

**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN ENROLLMENT ELECTION**

*(Public Law 105-261) (March 1, 1999 - February 29, 2000)  
(Please read Privacy Act Statement and Instructions before completing form.)*

**SECTION I - MEMBER INFORMATION**

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

**SECTION II - BENEFICIARY INFORMATION** *(This section must be completed regardless of SBP/RCSBP Election.)*

<b>7. SPOUSE</b>			<b>8. DATE OF MARRIAGE</b> <i>(YYYYMMDD)</i>	<b>9. PLACE OF MARRIAGE</b> <i>(See Instructions)</i>
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>		
<b>10. DEPENDENT CHILDREN</b> <i>(Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d.)</i>				
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>	<b>d. RELATIONSHIP</b> <i>(Son, daughter, stepson, etc.)</i>	<b>e. INCAPACITATED?</b> <i>(Yes/No)</i>

**SECTION III - ELECTION OF COVERAGE**

**11. BENEFICIARY CATEGORY(IES)** *(Initial one item only.) (See Instructions.)*  
I ELECT COVERAGE FOR:

<input type="checkbox"/>	a. SPOUSE ONLY.
<input type="checkbox"/>	b. SPOUSE AND CHILD(REN).
<input type="checkbox"/>	c. CHILD(REN) ONLY.
<input type="checkbox"/>	d. NATURAL PERSON WITH INSURABLE INTEREST <i>(Complete Item 13).</i>
<input type="checkbox"/>	e. FORMER SPOUSE <i>(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or the HRSIC Form CG-4700 (Coast Guard).)</i>
<input type="checkbox"/>	f. FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE <i>(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or the HRSIC Form CG-4700 (Coast Guard).)</i>

**12. LEVEL OF COVERAGE** *(Initial one item only. Complete UNLESS 11.d. was selected above.)*

<input type="checkbox"/>	a. I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY.
<input type="checkbox"/>	b. I ELECT COVERAGE BASED ON A REDUCED BASE AMOUNT OF \$ _____ <i>(See Instructions).</i>
<input type="checkbox"/>	c. I ELECT TO INCREASE MY CURRENT REDUCED BASE AMOUNT TO A HIGHER BASE AMOUNT THAT IS LESS THAN FULL GROSS RETIRED PAY <i>(Enter desired base amount \$ _____).</i>
<input type="checkbox"/>	d. I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY PLUS SUPPLEMENTAL COVERAGE OF: <i>(X one)</i>
<input type="checkbox"/>	5%
<input type="checkbox"/>	10%
<input type="checkbox"/>	15%
<input type="checkbox"/>	20%

**13. INSURABLE INTEREST BENEFICIARY**

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

**SECTION IV - REMARKS**

14. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS.

**SECTION V - MARITAL STATUS HISTORY**

15. INDICATE DATE(S) OF PREVIOUS MARRIAGE(S) AND DIVORCE(S), IF ANY.

**SECTION VI - ENROLLMENT PREMIUM PAYMENT INFORMATION***(Payments under this section are in addition to normal monthly premiums. Use the Premium Tables to determine the amount owed.)*16. ENROLLMENT PREMIUM OPTIONS *(Initial one) (See Instructions)*

a. IMMEDIATE FULL ENROLLMENT PREMIUM PAYMENT OF \$ _____ <i>(payment attached).</i>
b. IMMEDIATE PARTIAL ENROLLMENT PREMIUM PAYMENT OF \$ _____ <i>(payment attached).</i> The remainder due will be deducted from retired pay in 24 monthly installments.
c. FULL ENROLLMENT PREMIUM AMOUNT DEDUCTED FROM RETIRED PAY IN 24 MONTHLY INSTALLMENTS

**SECTION VII - MEMBER OF A RESERVE COMPONENT***(Complete only if you are a member or a former member of a Reserve Component who has completed qualifying service for retired pay at age 60.)*17. I ELECT RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) *(Initial one)*

a. CHANGE MY ELECTION FROM DEFERRED TO IMMEDIATE ANNUITY <i>(from Option B to Option C).</i>	b. DEFERRED ANNUITY UNTIL AGE 60 <i>(Option B).</i>	c. IMMEDIATE ANNUITY <i>(Option C).</i>
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**SECTION VIII - SPOUSE CONCURRENCE FOR RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION ONLY***(Required when a Reserve member is married and elects child(ren) only coverage or does not elect full spouse coverage.)*

18. SPOUSE.

I hereby concur with the Reserve Component Survivor Benefit Plan election made by my spouse. I have signed this statement of my free will.

a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)	
19.a. WITNESS NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
d. STREET ADDRESS <i>(Include apartment number)</i>	e. CITY	f. STATE	g. ZIP CODE

**SECTION IX - CERTIFICATION**20. Under penalties of perjury, I certify 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.)* I further understand that my enrollment in the SBP/RCSBP is contingent upon payment of all premiums due. I understand this election is irrevocable, except as described in the instructions, and that the election is void if I do not live for 24 months from the effective date of the election.

a. MEMBER SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN ENROLLMENT ELECTION**

*(Public Law 105-261) (March 1, 1999 - February 29, 2000)*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S. Code 1401; 10 U.S. Code 2771; 10 U.S. Code 1477; PL 92-425 (September 21, 1972, as amended) and EO 9397.

**PRINCIPAL PURPOSE(S):** To permit eligible individual to make Survivor Benefit Plan, Reserve Component Survivor Benefit Plan and Supplemental Survivor Benefit Plan elections during the open enrollment period (March 1, 1999 through February 29, 2000).

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

**DISCLOSURE:** Voluntary; however, failure to furnish requested information will result in delays in adjusting pay and amounts not being properly computed.

**INSTRUCTIONS**

**GENERAL.**

1. Read these instructions carefully before completing the form.

2. Ensure that you advise your finance center (see below for address) of your marital status, correspondence and check address changes, at all times. Reserve Members must notify their personnel center of their marital status and correspondence address at all times.

3. For retirees who are receiving retired pay, mail your election (use of certified or registered mail with return receipt requested is strongly recommended) to the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:

(a) **ARMY, NAVY, AIR FORCE AND MARINE CORPS:** Director, DFAS-Cleveland Center, 1240 East 9th Street, Code FTBCB, Cleveland, OH 44199-2056;

(b) **COAST GUARD:** Commanding Officer (RAS), Coast Guard Human Resources Service and Information Center, 444 SE Quincy St., Topeka, KS 66683-3591;

(c) **PUBLIC HEALTH SERVICE:** Department of Health and Human Services, Human Services Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857;

(d) **NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:** Same as U.S. Coast Guard.

4. For Reserve Members who have not received retired pay, mail your election (use of certified or registered mail with return receipt requested is strongly recommended) to the appropriate Branch of Service as follows:

(a) **ARMY:** Commander, AR-PERSCOM, Attn: ARPC-PSP-T, 9700 Page Ave., St. Louis, MO 63132-5200;

(b) **NAVY:** U.S. Naval Reserve Personnel Center (Code N222), 4400 Dauphine Street, New Orleans, LA 70149-7800;

(c) **AIR FORCE:** Headquarters, ARPC/DRSE, 6760 E. Irvington Place, #3800, Denver, CO 80280-3800;

(d) **MARINE CORPS:** Headquarters, U.S. Marine Corps, Code MMSR-6, 3280 Russell Road, Quantico, VA 22134-5103;

(e) **COAST GUARD:** Commanding Officer (RAS), Coast Guard Human Resources Service and Information Center, 444 SE Quincy St., Topeka, KS 66683-3591;

(f) **PUBLIC HEALTH SERVICE:** Department of Health and Human Services, Human Services Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857.

**SECTION I - MEMBER INFORMATION.**

ITEMS 1 and 2. Self-explanatory.

ITEM 3. If you are retired from active duty, enter the date of retirement or the date of transfer to the Fleet Reserve. If you are a Reserve member whose eligibility for retired pay arises under Title 10, U.S.C. Chapter 1223, enter either the date of your 60th birthday, or the later date on which you applied to receive retired pay.

ITEMS 4 and 5. Self-explanatory.

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

**SECTION II - BENEFICIARY INFORMATION.**

This information is needed to determine SBP/RCSBP premiums and annuities at the time of death.

ITEM 7.a. Provide your spouse's name and requested information. Also, attach a copy of your marriage certificate. If you have no spouse, enter "N/A".

7.b. through 9. Provide the requested information about your spouse. In Item 9, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 10. If you do not have dependent children, enter "N/A" in this item. If you elect coverage for your dependent children, provide the requested information and attach copy of birth certificate(s).

10.e. An incapacitated child is an unmarried child who has become incapable of self support before the age of 18, or after the age of 18 but before age 22 while a full time student. Documentation is required.

### SECTION III - ELECTION OF COVERAGE.

NOTE: Election becomes effective on the first day of the month after the month it is received by your finance center or the reserve personnel center for Reserve Members awaiting retired pay. You must live for 24 months from the effective date in order for the beneficiary to receive an annuity.

ITEM 11. Complete if you retired from active duty or if you are a reservist whose eligibility for retired pay arises under Title 10, U.S.C. Chapter 1223, who declined SBP or made no RCSBP election. You may only select one election option.

11.a. through 11.c. Initial the applicable item that indicates the category of beneficiaries you desire to cover, or add a category of beneficiary to existing coverage. For example, if you have "Child Only" coverage and wish to elect coverage for your spouse, initial Block 11.b.

11.d. Initial if you are not married, or unmarried with one dependent child at retirement and have never married since, and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 13. An election of this type must be based on your full gross retired/retainer pay. If the person is not a relative, is a cousin or is more distantly related, 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 is effective on the first day of the month following the month the request is received by your finance center. There is no refund of SBP premiums collected before the effective date of the withdrawal.

11.e. and 11.f. Initial Item 11.e. if you desire coverage for a former spouse. Initial Item 11.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 10 as appropriate. Provide a certified photocopy of final decree of divorce 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", or the HRSIC Form CG-4700 (Coast Guard) must be completed and accompany this form.

ITEM 12. You cannot decrease the level of coverage. If you have coverage based on full retired pay and add a category of beneficiary not previously covered, (i.e., if you are adding your spouse to existing child only coverage based on full retired pay), you may not select a reduced amount.

12.a. Initial if you desire coverage based on your full gross retired/retainer pay without Supplemental SBP.

12.b. Initial if you desire coverage based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your full 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.

12.c. Initial if you are a current participant and desire to increase your base amount. Enter the desired amount in the space provided to the right of this item.

12.d. Initial if you desire coverage based on your full gross retired/retainer pay plus Supplemental SBP for spouse/former spouse. Mark the appropriate percentage of coverage. The benefits are paid to a surviving spouse/former spouse who is age 62 or older.

ITEM 13. Enter the information for insurable interest beneficiary and provide a copy of the birth certificate(s). (See Item 11.d. above.)

### SECTION IV - REMARKS.

ITEM 14. Reference each entry by item number.

### SECTION V - MARITAL STATUS HISTORY.

ITEM 15. Indicate date(s) of previous marriage(s) and divorce(s), if any.

### SECTION VI - ENROLLMENT PREMIUM PAYMENT INFORMATION.

Payments under this section are in addition to your normal monthly premiums. Refer to the Premium Tables to determine the total enrollment premium amount owed. Choose one of the three payment options provided.

NOTE: **Make your check payable to DFAS-Cleveland Center or U.S. Coast Guard as appropriate. Annotate on the check your Social Security Number and "SBP OPEN ENROLLMENT"**. Once your finance center receives your election, you will be notified of any amount owed. If you should desire to void your election, you must notify your finance center in writing within 30 days.

### SECTION VII - MEMBER OF A RESERVE COMPONENT.

Members whose eligibility for retired pay arises under Title 10, U.S.C. Chapter 1223, who did not elect Reserve Component Survivor Benefit Plan (RCSBP) after qualifying years of service, or elected RCSBP Deferred must complete this section. If you previously made a RCSBP election, attach a copy of your RCSBP election.

NOTE: If you desire to void your election, you must notify your reserve personnel center in writing within 30 days.

ITEM 17.a. Initial this block if you have elected Option B and would like to change to Option C. See Items 17.b. and 17.c. for more detail.

17.b. Initial this block if your last election was Option A. Option A defers a survivor annuity election or declines RCSBP coverage until age 60. By initialing Option B, you elect to provide a deferred survivor annuity to your beneficiary(ies) that begins on the 60th anniversary of your birth, or the day after your death, whichever is later.

17.c. Initial this block if your last election was Option A and you would like to change it to Option C. By initialing Option C, you elect to provide an immediate survivor annuity beginning on the day after your death, whether before or after age 60.

### SECTION VIII - SPOUSE CONCURRENCE FOR RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION ONLY.

If you have no existing RCSBP coverage, Title 10 U.S.C. 1448 requires that an otherwise eligible spouse must concur if a member elects less than maximum coverage or elects child only coverage. The spouse's concurrence must be obtained and dated on or after the date of the member's election. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate. The spouse and the witness must complete items 18 and 19. The witness cannot be named as the beneficiary in Sections II and III, and cannot be the retiree.

### SECTION IX - CERTIFICATION.

Read the statement carefully, then sign your name and indicate the date of signature. For your SBP/RCSBP election to be valid, you must sign and date the form.