

**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN ENROLLMENT ELECTION**

*(Public Law 108-375) (October 1, 2005 - September 30, 2006)  
(Please read Privacy Act Statement and Instructions before completing form.)*

**SECTION I - MEMBER INFORMATION**

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

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

<b>7. SPOUSE</b>				
<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)		
<b>8. CORRESPONDENCE ADDRESS</b> (Complete if address is different from member's address.)				
<b>a. STREET ADDRESS</b> (Include apartment number)	<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<b>e. TELEPHONE</b> (Incl. area code)
<b>9. DATE OF MARRIAGE</b> (YYYYMMDD)	<b>10. PLACE OF MARRIAGE</b> (See Instructions)			
<b>11. DEPENDENT CHILDREN</b> (Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d.)				
<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. SSN</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)	<b>d. RELATIONSHIP</b> (Son, daughter, stepson, etc.)	<b>e. INCAPACITATED?</b> (Yes/No)

**SECTION III - ELECTION OF COVERAGE**

<b>12. BENEFICIARY CATEGORY(IES)</b> (Initial one item only.) (See Instructions.) <b>I ELECT COVERAGE FOR:</b>				
<input type="checkbox"/>	<b>a. SPOUSE ONLY.</b>			
<input type="checkbox"/>	<b>b. SPOUSE AND CHILD(REN).</b>			
<input type="checkbox"/>	<b>c. CHILD(REN) ONLY.</b>			
<input type="checkbox"/>	<b>d. NATURAL PERSON WITH INSURABLE INTEREST</b> (Complete Item 14).			
<input type="checkbox"/>	<b>e. FORMER SPOUSE</b> (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or Coast Guard Form CG PSC-4700, "Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election".)			
<input type="checkbox"/>	<b>f. FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE</b> (Complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage", or Coast Guard Form CG PSC-4700, "Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election".)			
<b>13. LEVEL OF COVERAGE</b> (Initial one item only. Complete UNLESS 12.d. was selected above.)				
<input type="checkbox"/>	<b>a. I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY.</b>			
<input type="checkbox"/>	<b>b. I ELECT COVERAGE BASED ON A REDUCED BASE AMOUNT OF \$</b> _____ <i>(See Instructions).</i>			
<input type="checkbox"/>	<b>c. I ELECT TO INCREASE MY CURRENT REDUCED BASE AMOUNT TO A HIGHER BASE AMOUNT THAT IS LESS THAN FULL GROSS RETIRED PAY</b> (Enter desired base amount \$ _____).			
<b>14. INSURABLE INTEREST BENEFICIARY</b>				
<b>a. NAME</b> (Last, First, Middle Initial)	<b>b. SSN</b>	<b>c. RELATIONSHIP</b>	<b>d. DATE OF BIRTH</b> (YYYYMMDD)	
<b>e. STREET ADDRESS</b> (Include apartment number)		<b>f. CITY</b>	<b>g. STATE</b>	<b>h. ZIP CODE</b>

**SECTION IV - REMARKS**

15. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS.

**SECTION V - MARITAL STATUS HISTORY** *(See Instructions)*

16. 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.)*17. 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).</i> The remainder due will be deducted from retired pay in 24 monthly installments. |
| 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.)*18. 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> |
|--|---|---|

**NOTE:** I understand that if I was required to elect SBP for a former spouse and that former spouse submitted a deemed election, any RCSBP election I make during this open enrollment period shall be voided and any premiums I pay will be returned.

**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 immediate spouse coverage.)*

19. 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)	
20.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**

21. 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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**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN ENROLLMENT ELECTION**

*(Public Law 108-375) (October 1, 2005 - September 30, 2006)*

**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 elections during the open enrollment period (October 1, 2005 - September 30, 2006).

**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. Please print legibly.

2. Ensure that you advise your finance center (see Item 3 below for address) of your marital status, correspondence and check address changes, at all times. Reserve component members must notify their personnel center (see Item 4 below for address) of their marital status and correspondence address at all times.

3. For retirees who are entitled to receive retired pay, regardless of VA, Civil Service offset/waiver, mail your election (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-US Military Retired Pay, PO Box 7130, London, KY 40742-7130;

(b) **COAST GUARD:** Commanding Officer (RAS), USCG Personnel Service Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591;

(c) **PUBLIC HEALTH SERVICE:** Office of Commissioned Corps Support 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 (certified or registered mail with return receipt requested is strongly recommended) to the appropriate Branch of Service as follows:

(a) **ARMY:** Commander, Human Resources Command - St. Louis, ATTN: AHRC-PAP-T, 1 Reserve Way, St. Louis, MO 63132-5200;

(b) **NAVY:** U.S. Naval Reserve Personnel Center (Code N32), 4400 Dauphine Street, New Orleans, LA 70149-7804;

(c) **AIR FORCE:** Headquarters, ARPC/DPSSE, 6760 E. Irvington Place, Denver, CO 80280-4020;

(d) **MARINE CORPS:** Headquarters, U.S. Marine Corps, Manpower and Reserve Affairs (MMSR-5), 3280 Russell Road, Quantico, VA 22134-5103;

(e) **COAST GUARD:** Commanding Officer (RAS), USCG Personnel Service Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.

**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 Chapter 1223 of title 10, United States Code, 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 10. Provide the requested information about your spouse. In Item 10, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 11. 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).

11.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.

### SECTION III - ELECTION OF COVERAGE.

NOTE: Election becomes effective on the first day of the month after the month it is received by your finance center or the Reserve Personnel Center for Reserve Members awaiting retired pay. You must live for 24 months from the effective date in order for the beneficiary to receive an annuity. If you die before the end of the 24 month period, all Open Enrollment premiums that you paid will be refunded to the beneficiary you elected.

ITEM 12. Complete if you fall into one of the following categories:

1. Retired from active duty and either:
  - a. declined SBP; or
  - b. elected spouse or former spouse coverage at less than the maximum level or child-only coverage.
2. Are a Reservist whose eligibility for retired pay arises under Chapter 1223 of title 10, United States Code, who:
  - a. elected RCSBP for a spouse or former spouse at less than maximum coverage or child-only coverage;
  - b. when notified prior to January 1, 2001 of eligibility to receive retired pay at age 60, either declined SBP or made no RCSBP election; or
  - c. when notified on or after January 1, 2001 of eligibility to receive retired pay at age 60, declined SBP or RCSBP.

12.a. through 12.f.

**Persons not participating in SBP or RCSBP:** If you are not participating in SBP or RCSBP, you may elect any category of coverage that you could have elected when you were first eligible to participate in SBP or RCSBP. However, if you were previously a participant and elected to discontinue coverage under section 1448a of title 10, United States Code, you are **not** eligible to participate in this open enrollment.

**Persons currently participating in SBP or RCSBP with less than maximum spouse or former spouse coverage, or child-only coverage:** If you have SBP or RCSBP coverage for a spouse or former spouse at less than the maximum base amount, you may increase that coverage up to your maximum base amount. You may also add coverage for a dependent child. In addition, if you have child-only coverage, you may add coverage for a spouse or former spouse or elect to increase your child-only coverage up to your maximum base amount. No other elections are available to you under this open enrollment period.

12.d. Initial if you are not married, or unmarried with one dependent child at retirement and have never married since, and desire coverage for a person with an insurable interest in you, and provide the requested information about that person in Item 14. An election of this type must be based on your full gross retired/retainer pay. If the person is not a relative, is a cousin or is more distantly related, attach evidence that the person has a financial interest in the continuance of your life. Under provisions of Public Law 103-337, you are permitted to withdraw from insurable interest coverage at any time. Such a withdrawal is effective on the first day of the month following the month the request is received by your finance center. There is no refund of SBP premiums collected before the effective date of the withdrawal.

12.e. and 12.f. Initial Item 12.e. if you desire coverage for a former spouse. Initial Item 12.f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in Item 11 as appropriate. Provide a certified photocopy of final decree of divorce that includes separation agreement or property settlement which discusses SBP for former spouse coverage. The DD Form 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage," or Coast Guard Form CG PSC-4700, "Coast Guard & NOAA Retired Pay Account Worksheet and Survivor Benefit Plan Election," must be completed and accompany this form.

ITEM 13. You cannot decrease the level of coverage. If you have coverage based on full retired pay and add a category of beneficiary not previously covered (i.e., if you are adding your spouse to existing child-only coverage based on full retired pay), you may not select a reduced amount.

13.a. Initial if you desire coverage based on your full gross retired/retainer pay.

13.b. Initial if you desire coverage based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your full gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this item.

13.c. Initial if you are a current participant and desire to increase your base amount. Enter the desired amount in the space provided to the right of this item.

ITEM 14. Enter the information for insurable interest beneficiary and provide a copy of the birth certificate(s). (See Item 12.d. above.)

### SECTION IV - REMARKS.

ITEM 15. Reference each entry by item number.

### SECTION V - MARITAL STATUS HISTORY.

ITEM 16. Attach a copy of any divorce decree or court order.

### SECTION VI - ENROLLMENT PREMIUM PAYMENT INFORMATION.

Payments under this section are in addition to your normal monthly premiums. Refer to the Premium Tables to determine the total enrollment premium amount owed. Choose one of the three payment options provided.

NOTE: **Make your check payable to DFAS-Cleveland Center, U.S. Coast Guard, or DHHS as appropriate. Write your Social Security Number and "SBP OPEN ENROLLMENT" on your check.** Once your finance center receives your election, you will be notified of any amount owed. If you should desire to void your election, you must notify your finance center in writing within 30 days of being notified of the amount owed.

### SECTION VII - MEMBER OF A RESERVE COMPONENT.

Members whose eligibility for retired pay arises under Chapter 1223 of title 10, United States Code, who did not elect Reserve Component Survivor Benefit Plan (RCSBP) after qualifying years of service, or elected RCSBP Deferred must complete this section. If you previously made a RCSBP election, attach a copy of your RCSBP election. NOTE: If you desire to void your election, you must notify your reserve personnel center in writing within 30 days.

ITEM 18.a. Initial this block if you have elected Option B and would like to change to Option C. See Items 18.b. and 18.c. for more detail.

18.b. Initial this block if your last election was Option A. Option A defers a survivor annuity election or declines RCSBP coverage until age 60. By initialing Option B, you elect to provide a deferred survivor annuity to your beneficiary(ies) that begins on the 60th anniversary of your birth, or the day after your death, whichever is later.

18.c. Initial this block if your last election was Option A and you would like to change it to Option C. By initialing Option C, you elect to provide an immediate survivor annuity beginning on the day after your death, whether before or after age 60.

### SECTION VIII - SPOUSE CONCURRENCE FOR RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION ONLY.

If you have no existing RCSBP coverage, Section 1448 of title 10, United States Code requires that an otherwise eligible spouse must concur if a member elects less than maximum coverage or elects child-only coverage. The spouse's concurrence must be obtained and dated on or after the date of the member's election. If concurrence is not obtained when required, maximum coverage will be established for your spouse and child(ren) if appropriate. The spouse and the witness must complete Items 19 and 20. The witness cannot be named as the beneficiary in Sections II and III, and cannot be the retiree.

### SECTION IX - CERTIFICATION.

Read the statement carefully, then sign your name and indicate the date of signature. For your SBP/RCSBP election to be valid, you must sign and date the form.