

**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

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

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

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

SECTION III - ELECTION OF COVERAGE

11. BENEFICIARY CATEGORY(IES) (Initial one item only.) (See Instructions.) I ELECT COVERAGE FOR:				
a.	SPOUSE ONLY.			
b.	SPOUSE AND CHILD(REN).			
c.	CHILD(REN) ONLY.			
d.	NATURAL PERSON WITH INSURABLE INTEREST (Complete Item 13).			
e.	FORMER SPOUSE (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or the HRSIC Form CG-4700 (Coast Guard).)			
f.	FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or the HRSIC Form CG-4700 (Coast Guard).)			
12. LEVEL OF COVERAGE (Initial one item only. Complete UNLESS 11.d. was selected above.)				
a.	I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY.			
b.	I ELECT COVERAGE BASED ON A REDUCED BASE AMOUNT OF \$ _____ (See Instructions).			
c.	I ELECT TO INCREASE MY CURRENT REDUCED BASE AMOUNT TO A HIGHER BASE AMOUNT THAT IS LESS THAN FULL GROSS RETIRED PAY (Enter desired base amount \$ _____).			
d.	I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY PLUS SUPPLEMENTAL COVERAGE OF: (X one)			
	5%	10%	15%	20%

13. 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 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). The remainder due will be deducted from retired pay in 24 monthly installments.</i>
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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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.