

RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) ELECTION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 73, Title 10, U.S. Code, and EO 9397.

PRINCIPAL PURPOSE(S): For use by Reserve Component members, during the 90 day period after being notified of eligibility to receive Reserve retired pay at age 60, to make an election for the Reserve Component Survivor Benefit Plan (RCSBP).

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, the information is necessary to process the proper enrollment election in the RCSBP. Refusal to provide information may result in an incorrect election and/or delay of survivor benefits being paid in the event of the member's death.

INSTRUCTIONS

The decision you make regarding participation in the Reserve Component Survivor Benefit Plan is very important. A decision to decline coverage means you will not have another opportunity to select coverage until age 60. In the event you die prior to your 60th birthday, no survivor benefits will be paid. A decision to participate, that is to select either Option B or C, is permanent and cannot be changed unless authorized by law, such as the opportunity to terminate your participation during the period that is between your 62nd birthday and the day before you reach age 63 at which time you may elect to discontinue participation. Please review the program details carefully and consider the effects of your decision before making an election. You must submit this form within the 90-day period after being notified of eligibility for retired pay at age 60. If you do not submit this form as required, your election, if any, will be determined by law.

Complete this form and submit it to your service using the address listed below. A telephone number is provided if you have questions about the program or need assistance completing this form.

IF YOUR SERVICE IS:	MAIL THIS FORM TO:	FOR QUESTIONS CALL:
ARMY RESERVE/ ARMY NATIONAL GUARD	ARPERSCOM ATTN: ARPC-PSP-T 1 Reserve Way St. Louis, MO 63132-5200	1-800-318-5298 or (314) 592-0553
NAVAL RESERVE	Naval Reserve Personnel Center (Code N32) 4400 Dauphine Street New Orleans, LA 70149-7804	1-866-250-4778 or (504) 678-0636
AIR FORCE RESERVE/ AIR NATIONAL GUARD	HQ ARPC/DPSSE 6760 E. Irvington Place Denver, CO 80280-4020	1-800-525-0102 Ext. 71228 or (303) 676-6438
MARINE CORPS RESERVE	Headquarters U.S. Marine Corps Manpower and Reserve Affairs (MMSR-5) 3280 Russell Road Quantico, VA 22134-5103	1-800-336-4649 or (703) 784-9306/9307

SECTION I - MEMBER INFORMATION

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. RANK
4. DATE OF BIRTH (YYYYMMDD)	5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)		
6. TELEPHONE NUMBER (Include area code)			

SECTION II - MARITAL/DEPENDENCY STATUS

7. ARE YOU MARRIED?	YES	NO	8. DO YOU HAVE ANY DEPENDENT CHILDREN?	YES	NO
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SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION (If applicable)

9. a. SPOUSE'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	10. DATE OF MARRIAGE (YYYYMMDD)	
11. DEPENDENT CHILDREN. Complete this section for your unmarried, dependent children who are under age 18, or under age 22 if full time students, or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student).				
a. CHILD'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)

IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN, CONTINUE IN SECTION VIII, REMARKS, AND X HERE

SECTION IV - COVERAGE	
12. OPTIONS <i>(Select one)</i> NOTE: Selecting Option A or Option B requires spouse concurrence in Section X.	
	OPTION A. I decline to make an election until age 60. <i>(NOTE: Do not select type of coverage below.)</i>
	OPTION B (DEFERRED ANNUITY). I elect to provide an annuity beginning on the 60th anniversary of my birth should I die before that date, or on the day after date of death should I die on or after my 60th birthday. <i>(Select type of coverage below.)</i>
	OPTION C (IMMEDIATE ANNUITY). I elect to provide an immediate annuity beginning on the day after date of my death, whether before or after age 60. <i>(Select type of coverage below.)</i>
13. TYPE OF COVERAGE <i>(Select one)</i>	
	SPOUSE ONLY.
	SPOUSE AND CHILD(REN).
	CHILD(REN) ONLY.
	FORMER SPOUSE <i>(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>
	FORMER SPOUSE AND CHILD(REN) <i>(Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").</i>
	NATURAL PERSON WITH AN INSURABLE INTEREST <i>(Complete Section VII).</i>
SECTION V - LEVEL OF COVERAGE	
14. Select the monthly amount of retired pay you wish to have the survivor annuity based on. Your covered spouse/former spouse beneficiary will receive an annuity based on a two-tiered plan that will pay 55 percent of the level of coverage you select until their age 62. Beginning at age 62, the annuity amount is 35 percent. The annuity paid to a child or children totals 55 percent (divided in equal shares). An insurable interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent regardless of age.	
	FULL RETIRED PAY.
	REDUCED AMOUNT OF RETIRED PAY <i>(Cannot be less than \$300.00)</i> \$ _____ <i>(NOTE: Spouse concurrence required in Section X.)</i>
SECTION VI - SUPPLEMENTAL SBP (SSBP) COVERAGE <i>(Optional)</i>	
15. Additional coverage is available to increase the annuity level for a spouse/former spouse beneficiary after age 62. It can be purchased in increments, each increment adding 5 percent to the 35 percent annuity. The maximum annuity paid is 55 percent. Place an X in the appropriate box to indicate your election. <i>(NOTE: Spouse concurrence is NOT required for SSBP elections.)</i>	
	I decline supplemental coverage for my spouse/former spouse.
	I elect supplemental coverage for the spouse/former spouse portion of my RCSBP. <i>(NOTE: The coverage must be based on full retired pay.)</i> Place an X in one of the following: ☐ 5% ☐ 10% ☐ 15% ☐ 20%
SECTION VII - INSURABLE INTEREST COVERAGE	
16. INSURABLE INTEREST BENEFICIARY	
a. NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER
c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. MAILING ADDRESS <i>(Street, Apartment Number, City, State, and ZIP Code)</i>
e. RELATIONSHIP TO MEMBER	
SECTION VIII - REMARKS	
17. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS.	

SECTION VIII - REMARKS (Continued)

17. (Continued)

SECTION IX - MEMBER SIGNATURE**THE MEMBER'S SIGNATURE MUST BE WITNESSED.** The witness cannot be the member's spouse, or beneficiary.

18. SIGNATURE OF MEMBER

19. DATE SIGNED (YYYYMMDD)

20.a. PRINTED NAME OF WITNESS (Last, First, Middle Initial)

b. SIGNATURE

c. MAILING ADDRESS OF WITNESS (Include ZIP Code)

d. DATE SIGNED (YYYYMMDD)

SECTION X - SPOUSE CONCURRENCE

Spouse concurrence and signature are required for an RCSBP election that does not provide for an immediate spouse annuity (Option C) based on full retired pay. **A NOTARY PUBLIC MUST WITNESS THE SPOUSE'S SIGNATURE.** The witness must not be a beneficiary of the member. In the event that concurrence is required, but not provided, RCSBP coverage will be established for an immediate spouse annuity based on full retired pay. NOTE: If the member selects Option A (declining to make an election until age 60), and the spouse concurs, no annuity will be payable if the member dies prior to reaching age 60. When the member reaches age 60, an SBP election for less than a full spouse annuity requires the member's spouse to concur. Electing Option B requires the beneficiary to wait until the member would have been age 60 before the annuity is payable, in the event the member dies prior to reaching age 60.

21. SPOUSE.

I hereby concur in my spouse's RCSBP election as indicated. I have read and understand the information that explains the options available and the effects of those options. I am aware that my signature constitutes concurrence and that I may not change my mind at a later date regarding the RCSBP election.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

22.a. PRINTED NAME OF NOTARY PUBLIC
(Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED (YYYYMMDD)

d. MAILING ADDRESS OF NOTARY PUBLIC (Include ZIP Code)

e. MY COMMISSION EXPIRES
(YYYYMMDD)