

SURVIVOR BENEFIT PLAN (SBP) - AUTOMATIC COVERAGE FACT SHEET

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C., Chapters 53, 61, 63, 65, 67, 69, 71, 73, 74; 10 U.S.C. Sec. 1059, and 1408(h); 38 U.S.C. Sec. 1311 and 1313; Pub. L. 92-425; Pub. L. 102-484 Sec. 653; Pub. L. 103-160 Sec. 554 and 1058; Pub. L. 105-261, Sec. 570; DoDI 1342.24, Transitional Compensation for Abused Dependents; DoD Financial Management Regulation 7000.14-R, Volume 7B and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To determine your marital and dependency status in order to correctly establish and maintain an accurate accounting of your retired pay account. Applicable SORNs: [T7347b](#).

ROUTINE USE(S): Certain "[Blanket Routine Uses](#)" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy and to avoid redundancy. .

DISCLOSURE: Voluntary; however, if the required information is not provided, your retired pay account may reflect incorrect SBP coverage and premium costs. The Social Security Number is required to identify the correct member/annuitant account and to apply the correct coverage and costs.

Public Law 92-425, effective September 21, 1972, provides that every member having a spouse and/or child(ren), who retired/transfers (reserve) on or after that date is automatically covered under SBP at the maximum rate unless he/she elected otherwise before retirement or transfer.

On the date your retired/retainer pay account was established, one of two situations occurred: either we received no SBP election, or we received an invalid SBP election. Therefore, we established your retired pay account with SBP coverage at the maximum rate, based either on Spouse-only coverage or coverage based on dependents listed on your invalid SBP election.

Since Retired Pay Operations does not have complete information concerning your current marital status and dependents, the above SBP coverage may or may not be correct. **This is not an SBP election form.** The purpose of this form is to obtain a listing of all eligible members of your family to be listed as eligible beneficiaries under SBP. Please complete and return this form to: Defense Finance and Accounting Service, U.S. Military Retirement Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1200.

You are not required to provide this information, but failure to do so may result in incorrect SBP deductions from your retired pay and adjustments to your survivor's annuity payments, or difficulty in establishing eligibility to receive future payments.

If you did not have a spouse or dependent child(ren) as of the effective date of your entitlement to retired/retainer pay, or if before that date you either declined SBP coverage or elected coverage before the effective date of your entitlement to retired/retainer pay, notify us immediately. Upon receipt of the original copy of your election/declination, your account will be adjusted as warranted.

DEPENDENCY INFORMATION *(To be completed by member)*

1. MEMBER'S NAME <i>(Last, First, Middle Initial)</i>		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. ARE YOU MARRIED? <input type="checkbox"/> YES <i>(Complete Item 6)</i> <input type="checkbox"/> NO		5. DO YOU HAVE ANY DEPENDENT CHILDREN? <input type="checkbox"/> YES <i>(Complete Item 7)</i> <input type="checkbox"/> NO	
6.a. SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>		b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH <i>(YYYYMMDD)</i>
d. DATE OF MARRIAGE <i>(YYYYMMDD)</i>	e. PLACE OF MARRIAGE <i>(City, County, State)</i>		

7. I have the following dependent children under age 22 (or over age 22 and incapable of self-support because of a disability incurred before age 18, or with a disability incurred after age 18 but before age 22 while attending school).

a. NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. RELATIONSHIP <i>(Natural, Step, Adopted, Foster)</i>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

8. SIGNATURES

a. RETIREE	b. WITNESS	c. DATE <i>(YYYYMMDD)</i>
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