

# DEPENDENCY WORKSHEET

1. Employee ID Number:	2. Name (Last, First, MI):	3. Permanent Unit:
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<b>Important</b>	<p><b>Emergency Contacts:</b> To change your emergency contact information, please use the self-service menu in Direct Access.</p> <p><b>SGLI:</b> To change to your Servicemen's Group Life Insurance (SGLI) beneficiary, you must complete a new <b>SGLV-8286</b>. <b>You must also submit form SGLV-8286A, SGLI Family Election when reporting a marriage or divorce (<a href="http://www.insurance.va.gov/sgliSite/forms/forms.htm">http://www.insurance.va.gov/sgliSite/forms/forms.htm</a>)</b></p> <p><b>Beneficiary Data:</b> To change your emergency contacts, beneficiaries for the gratuity pay, unpaid pay and allowances, or person to receive allotment of pay if missing or unable to transmit funds, complete form <a href="#">CG-2020D</a>.</p> <p><b>DEERS:</b> Complete a DD-Form-1172 at ID card issuing facility to update DEERS. If adding dependents, failure to update DEERS will result in denial of medical/dental benefits. If deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.</p>
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**Use this worksheet to add/remove up to two dependents, complete additional worksheets as necessary**

<b>I want to:</b>	<input type="checkbox"/> 4. Add dependent, (see documentation requirements on reverse)	<input type="checkbox"/> 5. Remove dependent (Attach documentation as applicable and enter reason below)
6. Name (Last, First, MI):		7. SSN:
8. Address (Street, City, State, Zip):		
9. AC & Home Phone:	10. AC & Work Phone:	11. Relationship (If spouse and in the service complete blocks 19 & 20 below)
12. Date of Birth:	13. Dependency Date:	14. Date of Marriage:
		15. Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If adding a child who is not in your custody provide:</b>		16. Name of Custodian:
17. Is custodian/spouse in the service? <input type="checkbox"/> NO <input type="checkbox"/> YES (complete 17-1, 17-2, 18,19 & 20).	18. SSN	19. Branch
17-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> NO <input type="checkbox"/> YES	21. Monthly amount of support \$	22. Method of support (allotment, check, cash):
17-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> NO <input type="checkbox"/> YES	23. Date of divorce/separation (if applicable):	

<b>I want to:</b>	<input type="checkbox"/> 4a. Add dependent, (see documentation requirements on reverse)	<input type="checkbox"/> 5a. Remove dependent (Attach documentation as applicable and enter reason below)
6a. Name (Last, First, MI):		7a. SSN:
8a. Address (Street, City, State, Zip):		
9a. AC & Home Phone:	10a. AC & Work Phone:	11a. Relationship (If spouse and in the service complete blocks 19 & 20 below)
12a. Date of Birth:	13a. Dependency Date:	14a. Date of Marriage:
		15a. Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If adding a child who is not in your custody provide:</b>		16a. Name of Custodian:
17a. Is custodian/spouse in the service? <input type="checkbox"/> NO <input type="checkbox"/> YES (complete 17a-1, 17a-2, 18a, 19a & 20a).	18a. SSN or Employee ID (CG Members)	19a. Branch
17a-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> NO <input type="checkbox"/> YES	21a. Monthly amount of support \$	22a. Method of support (allotment, check, cash):
17a-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> NO <input type="checkbox"/> YES	23a. Date of divorce/separation (if applicable):	

**PRIVACY ACT STATEMENT**

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:  
**Authority** - 37 USC Section 403 and E.O. 9397. **Principal Purpose(s)** - Used to indicate start or change in dependency.  
**Routine uses** - Information will be used by USCG payment approving officials to add or delete BAH eligible dependent(s). In addition, this information may be shared with the Defense Manpower Data Center (DMDC) to facilitate enrollment in dependent benefit programs.  
**Disclosure** - Furnishing this information (including your dependent's SSN) is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay and delay delivery of benefits to dependents.  
 Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information."

24. Member's Signature:	25. Date:
26. Command Approval:	27. Date:

**DEPENDENCY DOCUMENTATION REQUIREMENTS**

<b>RULES:</b>	<ul style="list-style-type: none"> <li>◆ The member must furnish documentary proof of dependency.</li> <li>◆ Unless otherwise specified, legible photostatic certified true copies of original or properly notarized legible copies of original documents are acceptable.</li> <li>◆ Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member upon request (SPO can retain photo copies in PDR).</li> <li>◆ To delete a dependent, submit divorce or annulment decree, death certificate, etc...</li> <li>◆ To add a dependent submit the appropriate documentation as indicated below.</li> <li>◆ The <i>Direct-Access generated BAH/Dependency Report Form</i> replaces CG Form 4170A. SPOs shall enter claimed dependents in Direct-Access and print the BAH/Dependency Report Form for the member's signature before forwarding documentation to PPC (LGL) when dependency determination is required.</li> <li>◆ See COMDTINST M5512.1A (<i>Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel</i>), Attachment 5 (Basic Documentation Requirements), Note 7 for acceptable "temporary" documentation when awaiting receipt of certified documents from the records custodian/issuing authority.</li> </ul>
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Relationship	And	Documentation to be submitted
<b>SPOUSE</b>  <b>Note: You must also submit form <a href="#">SGLV-8286A</a>, <a href="#">SGLI Family Election</a> when reporting a marriage.</b>	U. S. MARRIAGE	Marriage certificate
	*FOREIGN MARRIAGE	Translated marriage certificate and Direct-Access generated BAH/Dependency Report Form
	*COMMON LAW	Affidavit and Direct-Access generated BAH/Dependency Report Form
	PREVIOUSLY MARRIED	Final divorce/annulment decree
	IN SERVICE	Provide SSN, Branch of Service and Duty Station
<b>LEGITIMATE CHILD</b>		Birth certificate
<b>ADOPTED CHILD</b>		*Amended birth certificate and adoption decree (final or interlocutory)
<b>CHILD PLACED FOR ADOPTION</b>		*Birth certificate, court order, and documents from placement agency
<b>STEPCHILD</b>		Birth certificate, marriage certificate and spouse's divorce decree
<b>ILLEGITIMATE CHILD</b>	MEMBER-MOTHER HAS CUSTODY	Birth certificate
	MEMBER FATHER HAS CUSTODY	Birth certificate, proof of parentage, and Direct-Access generated BAH/Dependency Report Form
	*MEMBER-MOTHER DOES NOT HAVE CUSTODY	Birth certificate, Support Statement (CG-2020A), and Direct-Access generated BAH/Dependency Report Form
	*MEMBER-FATHER DOES NOT HAVE CUSTODY	Birth certificate, proof of parentage, Support Statement (CG-2020A) and Direct-Access generated BAH/Dependency Report Form
<b>WARD</b>	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support Statement (CG-2020A), birth certificate, court order, and Direct-Access generated BAH/Dependency Report Form.
<b>CHILD OVER AGE 21</b>  Legitimate, Illegitimate, adopted, stepchild or ward	*INCAPACITATED	Doctor's statement, birth certificate, Support Statement (CG-2020A), court order or adoption decree, and Direct-Access generated BAH/Dependency Report Form
	FULL TIME STUDENT UNDER AGE 23	Birth certificate, Support Statement (CG-2020A), Statement of Support for Full-Time Student (CG-2020B), proof of full-time student status, court order or adoption decree (if necessary)
<b>PARENT, PARENT-IN-LAW, PARENT IN LOCO PARENTIS, STEPPARENT, PARENT BY ADOPTION</b>	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support Statement (CG-2020A), a statement showing member's financial contributions for the past six months, and Direct-Access generated BAH/Dependency Report Form

Note: For all children, proof of support is also required if the child is not in the custody of the member and, if the custodian is in the service; the custodian's SSN (or Employee ID for CG members), Branch of Service, and Duty Station must be provided.

(\*): These claims must be reviewed and approved by CO, PPC (LGL). Send this worksheet along with other supporting documentation to your SPO first. They will update your Direct-Access Generated BAH/Dependency Report Form and forward it to PPC for approval. The *Direct-Access generated BAH/Dependency Report Form* replaces CG Form 4170A. SPOs shall enter claimed dependents in Direct-Access and print the BAH/Dependency Report Form for the member's signature before forwarding documentation to PPC (LGL) when dependency determination is required.

**Do not send this worksheet directly to PPC forward it to your SPO along with the required supporting documentation.**