



# FSPA & SBP

## Informational Pamphlet

**UNIFORMED SERVICES FORMER SPOUSES'**  
**PROTECTION ACT** 10 U.S.C. 1408  
**SURVIVOR BENEFIT PLAN** 10 U.S.C. 1447 et seq.

**10<sup>th</sup> Edition**

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### Provided by

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**This pamphlet provides a brief overview of the Uniformed Services Former Spouses' Protection Act (FSPA) and the Survivor Benefit Plan (SBP). It provides general guidelines about the Coast Guard, NOAA, and PHS requirements necessary to obtain a FSPA payment or to seek former spouse designation as an SBP beneficiary. FSPA and SBP are two areas that should be raised with your attorney and discussed in every divorce situation involving military or retired military members. FSPA and SBP laws and regulations can sometimes be complex and confusing. While we hope you find this pamphlet helpful, it is not a substitute for detailed legal advice that you should obtain from your attorney.**

#### **PRIVACY ACT STATEMENT**

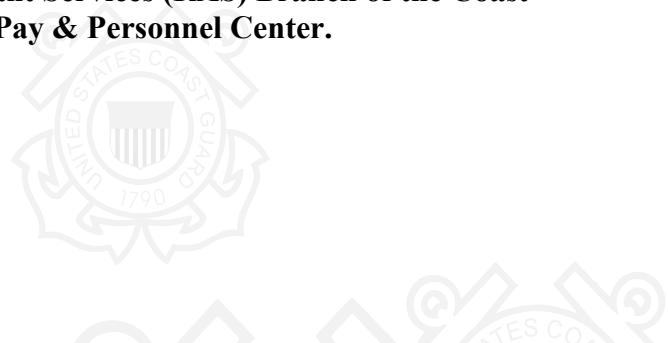
**AUTHORITY:** Title 10 U.S.C. 1408 and Title 10 U.S.C. 1448; DoD FMR 7000.14, Vol. 7B, Chapter 29.

**PRINCIPAL PURPOSE(S):** To enable former spouse direct payments from retired pay and designation of former spouses as SBP beneficiaries. **ROUTINE USE(S):** To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. 1408 & 1448 so that direct payments can be initiated or changes made to SBP beneficiary designations. **DISCLOSURE:** Voluntary; however, failure to furnish the requested information may delay or make FSPA direct payments impossible or may limit the ability to make changes to SBP beneficiary designations.



#### **Natural Work Group Product – 2016 Edition**

**Originally published in August 1994 and revised in March 1997, January 1998, March 1999, August 2001, August 2003, August 2005, March 2010, August 2018, and May 2022 by personnel of the Legal Office (LGL) and Retiree and Annuitant Services (RAS) Branch of the Coast Guard Pay & Personnel Center.**



# Former Spouse Protection Act (FSPA)

The Uniformed Services Former Spouses' Protection Act (FSPA), 10 U.S.C. 1408, recognizes the right of state courts to distribute military retired pay to a spouse or former spouse. It also provides a method for enforcing these orders through the Coast Guard. The FSPA does not automatically entitle a former spouse to a portion of the member's retired pay. A former spouse must have been awarded a portion of a member's military retired pay as property in their final court order. The FSPA also provides a method of enforcing current and/or previously owed (arrears) child support and current alimony awarded in the court order.

Court orders enforceable under the FSPA include final decrees of divorce, dissolution, annulment and legal separation, and court-ordered property settlements incident to such decrees. The court order must provide for the payment of child support, alimony, or retired pay as property, to a former spouse. A separate Domestic Relations Order or QDRO is not required to divide retired pay as long as the former spouse's award is set forth in the pertinent court order.

Retired pay as property awards must provide for the payment of a (1) fixed amount expressed in dollars, or (2) as a percentage of the member's disposable retired pay (DRP). An award of a percentage of a member's retired pay (e.g., the words DRP aren't used) is automatically construed under the FSPA as a percentage of DRP. Fixed awards remain the same amount unless changed by a future court order. They do not receive Cost of Living Adjustments (COLAs). Percentage awards automatically receive COLAs.

Examples of acceptable court order language can be found in the Military Retired Pay Division orders found at the Department of Defense Defense Finance and Accounting Service website at <https://www.dfas.mil/garnishment/usfspa/NDAA--17-Court-Order-Requirements.html>.

Importantly, for divorces occurring after December 23, 2016 while the member is on active duty or serving in the active Reserve, there is specific information that must be included in the court order before the PPC can accept it. The following information is required:

If the member entered military service on or after September 8, 1980:

- (1) A fixed amount, a percentage, a formula or a hypothetical that the former spouse is awarded;
- (2) The member's high-3 amount at the time of divorce or legal separation (the actual dollar figure);
- (3) The member's years of creditable service at the time of divorce or legal separation; or in the case of reservist,
- (4) The member's creditable reserve points at the time of divorce.

More about DRP. Disposable retired pay is gross retired pay minus the following authorized deductions:

- (1) amounts owed to the United States due to the overpayment of retired pay and for recoupments required by law resulting from entitlement to retired pay;
- (2) forfeitures of retired pay ordered by court-martial;
- (3) amounts of retired pay waived in order to receive compensation under Title 5 (federal civilian employment) or Title 38 (Veterans Affairs disability pay);
- (4) the amount of retired pay for a member retired under Title 10, Chapter 61 (physical disability) computed using the percentage of the member's disability on the date when the member was retired; and
- (5) SBP premium costs if the former spouse is the SBP beneficiary.

Please note that the disability pay subtractions discussed in (3) and (4) are very common and can significantly reduce DRP.

The maximum that can be paid to a former spouse under the FSPA is 50% of a member's DRP. In cases where there are payments both under the FSPA and pursuant to a garnishment for child support or alimony, the total amount payable cannot exceed 65% of the member's disposable earnings.

In the case of members retiring from the Coast Guard Reserve, a marital fraction award must be expressed in terms of reserve retirement points rather than in whole months.

The 10/10 rule. For orders dividing retired pay as property to be enforced under the FSPA, a member and former spouse must have been married to each other for at least 10 years during which the member performed at least 10 years of creditable military service (the 10/10 rule). The 10/10 rule does not apply to enforcement of child support or alimony awards under the FSPA.

Much more information about the FSPA can be found at the following websites:

<https://www.dfas.mil/garnishment/usfspa/legal.html>.

# FSPA Application Process

1. Complete the enclosed application form, DD Form 2293, issued by the Department of Defense, which can also be found on-line at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2293.pdf>
2. Enclose a **certified** copy of your court order awarding alimony, child support, or military retired pay. A *certified copy* is a *copy* (often a *photocopy*) of a primary document that has on it an endorsement or *certificate* that it is a true *copy* of the primary document. *Certified copies can be obtained from the court clerk. PPC cannot obtain legal documents for you.*
3. If the court order does not provide your date of marriage, you must provide evidence (such as a copy of your marriage license) for the Coast Guard to verify that you were married to your former spouse for at least 10 years that overlapped his or her military service.
4. Complete the enclosed Direct Deposit and Tax Withholding forms, which can also be found on line at:

<https://www.fiscal.treasury.gov/fsservices/gov/pmt/eft/2231.pdf> and  
<http://www.irs.gov/pub/irs-pdf/fw4.pdf>

5. Mail your application and supporting documents to:

COMMANDING OFFICER (LGL)  
COAST GUARD PAY & PERSONNEL CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591

You may also fax your application to (785) 339-3788 or email it to [PPC-DG-LGL@uscg.mil](mailto:PPC-DG-LGL@uscg.mil).

Once your application is received, we will provide your former spouse a legally required 30-day notice period. We will also notify both of you when payments are scheduled to start. Payments are usually made on the 1<sup>st</sup> day of the month for the preceding month and it usually takes approximately 60 days for payments to begin. Retirees can waive the 30-day notice period by contacting our office.

**APPLICATION FOR FORMER SPOUSE PAYMENTS FROM RETIRED PAY***(Please read instructions on back and the Privacy Act Statement before completing this form.)*OMB No. 0730-0008  
OMB approval expires  
March 31, 2020

The public reporting burden for this collection of information, 0730-0008, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**FOR OFFICIAL USE**

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.  
RETURN COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS LISTED ON BACK.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C. 1408, "Payment of Retired or Retainer Pay in Compliance with Court Orders," DoD 7000.14, Vol 7B, Chapter 29, "Former Spouse Payments from Retired Pay," and E.O. 9397, as amended, "Numbering System for Federal Accounts Relating to Individual Persons."

**PRINCIPAL PURPOSE(S):** To request direct payment through a Uniformed Service designated agent of court ordered division of property, child support, or alimony, to a former spouse from the retired pay of a Uniformed Service member.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. Section 552a(b)(3) as follows: Records are provided to the Internal Revenue Service for normal wage and tax withholding purposes. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply. SORN T7347b, Defense Military Retiree and Annuity Pay System at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>. PIA available at: Defense Retired and Annuity Pay System at: [http://www.dfas.mil/dam/jcr:4c735dde-6b84-4f24-8153-bd83643c98b1/PIA\\_DRAS\\_2010.pdf](http://www.dfas.mil/dam/jcr:4c735dde-6b84-4f24-8153-bd83643c98b1/PIA_DRAS_2010.pdf)

**DISCLOSURE:** Voluntary; however, failure to provide requested information may delay or make impossible processing this direct payment request.

**1. APPLICANT IDENTIFICATION**

a. **NAME** (As it appears on court order) (Last, First, Middle Initial)

b. **CURRENT NAME** (Last, First, Middle Initial)

c. **SOCIAL SECURITY NUMBER**

d. **ADDRESS** (Street, City, State, ZIP Code)

e. **TELEPHONE NUMBER** (Include Area Code)

f. **E-MAIL ADDRESS**

**2. SERVICE MEMBER IDENTIFICATION**

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

b. **BRANCH OF SERVICE** (Active/Reserve)

c. **SOCIAL SECURITY NUMBER**

d. **ADDRESS** (Street, City, State, ZIP Code) (If known)

e. **TELEPHONE NUMBER** (Include Area Code) (If known)

f. **E-MAIL ADDRESS** (If known)

**3. REQUEST STATEMENT**

I request direct payment from the retired pay for one or more of the following categories of the above named Uniformed Service member based on the enclosed court order. I acknowledge that the payment priority will be (1) division of property; (2) child support; and (3) alimony unless I designate otherwise in Item 4.e.

I request payment of:

(1) A division of property in the amount of \$ \_\_\_\_\_, or \_\_\_\_\_ percent of disposable retired pay per month.

(2) Child support in the amount of \$ \_\_\_\_\_ per month.

(3) Alimony, spousal support or maintenance in the amount of \$ \_\_\_\_\_, or \_\_\_\_\_ percent of disposable retired pay per month.

I certify that any request for current child and/or spousal support is not being collected under any other wage withholding or garnishment procedure authorized by statute. Furthermore, I certify that the court order has not been amended, superseded or set aside and is not subject to appeal. As a condition precedent to payment, I agree to refund all overpayments and that they are otherwise recoverable and subject to involuntary collection from me or my estate, and I will notify the appropriate agent (as listed on back) if the operative court order, upon which payment is based, is vacated, modified, or set aside. I also agree to notify the appropriate agent (as listed on back) of a change in eligibility for payments. This includes notice of my remarriage, if under the terms of the court order or the laws of the jurisdiction where it was issued, remarriage causes the payments to be reduced or terminated; or notice of a change in eligibility for child support payments by reason of the death, emancipation, adoption, or attainment of majority of a child whose support is provided through direct payments from retired pay. I hereby acknowledge that any payment to me must be paid from disposable retired pay as defined by the statute and implementing regulations. I also hereby acknowledge that if there are not enough funds available to fully satisfy all of the awards requested above, the payment priority will be (1) division of property, (2) child support, and (3) alimony unless I designate otherwise in Item 4.e. I acknowledge that it is my responsibility to promptly provide the designated agent listed in the instructions below with any changes to my correspondence and payment address to avoid termination of direct payments to me by the designated agent.

**4. I HAVE ENCLOSED ALL PERTINENT DOCUMENTATION TO INCLUDE:** *(Check as applicable)*

- a. A copy of the operative court order and other accompanying documents that provide for payment of division of retired pay as property, child support, or alimony, containing a certification dated by the clerk of the court within 90 days preceding the date the application is received by the designated agent. *(See Item 4 instructions below.)*
- b. Evidence of the date(s) of my marriage to the member if the application is for the direct payment of a division of the member's disposable retired pay as property *(i.e., a copy of the marriage certificate, or a court order that shows the date of marriage).*
- c. If payment request includes child support, give name(s) and birth date(s) of child(ren):

**(1) NAME OF CHILD** *(Last, First, Middle Initial)*

**(2) DATE OF BIRTH** *(YYYYMMDD)*

- d. If applying under Title 10 U.S.C. 1408(h), Dependent Victims of Abuse provision, in addition to 4.a. above, enclose both a copy of the member's court martial order and the member's statement of service.
- e. Other information *(please identify)* or remarks.

**5a. APPLICANT'S SIGNATURE** *(The form must be signed by a spouse or former spouse and not the member or attorney.)*

**b. DATE SIGNED** *(YYYYMMDD)*

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2293**

**GENERAL.** These instructions govern an application for direct payment from retired pay of a Uniformed Service member in response to court ordered division of property, child support, or alimony, under the authority of 10 USC 1408.

**SERVICE OF APPLICATION.** You may serve the application by mail on the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:

- (1) ARMY, NAVY, AIR FORCE, AND MARINE CORPS:** Attn: DFAS-HGA/CL, Assistant General Counsel for Garnishment Operations, P.O. Box 998002, Cleveland, OH 44199-8002. Application may also be served by fax to 877-622-5930 (toll-free) or (216) 522-6960.
- (2) COAST GUARD:** Commanding Officer (LGL), United States Coast Guard, Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591. Application may also be served by fax to 785-339-3788.
- (3) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:** Same as U.S. Coast Guard.
- (4) PUBLIC HEALTH SERVICE:** Commanding Officer (LGL), United States Coast Guard, Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS, 66683-3591. Application may also be served by fax to 785-339-3788.

**IMPORTANT NOTE:** Making a false statement or claim against the United States Government is punishable. The penalty for willfully making a false claim or false statement is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both (18 USC 287 and 1001).

**ITEM 1.**

- a. Enter full name as it appears on the court order.
- b. Enter current name if different than it appears on court order.
- c. Enter Social Security Number.
- d. Enter current address.
- e. Enter telephone number.
- f. Enter e-mail address, if applicable.

**ITEM 2.**

- a. Enter member's full name as it appears on the court order.
- b. Enter member's branch of service.
- c. Enter member's Social Security Number.
- d. Enter member's current address, if known.
- e. Enter member's telephone number, if known.
- f. Enter member's email address, if known.

**ITEM 3.** Read the Request Statement carefully, as it contains language stating that you "certify and acknowledge".

**ITEM 4.** A certified copy of a court order can be obtained from the court that issued the court order. Other documents include, but are not limited to, final divorce decree, property settlement order, and any appellate court orders. If the court order does not state that the former spouse was married to the member for ten years or more while the member performed ten years creditable service and the request is for payment of a division of property, the applicant must provide evidence to substantiate the ten years' marriage condition. Additional evidence must show that the ten years' requirement has been met, including: Uniformed Service orders, marriage certificate, and other documents that establish the period of marriage. In addition, if the court order does not indicate the date of divorce, then you need to submit a copy of the divorce decree. Other information or documents included with the request should be clearly identified by the document's title and date. Remarks may be provided to clarify specific points.

**ITEM 5.** Read the Acknowledgement carefully, as it contains language stating that you "acknowledge" to keep us informed of any change of correspondence and payment address. Failure to apprise DFAS of address changes may result in the suspension or termination of payments.

**ITEM 6a.** Applicant's signature required. The form may not be signed by a member or attorney.

# Establishing your Automated Payroll Account

We need the following additional information to establish your FSPA account for direct payment.

**Payment Method** Your monthly FSPA payment must be issued by direct deposit. Complete the enclosed FASTSTART DIRECT DEPOSIT FORM – FMS Form 2231.

**Payment Date** FSPA payments will be payable on the first working day of each month, following the month of implementation.

**Updating Account Information** It is important for you to keep Retiree & Annuitant Services (RAS) informed of any changes affecting your account.

If question concerns.....	Then contact ..	At.....
<ul style="list-style-type: none"> <li>• direct deposit</li> <li>• home mailing address</li> <li>• non receipt</li> </ul>	PPC by phone	Toll Free: 1 800 772-8724 FAX: (785) 339-3770
<ul style="list-style-type: none"> <li>• taxes</li> <li>• annual certification</li> </ul>	PPC in writing	COMMANDING OFFICER (RAS) USCG PAY & PERSONNEL CENTER 444 SE QUINCY ST TOPEKA KS 66683-3591

**Statement of Monthly Income** You will only receive a Statement of Monthly Income when there is a change to your account.

**Taxes**

- Under Public Law 101-510, 5 November 1990, all amounts defined as a “Division of Property” are **taxable** to you.
- We will send you an IRS Form 1099 by 31 January of each year which reports your taxable income.
- The tax year runs from 1 December through 30 November of the following year.



## Establishing Your Automated Payroll Account (continued)

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- Federal Income Tax Withholding**
- If you are receiving a portion of retired pay as a division of property and wish to specify the federal taxes withheld, please complete an IRS Form **W-4 (2021 version enclosed)**
  - If you do not complete this form we will automatically withhold taxes at the rate of married with three (3) exemptions.
- 

- State Income Tax**
- Although your FSPA direct payment may be subject to state income tax, we cannot withhold state income tax from your FSPA direct payment.
- 

- Annual Certification**
- After your account has been established, you will be required to annually provide RAS with certification of your eligibility to continue receiving FSPA direct payments. We will notify you of this requirement each year, and will ask you to complete, sign and return a form to us.
-



## PRIVACY ACT STATEMENT

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 PREPARING AUTHORIZATION

**PURPOSE** - You may use this form to provide instructions for processing your net pay. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit / Electronic Funds Transfer Program.

### SECTION I - EMPLOYEE / MEMBER / ANNUITANT INFORMATION (ITEMS 1-5)

You must complete all blocks after carefully reading the instructions and Privacy Act Statement. You must keep the agency informed of any address change to remain qualified for payments.

### SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

**ITEM 6 - TYPE OF ACCOUNT** - Place "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

**ITEM 7 - TYPE OF PAYMENT** - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

**ITEM 8 - ROUTING TRANSIT NUMBER** - Your financial institution's 9-digit routing transit number. See the illustration below.

**ITEM 9 - ACCOUNT NUMBER** - Your account number at your financial institution. See the illustration below.

**ITEM 10 - ACCOUNT TITLE** - The depositor's name on the account at the financial institution. See the illustration below.

**ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS** - The institution to which payments are to be directed  
See the illustration below.

The illustration shows a check with the following annotations:

- 10**: A bracket above the top line of the check, labeled "10", indicating the account title.
- 101**: A diagonal slash through the check number "101", labeled "101", indicating the account number.
- 20**: A bracket above the amount "20", labeled "20", indicating the amount in dollars.
- 8**: A bracket below the routing transit number "99999999 9 000 000 000", labeled "8", indicating the routing transit number.
- 9**: A bracket below the account number "000 000 000", labeled "9", indicating the account number.
- 11**: A bracket to the left of the bank name "NAME OF YOUR BANK", labeled "11", indicating the financial institution name.

**8 - ROUTING TRANSIT NUMBER** - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask them to provide you with their RTN.

**9 - ACCOUNT NUMBER** - Include dashes where the symbol "III" appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

**10 - ACCOUNT TITLE** - Must include recipient's name.

**11 - FINANCIAL INSTITUTION NAME / ADDRESS** - 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.

### SECTION III - AUTHORIZATION

**ITEMS 12 AND 13** - You must sign and date this form before the authorization can be processed.

**FOR CHANGES** - You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. We recommend that you maintain accounts at both financial institutions until the new institution receives your Direct Deposit payments.

**FOR CANCELLATIONS** - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.

# Employee's Withholding Certificate

▶ **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.**

**2022**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$

<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

**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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## 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](http://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](http://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](http://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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

# Survivor Benefit Plan (SBP)

When a military retiree dies their retirement pay stops. This means that the surviving spouse or surviving former spouse may be left without a substantial income source. In a divorce situation, participation in the Survivor Benefit Plan (SBP) may help to ensure that the surviving former spouse continues to receive payments for the remainder of his or her life. The SBP is an insurance plan that will pay the surviving former spouse a monthly payment (annuity) to help make up for the loss of retirement income.

**Post Retirement Divorce.** SBP participation decisions are ordinarily made at the time of the member's retirement. If the member, with his or her spouse's concurrence, elects not to participate in the SBP, then that decision is generally irrevocable. If a divorce occurs later, SBP is not available for the former spouse.

**Voluntary election of SBP.** If SBP for the spouse was selected at retirement, then upon divorce the spouse beneficiary SBP coverage is automatically terminated. The member may elect "former spouse" SBP coverage for a former spouse who was originally their SBP beneficiary provided that they do so **within one year** of the divorce order. This is called a voluntary election of the former spouse for SBP coverage. Voluntary election requests are made on DD Form 2656-1 and submitted by the member to PPC Retiree and Annuitant Services (RAS). Contact PPC at 866-772-8724 or email [ppc-dg-customer@uscg.mil](mailto:ppc-dg-customer@uscg.mil) for more information about an SBP voluntary election.

**Deemed Election.** If the member does not voluntarily elect "former spouse" coverage, then the former spouse may request an SBP "deemed election" if the following requirements are met: (1) the court order directs SBP coverage; and (2) a request is submitted in writing to the Coast Guard **within one year** of the court order requiring SBP. This one-year period is statutory and cannot be waived. Deemed election requests are made using DD Form 2656-10 and the application process is discussed on the next page.

**Pre-Retirement Divorce.** If the parties desire immediate SBP coverage for the former spouse, then the court order must direct SBP former spouse coverage and the former spouse must request a "deemed election" using DD Form 2656-10 **within one year** of the court order that requires SBP former spouse coverage. The member can also request former spouse coverage when he or she retires.

**SBP Premiums.** If SBP coverage is selected, then the retiree will be required to pay a monthly SBP premium, which is tax free. Premium costs are subtracted from the retiree's gross retirement pay. The Coast Guard cannot deduct SBP costs from the former spouse's share of the member's military retired pay.



**Division of Retired Pay and SBP Premium Payments.** Because premium costs are subtracted from gross retirement pay (taken “off the top”), if both parties receive a percentage of retired pay, then both parties pay for these SBP premium costs in approximately the same ratio that they receive the retirement pay division.

**SBP Base Amount.** SBP premiums and annuity payments are determined by the "base amount" or benefit level that is selected. The base amount can be any amount ranging from the full amount of retirement pay to a minimum of \$300 a month. SBP annuity payments are paid at the rate of 55 percent of the selected base amount. Note that the base amount selected by the member at retirement can generally not be changed if a divorce occurs.

### **THE SBP APPLICATION PROCESS**

1. Complete the enclosed application form, DD Form 2656-10, which can also be found on-line at <http://www.esd.whs.mil/DD/>.
2. Enclose a copy of your court order that contains language requiring former spouse SBP coverage.
3. Mail your application and supporting documents to:

COMMANDING OFFICER (LGL)  
COAST GUARD PAY & PERSONNEL CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591

You may also fax your application to (785) 339-3788 or email it to [PPC-DG-LGL@uscg.mil](mailto:PPC-DG-LGL@uscg.mil).

You will receive a written response to your application, usually within 30 days.

Much more information about SBP can be found at the following websites:

<http://www.dfas.mil/garnishment/FormerSpouseSBPDeemedElection.html>

<http://www.military.com/benefits/survivor-benefits>

## SURVIVOR BENEFIT PLAN (SBP) FORMER SPOUSE REQUEST FOR DEEMED ELECTION

OMB No. 0704 - 0569  
OMB approval expires  
20230731

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapter 73, subchapters II and III Survivor Benefit Plan; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 43; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Used by a former spouse to deem an election for Former Spouse SBP coverage or Former Spouse Reserve Component (RC) SBP.

**ROUTINE USE(S):** To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.C. Section 1450(f)(3), regarding SBP or RC-SBP coverage. The System of Record Notice (SORN) T7347b is published at: <https://www.federalregister.gov/documents/2009/01/07/E9-41/privacy-act-of-1974-systems-of-records>

**DISCLOSURE:** Voluntary; however failure to provide requested information within one year of the date of the court order which requires former spouse SBP coverage will result in denial of former spouse SBP or RC-SBP coverage.

### INSTRUCTIONS

#### GENERAL.

1. Read these instructions carefully before completing the form. Please print legibly.
2. You must advise the finance center (see Item 3 below for address) of any changes to marital status, your correspondence address, or changes to your financial institution.
3. Mail your election (it is strongly recommended that you send via certified or registered mail) to the appropriate Uniformed Service designated agency. The Uniformed Services' designated agents are:
  - (a) ARMY, NAVY, AIR FORCE and MARINE CORPS: Defense Finance and Accounting Service Garnishment Law Directorate, Post Office Box 998002, Cleveland OH 44199-8002
  - (b) COAST GUARD: Commanding Officer (LGL), USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591
  - (c) PUBLIC HEALTH SERVICE: Commissioned Corps Headquarters, Compensation Branch, 1101 Wooten Parkway, Suite 300, Rockville, MD 20852
  - (d) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION: Same as U.S. Coast Guard.
4. This form must be submitted within one year of the date of the court order or written agreement authorizing former spouse coverage.

### SECTION I - MEMBER IDENTIFICATION

<b>1. MEMBER NAME</b> <i>(Last, First, Middle Initial)</i>  <b>2. SSN or DoDID</b>	<b>3a. BRANCH OF SERVICE</b> <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> NOAA <input type="checkbox"/> Coast Guard <input type="checkbox"/> USPHS	<b>b. (X one)</b> <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard
<b>4. IS MEMBER RETIRED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>5. IF KNOWN, ENTER DATE OF MEMBER'S RETIREMENT</b> <i>(YYYYMMDD)</i>		

### SECTION II - FORMER SPOUSE IDENTIFICATION

<b>6a. FORMER SPOUSE NAME</b> <i>(as it appears on court order) (Last, First, Middle Initial)</i>	<b>7. SSN or DoDID</b>		
<b>6b. CURRENT NAME</b> <i>(Last, First, Middle Initial)</i>	<b>8. ADDRESS</b> <i>(Include ZIP Code)</i>		
<b>9. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>	<b>10. TELEPHONE NUMBER</b>	<b>11. EMAIL ADDRESS</b>	
<b>12. MARRIAGE HISTORY</b>			
<b>a. DATE MARRIED TO MEMBER</b> <i>(Listed in Item 1 above) (YYYYMMDD)</i>	<b>b. DATE OF DIVORCE</b> <i>(YYYYMMDD)</i>	<b>c. ARE YOU CURRENTLY MARRIED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>d. IF YES, DATE OF CURRENT MARRIAGE</b> <i>(YYYYMMDD)</i>



**TO BE COMPLETED BY RETIRED MEMBERS ONLY**

**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)*

<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> FORMER SPOUSE AND CHILD(REN)*	<i>*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.</i>
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**SECTION II - RETIRED AND RETIRING MEMBERS** YES NO

<b>2. ARE YOU CURRENTLY MARRIED?</b> <i>(X one)</i>			
<b>3. IS THIS ELECTION BEING MADE PURSUANT TO THE REQUIREMENTS OF A COURT ORDER?</b> <i>(X one)</i>			
<b>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?</b> <i>(X one)</i>			
<b>5. IF "YES" TO ITEM 4, WAS SUCH A VOLUNTARY WRITTEN AGREEMENT INCORPORATED IN, RATIFIED, OR APPROVED BY A COURT ORDER?</b> <i>(X one)</i>			
<b>6. DATE OF BIRTH OF FORMER SPOUSE</b> (YYYYMMDD)	<b>7. DATE MARRIED TO FORMER SPOUSE</b> (YYYYMMDD)	<b>8. DATE DIVORCED FROM FORMER SPOUSE</b> (YYYYMMDD)	<b>9. HAS FORMER SPOUSE REMARRIED?</b> <i>(If "YES", give date - YYYYMMDD)</i>
			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 <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>	c. SSN	d. RELATIONSHIP <i>(Son, daughter, etc.)</i>	e. DISABLED? <i>(Yes/No)</i>

**11. REMARKS**

**SECTION III - CERTIFICATIONS - RETIRED AND RETIRING MEMBERS AND FORMER SPOUSES**

<b>12. MEMBER</b>				<b>13. FORMER SPOUSE TO BE COVERED</b>			
a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN		a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN	
c. SIGNATURE				c. SIGNATURE			
d. ADDRESS				d. ADDRESS			
(1) Street <i>(Include apartment number)</i>				(1) Street <i>(Include apartment number)</i>			
(2) City		(3) State	(4) ZIP Code	(2) City		(3) State	(4) ZIP Code
<b>14. MEMBER'S WITNESS</b>				<b>15. FORMER SPOUSE'S WITNESS</b>			
a. NAME <i>(Last, First, Middle Initial)</i>				a. NAME <i>(Last, First, Middle Initial)</i>			
b. SIGNATURE		c. DATE SIGNED		b. SIGNATURE		c. DATE SIGNED	
d. ADDRESS				d. ADDRESS			
(1) Street <i>(Include apartment number)</i>				(1) Street <i>(Include apartment number)</i>			
(2) City		(3) State	(4) ZIP Code	(2) City		(3) State	(4) ZIP Code

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapter 73, subchapter II; DoD Instruction 1332-42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To establish a Survivor Benefit Plan election for the eligible former spouse of a servicemember.

**ROUTINE USE(S):** To former spouses for purposes of providing information, consistent with the requirements of 10 U.S.Code, Section 1450(f)(3), regarding Survivor Benefit Plan coverage.

To spouses for purposes of providing information, consistent with the requirements of 10 U.S.Code, Section 1448(a), regarding Survivor Benefit Plan coverage.

**DISCLOSURE:** Voluntary; however, failure to furnish requested information may result in delay in initiating Survivor Benefit Plan coverage for a former spouse.

## INSTRUCTIONS

### GENERAL.

Type or print all information in ink.

**RETIRED MEMBERS:** Complete Sections I, II, and III. If electing former spouse and child(ren) coverage, provide information pertaining to eligible child(ren) in Item 10, "Dependent Children."

**RETIRING MEMBERS:** Complete Sections II and III, but make the election on DD Form 2656, "Data for Payment of Retired Personnel."

**ALL MEMBERS AND FORMER SPOUSES** must complete Section III.

When the form has been completed (ensure it is signed by both member and former spouse, and is properly witnessed), submit it to:

<b>ARMY, NAVY, AIR FORCE, MARINES</b>	<b>COAST GUARD, NOAA, PHS</b>
DEFENSE FINANCE AND ACCT SERVICE U.S. MILITARY RETIRED PAY 8899 E. 56TH STREET INDIANAPOLIS IN 46249	USCG PAY & PERSONNEL CENTER COMMANDING OFFICER (RAS) 444 SE QUINCY ST TOPEKA KS 66683

Attach a certified copy of the divorce decree, amendment, or other documentation as described in Items 3, 4, and 5. If not received by DFAS within the first year following the date of divorce, the election will be invalid.

### SECTION I.

ITEM 1. Retired member places an X in the appropriate block to indicate whether election is for former spouse, or former spouse with child(ren) coverage.

### SECTION II.

ITEM 2. Indicate member's marital status by marking appropriate block.

ITEMS 3, 4, and 5. Mark the block that reflects legal basis for coverage.

ITEMS 6 and 7. Self-explanatory.

ITEM 8. Enter date of divorce decree, or amendment requiring SBP.

ITEM 9. Mark the appropriate block. If "Yes," provide the date that member's former spouse remarried. Former spouse may remarry after age 55 and eligibility will not be affected. If former spouse remarries before age 55, coverage is suspended and premiums are not deducted from member's retired pay for the duration of that marriage. If former spouse's marriage ends by death, divorce, or annulment, coverage will resume. Retiree or former spouse must notify DFAS of any changes in former spouse's marital status, providing appropriate documentation.

ITEM 10. Retired members electing former spouse and child(ren) must list eligible children in this section. Only children resulting from the marriage of the member and the former spouse are covered in a former spouse and child(ren) election. The former spouse is the primary beneficiary; children receive an annuity only if the former spouse remarries before age 55 or dies. Indicate in block 10.e. if the child is incapable of self support and attach substantiating documentation, if available. Eligible children of retiring members should be listed in Block 25 of DD Form 2656.

ITEM 11. This block may be used for comments or additional information not covered in the form.

### SECTION III.

ITEMS 12 through 15. Self-explanatory.

# Comments

The Coast Guard Pay & Personnel Center needs your input and feedback on this information pamphlet. If there are any areas that are not clear, complete, or accurate we would like to know about them.

Please write your suggestions below and mail them to us at the following address or contact us via phone or email at 785-339-3595 or PPC-DG-LGL@uscg.mil.

COMMANDING OFFICER (LGL)  
COAST GUARD PAY & PERSONNEL CENTER  
444 SE QUINCY ST  
TOPEKA KS 66683-3591


The following information is optional but necessary if you would like to know the status of your comments and/or recommendations.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**U.S. Department of  
Homeland Security**

**United States  
Coast Guard**



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