

RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) ELECTION CERTIFICATE**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 54; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by Reserve Component members, during the 90 day period after receiving notification of eligibility to receive Reserve retired pay, to make an election for the Reserve Component Survivor Benefit Plan (RCSBP).

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide requested information may result in an incorrect election and/or delayed payment of survivor benefits in the event of the member's death.

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, such as the opportunity to terminate your participation during the period that is between your 62nd birthday and the day before you reach age 63 at which time you may elect to discontinue participation. A decision to decline RCSBP coverage means you will not have another opportunity to select SBP coverage until age 60. In the event you decline RCSBP coverage and die prior to your 60th birthday, 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 at age 60. If you do not submit this form as required, your election, if any, 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/ ARMY NATIONAL GUARD	HRC-STL ATTN: ARPC-PAP-T 1 Reserve Way St. Louis, MO 63132-5200	1-800-318-5298 or (314) 592-0553
NAVY RESERVE	Navy Personnel Command (PERS-912) 5720 Integrity Drive Millington, TN 38055-9120	1-877-807-8199 or (901) 874-4304
AIR FORCE RESERVE/ AIR NATIONAL GUARD	HQ ARPC/DPPE 6760 E. Irvington Place Denver, CO 80280-4000	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

SECTION I - MEMBER INFORMATION

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. RANK
4. DATE OF BIRTH (YYYYMMDD)	5. MAILING ADDRESS (Street, Apartment Number, City, State, and ZIP Code)		
6. TELEPHONE NUMBER (Include area code)	5.a. EMAIL ADDRESS		

SECTION II - MARITAL/DEPENDENCY STATUS

7. ARE YOU MARRIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. DO YOU HAVE ANY DEPENDENT CHILDREN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	--	--	--

SECTION III - SPOUSE/DEPENDENT CHILD(REN) INFORMATION (If applicable)

9.a. SPOUSE'S NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	10. DATE OF MARRIAGE (YYYYMMDD)	
11. 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. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)	e. DISABLED? (Yes/No)

IF YOU HAVE ADDITIONAL DEPENDENT CHILDREN, CONTINUE IN SECTION VII, REMARKS, AND X HERE