructions)	<b>8. TYPE OF ACCOUNT</b> (Savings (S) or Checking (C))	<b>9. ACCOUNT NUMBER</b> (See Instructions)		
<b>10. FINANCIAL INSTITUTION</b>				
<b>a. NAME</b>	<b>b. STREET ADDRESS</b>	<b>c. CITY</b>	<b>d. STATE</b>	<b>e. ZIP CODE</b>

**SECTION III - SEPARATION PAYMENT INFORMATION**

**11. Complete if you have received any one of the payment types listed in 11.a.**

<b>a. DID YOU RECEIVE SEVERANCE PAY (SE), READJUSTMENT PAY (RP), SEPARATION PAY (SP), VOLUNTARY SEPARATION INCENTIVE (VSI), OR SPECIAL SEPARATION BONUS (SSB)?</b> (X one. If "Yes," attach a copy of the orders which authorized the payment, and a copy of the DD Form 214.)	<b>b. TYPE OF PAYMENT</b>	<b>c. GROSS AMOUNT</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION IV - MEMBER OF THE RESERVE COMPONENT**

**12. Complete only if a member or former member of the reserve component not on active duty retiring at age 60.**

<b>a. DO YOU RECEIVE OR WERE YOU RECEIVING ON THE DATE OF RETIREMENT ANY VA COMPENSATION FOR DISABILITY?</b> (X one)	<b>b. EFFECTIVE DATE OF PAYMENT</b> (YYYYMMDD)	<b>c. MONTHLY AMOUNT OF PAYMENT</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY** (See INSTRUCTIONS)

**13. Complete this section if you wish to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death.**  
(Continue in Section X, "Remarks," if necessary.)

<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. SSN</b>	<b>c. ADDRESS</b> (Street, City, State, ZIP Code)	<b>d. RELATIONSHIP</b>	<b>e. SHARE</b>
				%
				%
				%
				%
				%

**SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION** (Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)

<b>14. MARITAL STATUS</b> (X one)	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<b>15. TOTAL NUMBER OF EXEMPTIONS CLAIMED</b>	<b>16. ADDITIONAL WITHHOLDING</b> (Optional)	<b>17. I CLAIM EXEMPTION FROM WITHHOLDING</b> (Enter "EXEMPT")	<b>18. ARE YOU A UNITED STATES CITIZEN?</b> (X one)
	<input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE					

**SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION** (Complete only if monthly withholding is desired.)

<b>19. STATE DESIGNATED TO RECEIVE TAX</b>	<b>20. MONTHLY AMOUNT</b> (Whole dollar amount not less than \$10.00)	<b>21. RESIDENCE ADDRESS</b> (If different from address listed in Item 6)			
		<b>a. STREET</b> (Include apartment number)	<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>

**SECTION VIII - DEPENDENCY INFORMATION** (This section must be completed regardless of SBP Election.)

<b>22. SPOUSE</b>			<b>23. DATE OF MARRIAGE</b> (YYYYMMDD)	<b>24. PLACE OF MARRIAGE</b> (See Instructions)
<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)		
<b>25. DEPENDENT CHILDREN</b> (Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d. Continue in Section X, "Remarks," if necessary.)				
<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. DATE OF BIRTH</b> (YYYYMMDD)	<b>c. SSN</b>	<b>d. RELATIONSHIP</b> (Son, daughter, stepson, etc.)	<b>e. DISABLED?</b> (Yes/No)

<b>MEMBER NAME</b> (LAST, First, Middle Initial)	<b>SSN</b>
--	------------

**SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION**  
*(It is recommended that you see your Survivor Benefit Plan counselor before making an election.)*

**26. BENEFICIARY CATEGORY(IES)** *(X only one item) (See Instructions and Section XI.)*

a. I ELECT COVERAGE FOR SPOUSE ONLY. I (X) <input type="checkbox"/> DO <input type="checkbox"/>	DO NOT HAVE DEPENDENT CHILD(REN).
b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN).	
c. I ELECT COVERAGE FOR CHILD(REN) ONLY. I (X) <input type="checkbox"/> DO <input type="checkbox"/>	DO NOT HAVE A SPOUSE.
d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 28 WHO HAS AN INSURABLE INTEREST IN ME <i>(See Instructions).</i>	
e. I ELECT COVERAGE FOR MY FORMER SPOUSE <i>(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>	
f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE <i>(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>	
g. I ELECT NOT TO PARTICIPATE IN SBP. I (X) <input type="checkbox"/> DO <input type="checkbox"/>	DO NOT HAVE ELIGIBLE DEPENDENTS UNDER THE PLAN.

**27. LEVEL OF COVERAGE** *(X one. Complete UNLESS 26.d. or 26.g. was selected above. See Instructions.)*

a. I ELECT COVERAGE BASED ON FULL GROSS PAY. <i>(If I elected the Career Status Bonus and REDUX, full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus.)</i>	
b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ _____ <i>(See Instructions).</i>	
c. REDUX MEMBERS ONLY: I ELECT COVERAGE BASED ON MY FULL GROSS PAY UNDER REDUX. I UNDERSTAND THAT THIS REPRESENTS A REDUCED BASE AMOUNT AND REQUIRES SPOUSE CONCURRENCE. <i>(See Instructions).</i>	
d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT.	

**28. INSURABLE INTEREST BENEFICIARY**

a. NAME (Last, First, Middle Initial)	b. SSN	c. RELATIONSHIP	d. DATE OF BIRTH (YYYYMMDD)
e. STREET ADDRESS (Include apartment number)		f. CITY	g. STATE    h. ZIP CODE

**SECTION X - REMARKS**

**29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.**

**SECTION XI - CERTIFICATION**

**30. MEMBER.**  
 Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).  
 Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
31.a. WITNESS NAME (Last, First, Middle Initial)	b. SIGNATURE
c. DATE SIGNED (YYYYMMDD)	
d. UNIT OR ORGANIZATION ADDRESS (Include room number)	e. CITY/BASE OR POST
f. STATE	g. ZIP CODE

**SECTION XII - SBP SPOUSE CONCURRENCE** *(Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage. The date of the spouse's signature in item 32.b MUST NOT be before the date of the member's signature in item 30.b, above.) The spouse's signature MUST be notarized.*

**32. SPOUSE.** I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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**33. NOTARY WITNESS.**  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared (Name of spouse (block 32.a.) \_\_\_\_\_, provided to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed in block 32.a. of this document in my presence.  
 (Signature of Notary) \_\_\_\_\_ My commission expires: \_\_\_\_\_

**NOTARY SEAL**

**PRESEPARATION COUNSELING CHECKLIST**  
**FOR ACTIVE COMPONENT (AC), ACTIVE GUARD RESERVE (AGR), ACTIVE RESERVE (AR),**  
**FULL TIME SUPPORT (FTS), AND RESERVE PROGRAM ADMINISTRATOR (RPA) SERVICE MEMBERS**  
*(Please read Privacy Act Statement and Instructions in Section III before completing this form.)*

**SECTION I - PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1142, Preseparation Counseling; E.O. 9397, as amended (SSN).

**PRINCIPAL PURPOSE(S):** To record preseparation services and benefits requested by and provided to Service members; to identify preseparation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed preseparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, for anticipated losses, preseparation counseling for Service members be made available. For unanticipated losses, preseparation counseling shall be made available as soon as possible.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Disclosure of SSN is mandatory. Disclosure of other information in Section II is voluntary; however, it may not be possible to initiate preseparation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

**SECTION II - PERSONAL INFORMATION** *(To be filled out by all applicants)*

<b>1. NAME</b>		<b>2. SSN</b>	<b>3. GRADE</b>	<b>4. DATE OF BIRTH</b> (YYYYMMDD)
a. Last Name	b. First Name	c. Middle Initial		
<b>5. SERVICE (X one)</b>		<b>5.a. COMPONENT</b>		<b>6. DUTY STATION</b>
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD
<input type="checkbox"/> AC	<input type="checkbox"/> AGR	<input type="checkbox"/> AR	<input type="checkbox"/> RPA	<input type="checkbox"/> FTS
		a. MILITARY INSTALLATION/CITY		<b>7. ANTICIPATED DATE OF SEPARATION</b> (YYYYMMDD)
		b. STATE		c. ZIP CODE
		7.a. I AM (X one)		
		<input type="checkbox"/> Retiring		<input type="checkbox"/> Separating Involuntarily
		<input type="checkbox"/> Separating Voluntarily		
<b>8. DATE CHECKLIST PREPARED</b> (YYYYMMDD)	<b>8.a.</b> Place an X in this box ONLY if you have 89 days or less remaining on active duty before separation or retirement. <i>(Please read the following instructions: If separating or retiring and you have 89 days or less remaining on active duty before your separation or retirement, why was your preseparation counseling not conducted earlier? Please go to Section VI - REMARKS and check the response that best describes why preseparation counseling was not conducted earlier.)</i>			
	<input type="checkbox"/>			
<b>9.</b> Is your spouse/family member/legal guardian/designee present during preseparation counseling? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
<b>9.a.</b> Are you willing to be contacted after separation or retirement regarding the value of the transition assistance programs and services you received? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO				

**SECTION III - INSTRUCTIONS**

**All transitioning Service members shall read these instructions before completing Sections IV, V, and VI of this form. After being counseled, Service member shall sign and date the form in items 28.a. and 28.b.**

**This form will be used for Active Component (AC), Active Guard Reserve (AGR), Active Reserve (AR), Full Time Support (FTS), and Reserve Program Administrator (RPA) Service members.**

(1) Items checked "YES" indicate that you require additional information or referral to a subject matter expert on the installation or to an appropriate person in another agency or organization outside of DoD or attendance at a scheduled employment or VA session (Section IV).

(2) Shaded areas on the form mean: (a) the information is not applicable (example: item 11.b. is shaded under "Spouse" because DD Form 2586, "Verification of Military Experience and Education - VMET", does not apply to spouses); or (b) the item is referring to a Web site address and URLs require no further explanation. URLs are provided so Service members can research information at their leisure on a given topic or subject.

(3) **Department of Labor TAP Employment Workshop:** In accordance with DoDI 1332.35, AC, AGR, AR, FTS, and RPA separating and retiring Service members who check "YES" in item 11.a. on DD Form 2648, "Preseparation Counseling Checklist", shall be released to complete the Department of Labor (DOL) Transition Assistance Program (TAP) Employment Workshop in its entirety. Service members will be exempt from normal duty the full 24 hour period of each DOL workshop day and the 12 hours immediately preceding and following the DOL workshop. In the event that a DOL Workshop is unavailable, the Service member will attend a military equivalent employment workshop conducted by the Military Services.

(4) **Veterans Benefits Briefing:** In accordance with DoDI 1332.35, all separating and retiring Service members who check "YES" in item 19 shall be released to complete the Veterans Benefits Briefing sponsored and offered by the Department of Veterans Affairs (VA) in its entirety. Service members will be exempt from normal duty the full 24 hour period of each VA Benefits Briefing day and the 12 hours immediately preceding and following the VA Benefits Briefing.

(5) **Disabled Transition Assistance Program (DTAP):** In accordance with DoDI 1332.35, all separating and retiring Service members who check "YES" in item 20 (with special emphasis on Wounded, Ill, or Injured) who have or think they have a service-connected disability, are awaiting a medical discharge, or have incurred an injury or illness while on active duty, or aggravated a pre-existing condition, and those referred to a Physical Evaluation Board or placed in a medical hold status by their Service, shall be released to complete the DTAP briefing sponsored by VA. Spouses/Family Member/Legal Guardian/Designee are encouraged to attend the DTAP briefing. Service members will be exempt from normal duty the full 24 hour period of each VA DTAP Briefing day and the 12 hours immediately preceding and following the VA DTAP Briefing.

PREPARATION COUNSELING CHECKLIST FOR AC, AGR, AR, FTS, AND RPA SERVICE MEMBERS	NAME (Last, First, Middle Initial)	SSN

**SECTION IV**

Please indicate (by checking either YES or NO) whether you (or if accompanied by your spouse/family member/legal guardian/designee if applicable) desire additional counseling for the following benefits and services to which you may be entitled. All benefits and services checked YES should be used to develop your Individual Transition Plan (ITP). The following benefits and services available to all Service members, unless otherwise specified, will be explained by the Transition/Command Career Counselor.

	SERVICE MEMBER		SPOUSE		REFERRED TO
	YES	NO	YES	NO	
<b>10. EFFECTS OF A CAREER CHANGE</b>					
<b>11. EMPLOYMENT ASSISTANCE</b>					
a. Do you want to attend the Department of Labor sponsored Transition Assistance Employment Workshops or Service sponsored Transition workshops/seminars?					
b. Verification of Military Experience and Training (VMET) (DD Form 2586). Do you want a copy of your VMET document? If yes, go to <a href="http://www.dmdc.osd.mil/vmet">www.dmdc.osd.mil/vmet</a> to print your VMET document and cover letter.					
c. Counselor will provide information on civilian occupations corresponding to Military occupations (see Occupational Information Network (O*NET website) at <a href="http://www.online.onetcenter.org/crosswalk">www.online.onetcenter.org/crosswalk</a> and related assistance programs) and civilian occupations related to assistance programs.					
(1) Licensing, Certifications and Apprenticeship Information.					
(a) Department of Labor <a href="http://www.careeronestop.org/CREDENTIALING/CredentialingHome.asp">www.careeronestop.org/CREDENTIALING/CredentialingHome.asp</a>					
(b) U.S. Army Credentialing On-line <a href="https://www.cool.army.mil">https://www.cool.army.mil</a>					
(c) U.S. Military Apprenticeship Program <a href="https://usmap.cnet.navy.mil/usmapss">https://usmap.cnet.navy.mil/usmapss</a>					
(d) DANTES <a href="http://www.dantes.doded.mil/dantes_web/danteshome.asp">www.dantes.doded.mil/dantes_web/danteshome.asp</a>					
(e) Navy Cool Website <a href="https://www.cool.navy.mil">https://www.cool.navy.mil</a>					
d. TurboTAP.org ( <a href="http://www.TurboTAP.org">www.TurboTAP.org</a> ) and other programs, tools, and resources					
(1) Employment Hub <a href="http://www.turboTAP.org/portal/transition/resources/Employment_Hub">www.turboTAP.org/portal/transition/resources/Employment_Hub</a>					
(2) Hire Vets First <a href="http://www.hirevetsfirst.dol.gov/">www.hirevetsfirst.dol.gov/</a>					
(3) State Job Boards <a href="http://www.careeronestop.org/jobsearch/cos_jobsites.aspx">www.careeronestop.org/jobsearch/cos_jobsites.aspx</a>					
(4) DOL REALifelines <a href="http://www.hirevetsfirst.dol.gov/realifelines/index.asp">www.hirevetsfirst.dol.gov/realifelines/index.asp</a>					
e. Public and Community Service Opportunities <a href="http://www.turboTAP.org/portal/transition/lifestyles/Employment/Public_and_Community_Service_PACS_Registry_Program">www.turboTAP.org/portal/transition/lifestyles/Employment/Public_and_Community_Service_PACS_Registry_Program</a>					
f. Teacher and Teacher's Aide Opportunities/Troops to Teachers <a href="http://www.proudtoserveagain.com">www.proudtoserveagain.com</a>					
g. Federal Employment Opportunities					
(1) <a href="http://www.usajobs.opm.gov">www.usajobs.opm.gov</a>					
(2) <a href="http://www.go-defense.com">www.go-defense.com</a>					
(3) Information on Veterans Preference in Federal Employment					
(4) Information on Veterans Federal Procurement Opportunities					
(5) Office of Personnel Management (OPM) Special Hiring Authorities					
h. Hiring Preference in Non-Appropriated Fund (NAF) jobs (Eligible Involuntary Separatees)					
i. State Employment Agencies					
(1) Career One Stop Centers <a href="http://www.careeronestop.org/jobsearch/cos_jobsites.aspx">www.careeronestop.org/jobsearch/cos_jobsites.aspx</a>					
(2) Workforce Investment Act (WIA)					
j. Information concerning veterans small business ownership and entrepreneurship programs					
(1) Small Business Administration <a href="http://www.sba.gov/aboutsba/sbaprograms/ovbd/">www.sba.gov/aboutsba/sbaprograms/ovbd/</a> and <a href="http://www.score.org">www.score.org</a> SBA Patriot Express Loan					
(2) National Veteran's Business Development Corporation <a href="http://www.veteranscorp.org">www.veteranscorp.org</a>					
k. Information on employment and reemployment rights and obligations (USERRA) for Active Duty Service Members (Chapter 43, Title 38 U.S. Code)					
l. Information on "Priority of Service" for veterans in receipt of employment, training, and placement services provided under qualified job training programs of the Department of Labor					

PRESEPARATION COUNSELING CHECKLIST FOR AC, AGR, AR, FTS, AND RPA SERVICE MEMBERS	NAME (Last, First, Middle Initial)										SSN			
SECTION IV (Continued)	SERVICE MEMBER		SPOUSE		REFERRED TO									
	YES	NO	YES	NO										
<b>12. RELOCATION ASSISTANCE</b> *NOTE: Status of Forces Agreement limitations apply to overseas Service members.														
a. Permissive (TDY/TAD) and Excess leave														
*b. Travel and Transportation Allowances (see Note above)														
<b>13. CONTACT INFORMATION FOR HOUSING COUNSELING ASSISTANCE</b> <a href="http://portal.hud.gov/portal/page/portal/HUD">portal.hud.gov/portal/page/portal/HUD</a>														
<b>14. EDUCATION/TRAINING</b>														
a. Education benefits (Post 9-11 GI Bill Chapter 33), (Montgomery GI Bill Chapter 30), (Veterans Educational Assistance Program), (Vietnam-era, etc.) <a href="http://www.gibill.va.gov">www.gibill.va.gov</a>														
b. U.S. Department of Education Federal Aid Programs <a href="http://www.FederalStudentAid.ed.gov">www.FederalStudentAid.ed.gov</a>														
c. Other Federal, State, or local education/training programs and options														
<b>15. PHYSICAL AND MENTAL HEALTH WELL-BEING</b>														
a. Information on availability of Healthcare and Mental Health Services (Post-traumatic stress disorder, anxiety disorders, depression, suicidal ideations, combat operational/stress, or other mental health conditions associated with service in the Armed Forces)														
(1) Transitional Healthcare Benefit/TRICARE (for eligibility and additional information go to: <a href="http://www.tricare.mil">www.tricare.mil</a> or <a href="http://www.tricare.mil/Factsheets/browseTopic.cfm">www.tricare.mil/Factsheets/browseTopic.cfm</a> ) (click on Transitional Assistance Management Program)														
(2) VA Health Administration <a href="http://www1.va.gov/health/index.asp">www1.va.gov/health/index.asp</a>														
(3) VA Vet Center <a href="http://www.vetcenter.va.gov">www.vetcenter.va.gov</a>														
(4) State and local healthcare and mental health services														
b. Describe healthcare and other benefits to which the member may be entitled under the laws administered by the Secretary of Veterans Affairs - <a href="http://www.va.gov">www.va.gov</a>														
(1) VA health care														
(2) VA dental care														
<b>16. HEALTH AND LIFE INSURANCE</b>														
a. Continued Health Care Benefits Program - Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance <a href="http://www.tricare.mil/mybenefit/home/overview/SpecialPrograms/CHCBP">www.tricare.mil/mybenefit/home/overview/SpecialPrograms/CHCBP</a>														
b. Veterans Group Life Insurance (VGLI) <a href="http://www.insurance.va.gov/sqllisite/vqli.htm">www.insurance.va.gov/sqllisite/vqli.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
c. Servicemembers' Group Life Insurance (SGLI) <a href="http://www.insurance.va.gov/sqllisite/default.htm">www.insurance.va.gov/sqllisite/default.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
d. Traumatic Injury Protection Program (TSGLI) <a href="http://www.insurance.va.gov/sqllisite/tsqli/expandedbenefits.htm">www.insurance.va.gov/sqllisite/tsqli/expandedbenefits.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
e. Family Servicemembers' Group Life Insurance (FSGLI) <a href="http://www.insurance.va.gov/sqllisite/fsqli/sqllifam.htm">www.insurance.va.gov/sqllisite/fsqli/sqllifam.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
f. Service-Disabled Veterans Insurance (SDVI) <a href="http://www.insurance.va.gov/inForceGliSite/buying/SDVI.htm">www.insurance.va.gov/inForceGliSite/buying/SDVI.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
g. Veterans' Mortgage Life Insurance (VMLI) <a href="http://www.insurance.va.gov/inForceGliSite/buying/VMLI.htm">www.insurance.va.gov/inForceGliSite/buying/VMLI.htm</a> and <a href="http://www.turboTAP.org">www.turboTAP.org</a> websites														
h. For more information on Veterans Life Insurance, visit: <a href="http://www.insurance.va.gov">www.insurance.va.gov</a>														
i. Transitional Health and Dental Care Benefit - for eligibility criteria and additional information, go to: <a href="http://www.tricare.mil">www.tricare.mil</a> and <a href="http://www.tricare.mil/dental/TRDP_Eligibility.cfm">www.tricare.mil/dental/TRDP_Eligibility.cfm</a>														
<b>17. FINANCES</b>														
a. Financial Management (TSP, Retirement, SBP, military vs. civilian pay and benefits)														
b. Separation pay (Eligible Involuntary Separatees)														
c. Unemployment Compensation														
d. General money management (budgeting, debt reduction)														
e. Personal savings and investing														



PRESEPARATION COUNSELING CHECKLIST FOR AC, AGR, AR, FTS, AND RPA SERVICE MEMBERS	NAME (Last, First, Middle Initial)	SSN

**SECTION VI - REMARKS** (Attach additional pages if necessary)

Complete the following ONLY if you placed an X in Item 8.a. (See page 1, Section II, item 8.a.)

**27. MY COUNSELING WAS CONDUCTED 89 DAYS OR LESS BEFORE MY SEPARATION OR RETIREMENT BECAUSE OF:** (X one)

- |   |   |
|---|---|
| <input type="checkbox"/> Mission requirements         | <input type="checkbox"/> Legal separation                           |
| <input type="checkbox"/> Personal reasons             | <input type="checkbox"/> Change in career decision                  |
| <input type="checkbox"/> Medical separation/discharge | <input type="checkbox"/> Other (Please provide a brief explanation) |

**28. SERVICE MEMBER ACKNOWLEDGEMENT**

By signing and dating this form, you, the Service member, are acknowledging that you received Preseparation Counseling on the date below (item 28.b.), and that you understand the transition benefits and services available to assist you in your transition as required by Title 10, U.S.C., Chapter 58, Section 1142.

a. SERVICE MEMBER SIGNATURE	b. DATE (YYYYMMDD)	c. TRANSITION COUNSELOR SIGNATURE	d. DATE (YYYYMMDD)

## STEPS TO COMPLETING YOUR TRAVEL CLAIM AFTER SEPARATING OR COMPLETION OF RETIREMENT TRAVEL

- Complete your travel claim form (DD 1351-2) upon arrival at your final destination.

*SEND THE FOLLOWING DOCUMENTS BACK TO PSD, ONLY AFTER YOUR  
TRAVEL HAS BEEN COMPLETED:*

- Completed travel claim form DD 1351-2.
- Copy of your Separation/Retirement Orders.
- Copy of your DD 214
- Copy of your PG-2 (only if your claiming dependent travel)

Mail to: DIRECTOR  
PSD WASHINGTON DC  
235 WICK DRIVE SW – BLDG 92  
ANACOSTIA ANNEX, DC 20373  
ATTN: SEPARATIONS SECTION

*All items above will be given to you by your Seps/Ret Clerk prior to your departure.*



## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification **filing system for filing and retrieving individual claims.**

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

## 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 (Own expense) - C	Bus - B
Privately Owned	Plane - P
Conveyance (POC) - P	Rail - R
	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.