

MONTGOMERY GI BILL ACT OF 1984 (MGIB)
(Chapter 30, Title 38, U.S. Code)
INCREASED BENEFIT CONTRIBUTION PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish participation in the Montgomery GI Bill Increased Benefit Contribution Program.

ROUTINE USE(S): To the Department of Veterans' Affairs to verify an individual's participation in the MGIB Increased Contribution Program.

DISCLOSURE: Voluntary; however, failure to provide information will result in the individual not being enrolled in the Increased Contribution Program.

1. SERVICE MEMBER DATA

a. **NAME** (LAST, First, Middle Initial)

b. **SOCIAL SECURITY NUMBER (SSN)**

2. STATEMENT OF UNDERSTANDING FOR INCREASED BENEFIT OPTION

- (1) I am eligible to contribute an additional amount to increase my MGIB benefits. Increased contributions cannot exceed \$600. For each \$4 I contribute, I will receive an additional \$1 per month in increased benefit for full-time training. For example, if I contribute the entire \$600, my monthly MGIB benefit will be increased by \$150. If I contribute \$300, the monthly increased benefit is \$75, etc. (Divide the amount contributed by 4 to obtain the increase to the full-time monthly benefit.)
- (2) I understand that MGIB increased benefit option contributions are non-refundable.
- (3) I must contribute the desired amount while serving on active duty. Once I separate, I cannot contribute to this program.
- (4) I must maintain copies of this document and all documents reflecting the amount of my additional contribution. The Department of Veterans' Affairs will require proof of additional contributions when claiming benefits.

I am participating in this option to increase my monthly MGIB benefit by contributing any additional amount up to \$600, in increments of \$20. Increased **MONTHLY** payment is equal to \$1 for each \$4 contributed. All contributions must be made while on active duty and are **NON-REFUNDABLE**. Once I have separated, I cannot contribute to this program.

a. **SERVICE MEMBER SIGNATURE**

b. **RANK/GRADE**

c. **DATE SIGNED** (YYYYMMDD)

3. CERTIFYING OFFICIAL

I have verified this member originally enrolled in the MGIB program upon initial entry into active duty and is eligible to participate in the increased benefit option. Member has been advised that all contributions must be made while on active duty and may be stopped or suspended at any time, but are not refundable.

a. **TYPED OR PRINTED NAME** (LAST, First, Middle Initial)

b. **RANK/GRADE**

c. **SIGNATURE**

d. **DATE SIGNED**
(YYYYMMDD)