

RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) ELECTION CERTIFICATE Read Privacy Act statement and Agency Disclosure Notice on page 3 in their entirety				OMB No. 0704 - 0569 OMB approval expires 20230731	
INSTRUCTIONS The decision you make regarding participation in the Reserve Component Survivor Benefit Plan (RCSBP) is very important. A decision to participate, that is to select either Option B or C, is permanent and cannot be changed unless authorized by law. You may elect to terminate your participation during the period that is between the 25th month and the 36th month after you start receiving retired pay. A decision to decline RCSBP coverage, by selecting Option A means you will not have another opportunity to select SBP coverage until age 60 or at the age of eligibility for retired pay if you are entitled to reduced age for early retired pay. In the event you decline RCSBP coverage and die prior to your 60th birthday or prior to reaching your age of eligibility for retired pay, no survivor benefits will be paid. Please review the program details carefully and consider the effects of your decision before making an election. You must submit this form within the 90-day period after being notified of eligibility for retired pay. If your marital, dependency and/or address changes before the age of 60, it is your responsibility to notify the Service/DFAS. If you do not submit this form as required, your election, will be determined by law. Complete this form and submit it to your service using the address listed below. A telephone number is provided if you have questions about the program or need assistance completing this form.					
IF YOUR SERVICE IS:		MAIL THIS FORM TO:		FOR QUESTIONS CALL:	
ARMY RESERVE		DEPARTMENT OF THE ARMY US ARMY HUMAN RESOURCES COMMAND ATTN: AHRC PDP TR 1600 Spearhead Division Avenue DEPT 482 Fort Knox, KY 40122		1-888-276-9472 or (502) 613-8950	
ARMY NATIONAL GUARD		HEADQUARTERS State Joint Forces Retirement Services		1-888-276-9472 or (502) 613-8950	
NAVY RESERVE		Navy Personnel Command (PERS-912) 5720 Integrity Drive Millington, TN 38055-9120		1-833-330-6622	
AIR FORCE RESERVE/ AIR NATIONAL GUARD		HQ ARPC/DPTTB 18420 E. Silvercreek Ave. Bldg 390 MS68 Buckley AFB, CO 80011		1-800-525-0102 Ask for Entitlements Division	
MARINE CORPS RESERVE		Headquarters U.S. Marine Corps Manpower and Reserve Affairs (MMSR-5) 3280 Russell Road Quantico, VA 22134-5103		1-800-336-4649 or (703) 784-9306/9307	
COAST GUARD RESERVE		Commanding Officer (SEP) Coast Guard Pay and Personnel Center 444 SE Quincy St Topeka, KS 6683		1-866-772-8724 or email to PPC-DG-CustomerCare@uscg.mil	
SECTION I - MEMBER INFORMATION					
1. NAME (Last, First, Middle Initial)			2. SSN		3. RANK
4. DATE OF BIRTH (YYYYMMDD)		5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)			
6. TELEPHONE NUMBER (Include area code)			7. EMAIL ADDRESS		
SECTION II - MARITAL/DEPENDENCY STATUS					
8. ARE YOU MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. HAVE YOU EVER BEEN DIVORCED? (If yes, provide divorce decree.) <input type="checkbox"/> YES <input type="checkbox"/> NO		10. DO YOU HAVE ANY DEPENDENT CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION (If applicable)					
11. SPOUSE'S NAME (Last, First, Middle Initial)		12. SSN	13. DATE OF BIRTH (YYYYMMDD)		14. DATE OF MARRIAGE (YYYYMMDD)
15. DEPENDENT CHILDREN. Complete this section for your unmarried, dependent children who are under age 18, or under age 22 if full time students, or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student).					
a. CHILD'S NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)	
f. IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN, CONTINUE IN SECTION VII, REMARKS AND X HERE: <input type="checkbox"/>					