

GEORGIA MILITARY COLLEGE

ROTC Requirements and Application

READ ALL OF THE FOLLOWING BEFORE YOU START FILLING OUT THE APPLICATION.

The Army Requires a large amount of paperwork, this can be tedious, but not difficult. All of this is required by the military so complete and return as soon as you can with all documents

The following provides some basic information, requirements, list of required documents, and the documents. Look at the list of required documents, so please send all.

The documents are fillable, but all require hand signature, so request you fill out the forms online, print, sign, scan, then email to me. Or you can mail documents.

On scanning, I need a clear and readable copy of the documents, not dark, folded, small, etc. You can tell the difference in quality, so once you scan check the image to see if it is clear and readable. If you have trouble reading, then I will also, as I have to print, scan, then upload the documents into the Cadet system. There are a number of free scanning apps for phone or scan with what every machine you have access to.

Instructions for each document:

ROTC Application: Basic information, complete every field and check appropriate box. You have to have a Parent/Guardian or emergency contact. If you marked yes on #15, then need all documents related to that issue. Also a statement from you on what happened.

Medical Pre Screening: On SSN, put last four of your SSN. Check appropriate box and if yes on anything you need to explain.

Civilian Dental Records: Only need contact info on your dentist who has your records. Don't send records.

Fitness Assessment: You can have a JROTC Instructor, Coach or military person (Active, Guard, Reserve) administer this. Follow instructions on each event.

Activities Record: Check boxes that apply to you on activities you participated and also include work (job).

Direct Deposit: Complete all data in Section 1, 2 and 3, then sign date in section 5. Nothing else needed. On the bank routing number it is 9 digits, so the last digit goes into the Check Digit box.

Privacy Act Statement (DD 2005): Read, Sign (by hand) and date.

State of Legal Residence (DD 2058): Complete section 1, 3, 4, 5, & 6. Leave section 2 blank

Record of Emergency Data (DD 93): Section 1, Box 1 and 2. 4b your address.

6a – 7b, complete

8a – 9b optional

11 a – List beneficiary's name, relationship, address and % of benefits. Can list multiple people but has to add up to 100%

15 & 17 16 not required

W4

Step 1 completed a-c

Step 2, 3, & 4 as required

Step 5. Sign and date

Prudential Form (Serviceman's Live Insurance)

SGLI

Section 1:

Rank, title is Cadet

Duty Location is GMC

Branch of Service is Army

Current Amount of SGLI up to \$400,000 in increments of \$50,000

Section 2. check first box

Section 3. similar to those listed in the DD93, if you want.

Section 4. Easy, fill in blanks and check boxes

Sign and date of signature

Requirements:

-US Citizen

-Age of 17 or older to contract, there is a maximum age (call or email)

-High School graduate or established college GPA

-Be Military Science III Qualified (Army Guard/Reserve, Prior Service, attend ROTC Basic Camp

-Academic Requirements – Scholarship:

2.5+ GPA required to compete for an ROTC Scholarship based on 4.0 system and Unweighted, (GED = 2.5 GPA). 850+ on SAT or 19+ on ACT (see below under SMP)

-Academic Requirements – Non Scholarship (student pays full cost for college):

2.0+ GPA minimum to be in the program, based on 4.0 system and Unweighted.

If you have established a full term College GPA of a 2.5 or higher, then an SAT or ACT is not required, unless going to SMP (see below).

-Meet physical standards (Meet Army Height/Weight Standards and pass the Army Physical Fitness Test)

-Meet Medical Standards

Certain Medical Conditions are not waiverable for the ROTC Program.

-All Legal issues must receive an approved waiver. All legal issues must be disclosed, regardless of status.

-ASVAB. Not required for initial application, but required for contracting.

-No more than three dependents

-There is an age limit, contact us to discuss

-Must accept a commission in the U.S. Army Reserve, or U.S. Army National Guard

-Be accepted by the college (The College Admissions Process is Separate from the ROTC Application)

SMP: Simultaneous Membership Program is where students are in the Army ROTC program and in the National Guard/Army Reserves. Army Regulations still require a minimum score of 850 SAT or 19 ACT to SMP. All of our scholarships require the student to be SMP.

FINACIAL Aid

Many Schools require the student to pay upfront regardless if they have an Army ROTC Scholarship, GMC has a process in place which ensures they receive payment for school. The student has basically three options: One being the student completes the FAFSA process putting a loan in place; two the student pays the school for the first term (tuition/fees/books/room/board); third is not attend GMC. Also the students have to pay for Uniforms and Books prior to the start of school, so be prepared to make a payment to the school regardless if you are a scholarship student or not. If you opt for the Army ROTC scholarship to cover Tuition/Fees/Books, Georgia Military College will provide a Room and Board Scholarship to cover your full cost, all but uniforms (which is covered through commutation). You are required to apply for Federal and State (if GA resident) aid before you are awarded the Room and Board scholarship.

The FAFSA is an annual requirement and available online at www.fafsa.ed.gov

Please check with GMC's financial aid office to verify your status. You must complete the FAFSA process before you are eligible to move into the barracks. If this process is not complete, you may be required to postpone your enrollment.

Students who meet all requirements by the end of the term will be reimbursed for tuition/fees/books. Uniforms are later reimbursed through commutation. Students who do not meet requirements by the end of the term are responsible for the cost of that term.

Financial Aid Contact Information:

PHONE: (478)387-4370

FAX: (478)445-3103

EMAIL: fahelpmilledgeville@gmc.edu

** If you call and there is no answer, please leave a message and you will receive a return call

Application

Items listed below include documents enclosed and other required documents as listed below.

Documents Enclosed

- Cadet Application
- Direct Deposit Form (FASTSTART)
- Medical Pre-Screening Form
- ROTC Physical Fitness Assessment Scorecard
- Statement of location of Dental Records
- Extracurricular/Athletic/Leadership Activities Record

Additional Required Items to be sent in with Application

- Copy High School/College Transcripts
- Copy SAT and/or ACT Score Sheet
- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of Immunization (shot record)
- ROTC Snapshot (in physical fitness shorts and t-shirt, full length)

Prior Service Students:

- Copy DD Form 214
- Copy DD 4/annex
- Copy MEPS Physical if less than 1-year old (DD Form 2808 and 2807-1)
- Copy of most recent Army Physical Fitness Test
- Copy ASVAB – Need 110 GT score

-GPA For High School it is based a 4.0 system and Unweighted. Once a student has established a College GPA, then that is the GPA used for applying to the program.

-LEGAL Document: Regardless how long ago, where it took place, dismissed, adjudicated, and sealed, advice from judge/lawyer/parent all legal issues have to be disclosed as part of this application process. Need to include any legal documents related to traffic ticket (fine of \$250 or more), arrest, etc. These documents should include the citation, court papers, and final disposition. Student needs to also write a statement about the incident. Students on probation are not allowed to enter the program until the probation is over. All legal issues require a waiver.

MEDICAL Issues: Some medical conditions can disqualify a student for the Army ROTC program. The current condition of the student and any results from test would have to be evaluated by the Cadet Command Surgeon to determine eligibility. Students cannot be taking any ADD/ADHD medication in the past year nor have had Accommodations offered in the past year.

SSN Card: A clear signed copy is acceptable for applying, but you will need to bring original copy when reporting.

Birth Certificate: A clear copy is acceptable for applying, but you will need to bring original copy when reporting to school.

ASVAB: The ASVAB is not required to be accepted into the program, but you will have to have an ASVAB score for the enlistment process. So, if possible take the ASVAB at your High School.

Please complete all fields in the application paperwork.

Medical Pre-Screening Form: If you answer “Yes” to any questions, then please explain within the block or on the back. Doctor input not required.

Physical Fitness Form, should be performed by all applicants. Either a JROTC instructor or Athletic Department coach can conduct this test. Military personnel can forward most current Army Physical Fitness Test score sheet.

Transcripts and SAT/ACT score sheets: Even if you have sent these to the school, we need a copy sent to the ROTC Department. Have to send all transcripts, including college. If you have graduated High School and have established a College GPA (at least one term as full time student), then we use your College GPA, unless you are going to be SMP which still requires a qualified SAT or ACT

ROTC Applicant Snapshot: Provide a full length picture of yourself in athletic outfit (fitness shorts and t-shirt).

Certification of Dental Records: You must have dental records to participate in ECP activities. Provide information on location of your dental records, dentist visit not required. DO NOT SEND DENTAL RECORDS, all we need is to know where your records are located.

Direct Deposit Form: All students have to be setup for Army Pay, which is done electronically. **We cannot enroll a student without this information.** The Bank Routing Number is nine (9) digits, with the 9th going into the field to the right of the Routing Number above Check Digit.

Medical Consent for Minors: If you are not 17 as of June, then we will send you the medical consent form, which your parent or students guardian needs to complete.

PRIOR SERVICE: All prior service students need to send in a copy of their ASVAB, DD 214 and DD 4. Also, need to send in a copy of MEPS Physical if less than one year old.

There is no obligation or commitment on your part by completing and sending in the enclosed documents. All documents are to be sent to the below address.

Address: Georgia Military College
Department of Military
Science 201 E. Greene Street
Milledgeville, GA 31061

Phone: 478-387-4931
FAX: 478-445-7878
rotc@gmc.edu
www.gmc.edu/rotc

NOTE: If you scan and email the application back to me, need to ensure the file is not large, because it will not be received. If more than 5MB it could be denied, so break the documents into separate files and emails. If you send email I will respond within several business days that I have received the documents. Contact me if you don't get a response within a few days.

ROTC Application

1. Name: _____
(Last, First, M.I.)
2. Address: _____ City: _____ ST: _____ ZIP: _____
3. Telephone Phone Number: _____
4. Email Address: _____
5. Social Security Number: _____ Birth Date: _____
6. U.S. Citizenship: Yes ☐ No ☐ Marital Status: Single ☐ Married ☐
7. Age: _____ Height (inches) _____ Weight: _____ Sex: _____ Race: _____
8. Name of High School: _____
9. Date of Graduation: _____ Number of College Credits _____
10. High School GPA: _____ College GPA: _____
11. SAT Score (Critical Reading & Math Only): _____ ACT Score: _____
12. Have you participated in JROTC in High School? _____ #Years: _____
13. Have you signed a contract with the National Guard/Reserve of any Service? Yes ☐ No ☐
Are you in a delayed entry program? Yes ☐ No ☐
14. Have you completed Basic Training or AIT for any branch of service? Yes ☐ No ☐
15. **Have you ever been arrested, detained, charged, fined, convicted, receive a police ticket or any kind, had any charges dropped or dismissed or been adjudicated as a youthful offender for any violation of the law?** Yes ☐ No ☐ **If "Yes", please provide an attached page to this application: Explanation of every incident, the place, charge, court findings, and disposition to include any traffic violations and fines, regardless of amount.**
16. Do you have any physical or medical problems, which would prevent you from participating in Army ROTC at the college level? Yes ☐ No ☐ If "Yes", please explain on an attached page. **You must also complete the enclosed Medical Pre-Screening Form in order for us to determine your eligibility for LTC and to schedule you for a Medical Physical.**
17. Have you taken the ASVAB: Yes ☐ No ☐ GT Score _____

18. Please provide the following parental guardian information:

Father: _____ Phone#:() _____
(Last, First, M.I.)

Address: _____
(Street address/PO Box/Route#, City, State, Zip)

Mother: _____ Phone#:() _____
(Last, First, M.I.)

Address: _____
(Complete if different from father's address)

PLEASE READ:

Minimum qualifications to compete for a scholarship: 2.5 GPA, 1000 SAT (Critical Reading and Math Only) or 19 ACT, age 17, High School Graduate or equivalent (GED), Meet Military Medical Standards, Meet Physical Fitness Standards, Meet Army Height/Weight standards, No major legal issues, and be accepted by GMC.

WE NEED YOU TO PROVIDE YOUR ACCOUNT NUMBER FOR EITHER CHECKING OR SAVINGS SO WE CAN SET YOU UP FOR MILITARY PAY. EITHER PROVIDE A DIRECT DEPOSIT FORM, A CANCELLED CHECK, OR SEND US THE ROUTING NUMBER AND ACCOUNT NUMBER.

If selected for Army ROTC Basic Camp attendance, you will be scheduled for pre-camp orientation at Georgia Military College before traveling to camp at Fort Knox, KY. Your travel will be provided at no expense to you. Basic Camp will provide you the opportunity to qualify for the Advanced ROTC program at Georgia Military College.

The responses given on this application are true and correct to the best of my knowledge. Information given is subject to the provisions of the Privacy Act and is utilized by the Military Science Department of Georgia Military College

Signature: _____ Date: _____

Please mail completed application and packet to:

Georgia Military College
Military Science Department
201 E. Greene Street
Milledgeville GA 31061

Medical Pre-Screening Form

Name: _____

Date: _____ SSN #: _____

Phone# _____

Please be as complete as possible when answering these questions. A “yes” answer does not mean you are disqualified from ROTC, the information will assist us process your DoDMERB medical examination. Explain a Yes on separate paper.

1. List any medications you are taking, even if only intermittently:

2. Have you ever been evaluated or treated for a psychological disorder such as depression, bipolar disorder, suicidal behavior, self mutilation, obsessive/compulsive disorder, anorexia, bulimia, attention deficit (ADD) , Hyperactive Disorder (ADHD)? Do you have a learning disorder, are you eligible for or do you receive academic accommodations such as extra time on examinations: Yes ☐ No ☐

3. Have you ever taken medication for a psychological disorder?

Yes ☐ No ☐

4. Have you had any musculoskeletal injuries including knee injuries/pain, fractures, dislocations, back pain or shin splints etc.? If yes please list the injuries

Yes ☐ No ☐

5. Do you have any skin condition such as psoriasis, eczema, etc.?

Yes ☐ No ☐

6. Have you ever had surgery including outpatient surgeries?

Yes ☐ No ☐

7. Have you had asthma, bronchospasm or reactive airway disease after age 13?

Yes ☐ No ☐

If yes, when was the last time you took medication for asthma _____

8. Have you ever been diagnosed with the following?

a. Diabetes Yes ☐ No ☐
b. Ulcers/Ulcerative Colitis Yes ☐ No ☐
c. Crohn's Disease Yes ☐ No ☐
d. High Blood Pressure Yes ☐ No ☐
e. Scoliosis (curvature of the spine) Yes ☐ No ☐
f. Seizures (epilepsy) Yes ☐ No ☐
g. Tourette's Syndrome Yes ☐ No ☐

h. Head Injury Yes ☐ No ☐
i. Kidney Disease Yes ☐ No ☐
j. Cancer Yes ☐ No ☐
k. Heart Disease Yes ☐ No ☐
l. Migraine headaches Yes ☐ No ☐
m. Endometriosis Yes ☐ No ☐
n. Sleepwalking Yes ☐ No ☐

9. Have you ever had a severe reaction to a bee/wasp/yellow jacket sting or fire ant bite?

Yes ☐ No ☐

10. Are you receiving allergy shots?

Yes ☐ No ☐

11. Do you have any eye disorders including severe near sightedness, astigmatism, or double vision? Yes ☐ No ☐

12. If prior service did you have a permanent profile, were you ever separated or denied entry into the military for medical or psychological reasons? Yes ☐ No ☐

13. Are you receiving disability payments from any Federal, State or Local Agency?

Yes ☐ No ☐

14. Do you wear glasses? Yes ☐ No ☐

Do you wear contact lenses? Yes ☐ No ☐

15. Do you have any other medical condition or concerns that are not mentioned above?

Yes ☐ No ☐

By signing this form, I acknowledge that I have disclosed any and all pre-existing medical conditions that would make me ineligible for enrollment in the ROTC program as specified in statute, and Army regulations (AR 145-1). Failure to disclose or to have disclosed any disqualifying conditions, including any conditions I should have known about, will subject me to disenrollment from the ROTC program.

Signature: _____

Cadre Review: _____

Printed Name: _____

Medical Review (for all “yes”

answers): _____

Date: _____

Please explain any Yes answers above or on the back of this paper.



DEPARTMENT OF THE ARMY
HEADQUARTERS EASTERN REGION
GEORGIA MILITARY COLLEGE
201 E. GREENE STREET
MILLEDGEVILLE, GEORGIA 31061



MEMORANDUM FOR Professor of Military Science

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

☐

I have verified with my dentist that my dental records **do** contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes.

OR

☐

I have verified with my dentist that my dental records **do not** contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes and have scheduled an appointment.

* My appointment is scheduled for (Date) _____ (Time): _____

Dentist Name: _____ Phone: _____

Address: _____

(CADET PRINT NAME)

(CADET SIGNATURE)

(DATE)

DO NOT SEND DENTAL RECORDS

ROTC SCHOLARSHIP PHYSICAL FITNESS ASSESSMENT SCORECARD
Scholarship Applicants are required to complete the Presidential Challenge and submit the scores for the Scholarship Board process. There are three events: Push Ups; Curl-ups; and 1 Mile Run. Please send this completed form back to GMC at: Email to rotc@gmc.edu or FAX 478-445-7878

Applicant's Name: _____ Gender: _____ Age: _____

Ht(inches): _____ Wt (pounds) _____

Applicants Signature: _____

Test Administrator's Name: _____

Title: _____

Test Administrator's Signature: _____
Date: _____

Test

PUSH UP Event (1 minute) Instructions: The student lies face down on the mat in push-up position with hands under shoulders, fingers straight, and legs straight, parallel, and slightly apart, with the toes supporting the feet. The student straightens the arms, keeping the back and knees straight, then lowers the body until there is a 90-degree angle at the elbows, with the upper arms parallel to the floor. To start, a timer calls out the signal "Ready? Go!" and begins timing student for one minute. The student stops on the word "stop." Record the count of those were the student does the full push-up.

NUMBER OF REPETITIONS: _____

CURL UP (1 minute) Instructions: Have the student lie on cushioned, surface with knees flexed and feet about 12 inches from buttocks. Partner holds feet. Arms are crossed with hands placed on opposite shoulders and elbows held close to chest. Keeping this army position, student raises the trunk curling up to touch elbows to thighs and then lowers the back to the floor so that the scapula (shoulder blades) touch the floor, that is one curl up. To start, a timer calls out the signal "Ready? Go!" and begins timing student for one minute. The student stops at one minute on the word "stop." Record number of correct Curl Ups.

NUMBERS OF REPETITIONS: _____

RUN EVENT (1 mile) Instructions: On a safe, one-mile distance, student begins running on the count "Ready? Go!" Walking allowed, but best if student runs as fast as possible to complete run in the shortest time possible. Times are recorded in minutes and seconds.

TIME: MINUTES: _____ **SECONDS:** _____

EXTRACURRICULAR/ ATHLETIC/LEADERSHIP ACTIVITIES RECORD	NAME OF APPLICANT (LAST, FIRST, MI)				
	Last Four of SSN				
A. INSTRUCTIONS: Indicate below the years of participation in High School and College extracurricular, athletic, and leadership activities. Any recognized activity not listed should be added to Other field. Be certain to indicate all leadership positions held. If additional space is needed use additional paper.					
B. ATHLETIC ACTIVITIES <input type="checkbox"/> Check here if none					
	Years				
SPORT	Member	Letter	Captain	Co-Captain	State/District
BASEBALL/SOFTBALL					
BASKETBALL					
BOXING					
FOOTBALL					
GOLF					
GYMNASTICS					
HOCKEY					
SOCCER					
SWIMMING					
TRACK					
TENNIS					
WRESTLING					
RIFLE TEAM					
OTHER (Explain)					
C. EXTRACURRICULAR ACTIVITIES <input type="checkbox"/> Check here if none					
TYPE	NO. OF YEARS		SUCCESS ACHIEVED (Awards, positions of leadership, etc.)		
CHURCH ORGANIZATION					
DEBATE TEAM					
DRAMATICS					
SCHOLASTIC SOCIETIES					
SCHOOL BAND					
SCHOOL PAPER					
STUDENT GOVERNMENT					
YEAR BOOK					
DRILL TEAM					
AGRICULTURE					
SOCIAL FRATERNITIES					
OTHER (Explain					
D. EMPLOYMENT					
TYPE OF WORK			Number of Hours Each Week		

SUMMER EMPLOYEMENT	Number of Hours Each Week

E. CONTINUATION: (Identify items being continued.)

DATE:	SIGNATURE:
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FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

☐

Checking

☐

Savings

TYPE OF PAYMENT

Net Pay

Travel

Other Federal
employment related
payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

Savings (whole dollar amounts only)

Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

SAVINGS

CHECKING

ACTION
(Check One)

START

CANCEL

CHANGE

AMOUNT
(Check One)

INCREASE TO:

DECREASE TO:

New Total \$ _____

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

VACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and labels:

- 3** points to the **NAME OF DEPOSITOR** field, which includes **STREET ADDRESS** and **CITY, STATE**. A **101** is shown in the top right corner.
- 19** is shown in the **PAY TO THE ORDER OF:** field.
- PAY TO THE ORDER OF:** is followed by a line for the payee's name and a dollar sign.
- DOLLARS** is shown in the field for the amount in words.
- 4** points to the **NAME OF YOUR BANK** field.
- 5** points to the **Payable Through Another Bank** field.
- For** is shown in the field for the purpose of the payment.
- The **ROUTING TRANSIT NUMBER** is shown as **021001082**.
- The **ACCOUNT NUMBER** is shown as **123 456 789**.
- The **CHECK NUMBER** is shown as **0101**.

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol **■ ■ ■** appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. **ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.**

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.) **ACTION** (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited. **ALLOTTEE'S ACCOUNT NUMBER:** Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

STATE OF LEGAL RESIDENCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>. M01040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>.

DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. **NAME** (Last, First, Middle Initial)

2. **DOD ID NUMBER**

3. **LEGAL RESIDENCE/DOMICILE** (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. **SIGNATURE OF APPLICANT**

5. **CURRENT MAILING ADDRESS** (Include Zip Code)

6. **DATE** (YYMMDD)

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: **Section 1 - Emergency Contact Information** and **Section 2 - Benefits Related Information**. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
7a. MOTHER NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
8a. DO NOT NOTIFY DUE TO ILL HEALTH		b. NOTIFY INSTEAD	
9a. DESIGNATED PERSON(S) (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	d. PERCENTAGE
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only)</i> NAME AND RELATIONSHIP		b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	c. PERCENTAGE
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP		b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	
14. CONTINUATION/REMARKS			
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>		17. DATE SIGNED <i>(YYYYMMDD)</i>

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

- List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".
- List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number **(Contractors only). NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity **(Military only).** Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
 Multiply the number		
	of other dependents by \$500..... ▶ \$	3	\$
Add the amounts above and enter the total here			
Step 4 (optional):	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
Other Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- Enter:

<ul style="list-style-type: none"> • \$19,400 if you're head of household • \$25,900 if you're married filing jointly or qualifying widow(er) • \$12,950 if you're single or married filing separately 	} 2 \$ _____
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- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Prudential

Office of Servicemembers'
Group Life Insurance

[Print Form](#)
[Save Completed Form](#)
[Clear Form](#)

Servicemembers' Group Life Insurance Election and Certificate

1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Duty Location	Branch of Service	Current Amount of SGLI

2. About Your Coverage (This form replaces all prior designations)

I am completing this form to: (Check all that apply)

- ☐ Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- ☐ Increase or restore my SGLI coverage to \$ _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)*
- ☐ Reduce my SGLI coverage to \$ _____. *You must complete sections 3 & 5.*
- ☐ Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*
- " _____ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries (Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.)

Primary	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts. The sum of the shares must equal 100% or the full dollar amount of your insurance.) (Each share must be greater than \$0.00 or 0%)	Payment Option (Lump sum* or 36 equal monthly payments)
1. Name and Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary				
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ **Have more beneficiaries?** Check this box if 1.) you have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2.) You are attaching additional documentation to complete your beneficiary designation noted above.

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health Complete this section *ONLY* if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender ☐ Female
☐ Male**Have you had, been treated for, or had known indications of:**

- a. A heart condition? ☐ Yes ☐ No
- b. High blood pressure? ☐ Yes ☐ No
- c. A neurological disorder? ☐ Yes ☐ No
- d. Diabetes? ☐ Yes ☐ No
- e. Cancer or tumors? ☐ Yes ☐ No
- f. Have you ever been diagnosed as having a disease of the immune system? ☐ Yes ☐ No
- g. Do you have any known physical impairments, deformities, or ill health not covered above? ☐ Yes ☐ No

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature You must complete this section.**I have read the information on page 3 and instructions on page 4 and understand that:**

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve <input type="checkbox"/>
Contact telephone/email	Disapprove <input type="checkbox"/>
Date	Date
Address	

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member...	The Personnel Clerk should inform the service member...	Then the Personnel Clerk should...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ■ approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ■ send form to OSGI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> ■ an application with health questions is required to increase, elect, or restore coverage at a later date. ■ of the following: <ul style="list-style-type: none"> – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. – declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage—and Traumatic Injury Protection (TSGLI). 	<ul style="list-style-type: none"> ■ forward the form to payroll to change SGLI premium deductions. ■ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ■ if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing, by the Branch of Service, of the member's election based on Title 38, USC 1967 (f).
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
is married or gets married after completing this form and is not married to another member of the uniformed services	<ul style="list-style-type: none"> ■ spouse SGLI automatically covers spouse. ■ he or she must register their spouse in DEERS for payroll to deduct premiums. ■ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary designation.	attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> ■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ■ if the member is married, the member's spouse will be notified in writing by the Branch of Service, that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	<p>have the member sign SGLV 8286 to certify that he/she understands that:</p> <ul style="list-style-type: none"> ■ he/she is free to name anyone as beneficiary. ■ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ■ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- ☐ File a copy in the member's official personnel file
- ☐ Provide a copy to the service member
- ☐ Provide a copy of the form to the payroll office for the member's unit
- ☐ Submit the form to OSGI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGI

PO Box 41618

Philadelphia, PA 19176-9913

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to OSGI.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member...	The Personnel Clerk should inform the service member...	Then the Personnel Clerk should...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ■ approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ■ send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> ■ an application with health questions is required to increase, elect, or restore coverage at a later date. ■ of the following: <ul style="list-style-type: none"> – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. – declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage—and Traumatic Injury Protection (TSGLI). 	<ul style="list-style-type: none"> ■ forward the form to payroll to change SGLI premium deductions. ■ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ■ if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing, by the Branch of Service, of the member's election based on Title 38, USC 1967 (f).
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
is married or gets married after completing this form and is not married to another member of the uniformed services	<ul style="list-style-type: none"> ■ spouse SGLI automatically covers spouse. ■ he or she must register their spouse in DEERS for payroll to deduct premiums. ■ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary designation.	attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> ■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ■ if the member is married, the member's spouse will be notified in writing by the Branch of Service, that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	<p>have the member sign SGLV 8286 to certify that he/she understands that:</p> <ul style="list-style-type: none"> ■ he/she is free to name anyone as beneficiary. ■ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ■ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- ☐ File a copy in the member's official personnel file
- ☐ Provide a copy to the service member
- ☐ Provide a copy of the form to the payroll office for the member's unit
- ☐ Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI

PO Box 41618

Philadelphia, PA 19176-9913

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to OSGLI.