

**SURVIVOR BENEFIT PLAN (SBP) ELECTION STATEMENT FOR FORMER SPOUSE COVERAGE***(Please read Privacy Act Statement and Instructions on back BEFORE completing form.)***SECTION I - ELECTION OF COVERAGE - RETIRED MEMBERS ONLY**RETIRED MEMBERS changing from spouse or spouse and child(ren) coverage to former spouse or former spouse and child(ren) coverage.  
RETIRING MEMBERS must complete required section of DD Form 2656 to elect coverage for former spouse or former spouse and child(ren).**1. DUE TO DIVORCE, CHANGE MY SBP COVERAGE TO** *(X one)*☐ FORMER SPOUSE ☐ FORMER SPOUSE AND CHILD(REN)\**\*NOTE: If an election included child(ren), list in Item 10 ONLY the child(ren) resulting from the marriage of the member and the former spouse. Include the date of birth and SSN for each child.***SECTION II - RETIRED AND RETIRING MEMBERS****2. ARE YOU CURRENTLY MARRIED?** *(X one. If "YES," complete a. - d.)*

YES

NO

a. NAME OF CURRENT SPOUSE *(Last, First, Middle Initial)*

b. SSN OF CURRENT SPOUSE

c. DATE OF CURRENT MARRIAGE  
*(YYYYMMDD)*d. ADDRESS OF CURRENT SPOUSE: (1) Street *(Include apartment number)*

(2) City

(3) State

(4) ZIP Code

**3. IS THIS ELECTION BEING MADE PURSUANT TO THE REQUIREMENTS OF A COURT ORDER?** *(X one)*

YES

NO

**4. IS THIS ELECTION BEING MADE PURSUANT TO A WRITTEN AGREEMENT PREVIOUSLY ENTERED INTO VOLUNTARILY AS PART OF OR INCIDENT TO A PROCEEDING OF DIVORCE, DISSOLUTION OR ANNULMENT?** *(X one)***5. IF "YES" TO ITEM 4, WAS SUCH A VOLUNTARY WRITTEN AGREEMENT INCORPORATED IN, RATIFIED, OR APPROVED BY A COURT ORDER?** *(X one)*6. DATE OF BIRTH OF FORMER SPOUSE *(YYYYMMDD)*7. DATE MARRIED TO FORMER SPOUSE *(YYYYMMDD)*8. DATE DIVORCED FROM FORMER SPOUSE *(YYYYMMDD)*9. HAS FORMER SPOUSE REMARRIED? *(If "YES", give date - YYYYMMDD)*

NO

YES

**10. DEPENDENT CHILDREN** *(To be completed only by retired members electing former spouse and child(ren) coverage. Continue in Item 11, "Remarks," if necessary.)*a. NAME *(Last, First, Middle Initial)*b. DATE OF BIRTH  
*(YYYYMMDD)*

c. SSN

d. RELATIONSHIP *(Son, daughter, etc.)*e. DISABLED?  
*(Yes/No)***11. REMARKS****SECTION III - CERTIFICATIONS - RETIRED AND RETIRING MEMBERS AND FORMER SPOUSES****12. MEMBER**a. NAME *(Last, First, Middle Initial)*

b. SSN

c. SIGNATURE

d. ADDRESS

(1) Street *(Include apartment number)*

(2) City

(3) State

(4) ZIP Code

**13. FORMER SPOUSE TO BE COVERED**a. NAME *(Last, First, Middle Initial)*

b. SSN

c. SIGNATURE

d. ADDRESS

(1) Street *(Include apartment number)*

(2) City

(3) State

(4) ZIP Code

**14. MEMBER'S WITNESS**a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE SIGNED

d. ADDRESS

(1) Street *(Include apartment number)*

(2) City

(3) State

(4) ZIP Code

**15. FORMER SPOUSE'S WITNESS**a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE SIGNED

d. ADDRESS

(1) Street *(Include apartment number)*

(2) City

(3) State

(4) ZIP Code