

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES: a. Serves as substantiating document for FSA payments and input into the member's pay account.
 b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
 c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

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|---------------------------------------------------------------|-----------------|----------------------------------|-----------------------------------|
| 1. NAME OF MEMBER <i>(Last, First, Middle Initial)</i> | 2. GRADE | 3. SOCIAL SECURITY NUMBER | 4. BRANCH AND ORGANIZATION |
|---------------------------------------------------------------|-----------------|----------------------------------|-----------------------------------|

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 5. TYPE II <i>(X as applicable)</i> <input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship) | 6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S) |
| 7. DATE <i>(DDMMYY)</i> DEPARTED RESIDENCE TO UNIT HOME STATION <i>(Mobilized Members)</i> | |

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

a. I am not divorced or legally separated from my spouse.

b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.

c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.

d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.

e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.

f. I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.
 Spouse's SSN: _____ Branch and Component: _____

g. My last TDY or deployment, if any, was was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

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|--------------------------------|-------------------------------|
| a. DATE <i>(DDMMYY)</i> | b. SIGNATURE OF MEMBER |
|--------------------------------|-------------------------------|

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

| a. LOCATION | b. INCLUSIVE DATES OF TDY/T <i>(From/To)</i> | c. NO. OF DAYS |
|-------------|----------------------------------------------|----------------|
| | | |
| | | |

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ on _____
(Last permanent duty station) *(DDMMYY)*
 and was on leave en route _____, proceed time _____
(Inclusive leave dates - DDMMYY) *(Inclusive dates)*
 and the member reported to _____ on _____. Transportation of
(PDS) *(DDMMYY)*
 dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____.

| | |
|-----------------------------|--------------------|
| a. NAME OF SHIP/UNIT | b. HOMEPORT |
|-----------------------------|--------------------|

13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

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|---------------------------------|----------------------------------------------------|--------------|--|
| 15. DATE <i>(DDMMYY)</i> | 16. CERTIFYING OFFICER | | |
| | a. TYPED NAME <i>(Last, First, Middle Initial)</i> | b. TITLE | |
| | c. ORGANIZATION | d. SIGNATURE | |