



MANPOWER AND  
RESERVE AFFAIRS

## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-1500

9 MAR 2023

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR  
MILITARY PERSONNEL AND QUALITY OF LIFE  
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR  
MILITARY MANPOWER AND PERSONNEL  
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE FOR  
FORCE MANAGEMENT AND PERSONNEL  
DIRECTOR, DEFENSE FINANCE AND ACCOUNTING SERVICE

SUBJECT: Implementing and Procedural Guidance for Section 643 of Public Law 117-263,  
December 23, 2022, Survivor Benefit Plan Open Season

Purpose. This memorandum:

- Provides uniform implementing guidance for changes in the Survivor Benefit Plan pursuant to Section 643 of Public Law 117-263, also known as the National Defense Authorization Act for Fiscal Year 2023.
- Prescribes criteria, procedures and premium rates for the SBP open enrollment and disenrollment period beginning December 23, 2022, and ending at midnight Eastern Standard Time on January 1, 2024.

Definitions. See Glossary.

Responsibilities. See Attachment 1.

Implementation. See Attachment 2.

Procedures. See Attachment 3.

Stephanie P. Miller  
Deputy Assistant Secretary of Defense  
(Military Personnel Policy)

Attachments:

As stated

cc:

Department of Defense Chief Actuary  
Department of Defense Comptroller  
Deputy General Counsel (Fiscal)

Director for Manpower and Personnel,  
Joint Staff (J-1)  
Deputy Chief of Staff for Personnel, U.S. Army (G-1)  
Deputy Chief of Naval Operations for  
Manpower, Personnel, Training  
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Deputy Chief of Staff for Manpower, Personnel  
and Services, U.S. Air Force (A-1)  
Deputy Commandant for Manpower and Reserve  
Affairs, U.S. Marine Corps (DC M&RA)  
Deputy Chief of Space Operations for Human  
Capital, U.S. Space Force (S-1)  
Director, Manpower and Personnel,  
National Guard Bureau (J-1)  
Assistant Commandant for Human Resources,  
U.S. Coast Guard (CG-1)  
Director, Commissioned Corps Headquarters,  
U.S. Public Health Service (CCHQ)  
Director, National Oceanic and Atmospheric  
Administration Commissioned Officer Corps (OMAO)

## ATTACHMENT 1

### RESPONSIBILITIES

1. Deputy Assistant Secretary of Defense for Military Personnel Policy. Provide clarification of technical details with regard to issues raised by the Uniformed Services and DFAS.

2. Director, Defense Finance Accounting Service

a. Establish procedures necessary to promptly process letters of intent (LOI), open enrollment elections, and discontinuation elections of eligible members. Procedures shall include determination of types and levels of coverage, determination of beneficiaries, the collection and/or refund of premiums, and the payment of annuities according to the conditions prescribed in this guidance and as otherwise required by law and regulation.

b. Ensure that information about the open season is publicly available on the DFAS web site, via newsletters, Facebook, SmartDocs, and other means as available.

3. Secretaries of the Military Departments, Commandant of the Coast Guard, Vice Admiral of the United States Public Health Service Commissioned Corps, Director, National Oceanic and Atmospheric Administration Commissioned Officer Corps

a. Establish procedures necessary to promptly process the LOI's, open enrollment elections, and discontinuation elections of eligible members.

b. Publicize information about the open enrollment period to each service's eligible population of members and former members through service newsletters and other means as available.

c. Provide support to the retired community to assist members in making election decisions where necessary.

## ATTACHMENT 2

### IMPLEMENTING GUIDANCE

1. GENERAL. This implementing guidance applies only to elections to participate, or discontinue participation in, the Uniformed Services Survivor Benefit Plan (SBP), including Reserve Component SBP (RCSBP), made by eligible members during the open season authorized by section 643 of P.L. 117-263.
2. OPEN ENROLLMENT AND DISENROLLMENT PERIOD: The open season begins December 23, 2022, and ends at midnight Eastern Standard Time (EST) on January 1, 2024.
3. ELIGIBLE MEMBERS. An eligible member is a member or former member of a Uniformed Service who, on December 22, 2022, is either,
  - a. entitled to retired pay, including members whose retired pay is fully offset or suspended, or
  - b. would be entitled to retired pay under chapter 1223 of title 10, United States Code (or chapter 67 of title 10, United States Code, as in effect before October 5, 1994), but for the fact of being under 60 years of age. *Note*: in accordance with P.L. 110-181, division A, title VI, section 647(c) and section 12731 of title 10, United States Code, any reference to a member being eligible for retired pay but for the fact that the member is under 60 years of age shall be read as a reference to the member having attained the eligibility age applicable under subsection (f) of section 12731 of title 10, United States Code, which allows for reduction in the eligibility age for retired pay for certain members of the Reserve Component. Any references to a member attaining 60 years of age for purposes of SBP elections shall be read similarly.

#### 4. ELECTIONS AUTHORIZED

- a. An eligible member who, on December 22, 2022, is not participating in SBP or RCSBP may elect SBP for any type of coverage that member would have been eligible to elect and declined, or failed to elect, at their first opportunity. This includes eligible members who previously participated in SBP and discontinued participation. *Note*: Members who are already participating in the SBP or RCSBP for any beneficiary are not eligible to make an election to add beneficiaries during this open season enrollment except as otherwise stated in this document. See the glossary for the definition of first opportunity.
- b. An eligible member who, on December 22, 2022 is participating in SBP or RCSBP may elect to discontinue participation in SBP. RCSBP participants who discontinue participation during the open season are precluded from electing to participate in SBP at a later date unless they later qualify to retire under a different provision of law.
- c. An eligible member who previously participated in and subsequently discontinued participation in the SBP or RCSBP may elect SBP or RCSBP for any type of coverage that member would have been eligible to elect at their first opportunity.

## 5. LIMITATIONS ON ELECTIONS

a. Eligible members already participating in SBP or RCSBP as of December 22, 2022 may not change their SBP base amount or add beneficiaries during the open season.

b. Eligible members participating in SBP or RCSBP as of December 22, 2022 may not discontinue participation in SBP for one category of beneficiary during the open season and subsequently enroll during the open enrollment period for another category of beneficiary. For example, a member participating in child only coverage may discontinue the child coverage but may not subsequently add spouse coverage during the open season.

c. Members may not elect to cover a beneficiary or select a level of coverage that could not be in effect as the result of an election that could have been made previously by the member. For example, a member who was married upon retirement may not elect insurable interest coverage.

6. COVERAGE LIMITATIONS. Eligible members may only designate beneficiaries who satisfy the prescribed legal criteria for the category of coverage as of the date the election is filed.

7. ELECTIONS MUST BE VOLUNTARY. An election to participate under the authority of section 643, P.L. 117-263, is voluntary on the part of the eligible member and must be indicated as such in writing. For the election to be valid, a member must be alive and capable of making an informed decision. Members will be presumed to be capable of making an informed decision unless there is clear and convincing evidence to the contrary.

### a. Elections to Participate

(1) No court order may require an eligible member to make an election during the open season based on the authority to make an election under the provisions of section 643, P.L. 117-263. An election may not be deemed under section 1450(f)(3), title 10, United States Code, as a result of any such court order during or in consequence of the open enrollment period. A member cannot make an election during the open season that serves to nullify the effect of an existing deemed election.

(2) An election by an eligible member to participate in SBP is not subject to the concurrence of a spouse or former spouse of the member.

(3) An eligible member making an election to participate in RCSBP shall indicate, in the event the member dies before attaining the age of 60, or before attaining age eligibility for retired pay under the provisions of section 12731(f)(2) of title 10, United States Code, whether the annuity shall become effective on:

(a) The day after the member's date of death; or

(b) On the 60th anniversary of the member's birth.

8. ELECTIONS TO DISCONTINUE – CONSENT OF BENEFICIARIES. An election to discontinue SBP participation during the open season requires the consent of (a) each of the

member's designated SBP beneficiaries; and, (b) the member's spouse if such person is married at the time of election. In exceptional cases in which the member establishes, to the satisfaction of the Secretary concerned, that the whereabouts of that person's spouse or beneficiaries cannot be determined or that requiring the member to seek the concurrence of a spouse or beneficiary would be inappropriate (e.g., restraining orders or substantiated domestic violence reports), their consent may be waived. Members seeking such relief must demonstrate by clear and convincing evidence that they have exhausted all reasonable resources to obtain concurrence. Marital discord, pending divorce proceedings, or legal separation do not intrinsically justify requesting a waiver of the spouse's concurrence.

9. EFFECTIVE DATE OF ELECTIONS. Elections shall be effective the first day of the first calendar month following the date the election is received. However, no election shall have an effective date prior to December 23, 2022.

10. DATE RECEIVED. The date a valid election is received shall be the date DFAS or the Service designated agent receives the election. Elections received after midnight EST on January 1, 2024, shall be deemed as having been received on an earlier date only if clear and convincing evidence is provided by the member showing that the election was postmarked or otherwise transmitted to the appropriate agency on an earlier date on or before January 1, 2024.

11. OPPORTUNITY TO CANCEL ELECTION TO PARTICIPATE. Once a member submits an open enrollment election to participate, the member may cancel the election by notifying DFAS (or the appropriate service) in writing within 30 days of making the election. To be effective, the cancellation notice must be in writing, must be signed and dated (to include notarized signatures of persons who are required to concur in the election to discontinue), and must be received by DFAS (or the appropriate service) within 30 days of the date of the member's signature on the open season enrollment form. Any SBP premiums collected during this 30-day period as a result of an open season election will be refunded to the member, prorated for any intervening coverage. Elections that are not cancelled within the time periods described above become final and irrevocable and will result in the collection of required premiums. Elections to discontinue participation may not be cancelled.

12. OPEN ENROLLMENT PREMIUMS. Eligible members who elect to enroll must pay prospective premiums for elected coverage and a one-time buy-in premium based on the number of years that have elapsed since the member's first opportunity to participate in the SBP or RCSBP. For most members the first opportunity will be the date of retirement or the date of Notification of Eligibility for non-regular retirement eligible members. However, under certain circumstances, the date may be different.

a. Cost Formula. All spouse and former spouse SBP premiums for open season elections are based on the 6.5 percent flat rate cost. Use of the alternative two-part cost formula with low-cost threshold is not permitted in the case of regular retirees who elect to participate during the open enrollment period, but is permitted in the case of disability and non-regular retirees. Separate cost factors for spouse and child, child only coverage and insurable interest coverage apply.

b. Enrollment Premium Types. There are two types of open enrollment premiums.

(1) Prospective Premiums. The first premium type will be collected prospectively each month beginning with the effective date of the election in the same manner that monthly premiums are collected for all SBP participants. RCSBP premiums will be collected prospectively each month beginning with the date that non-regular retired pay commences.

(2) One-Time Buy-In Premium. The second premium type is a one-time buy-in premium. This premium amount is due and payable at the time a member files an election to enroll in SBP, though members may elect to pay a portion of the premium in installments over a 12-month period.

(a) Payment Methods

(i) Lump Sum. Members may pay the one-time buy-in premium in lump sum payment at the time a member files an election.

(ii) Installments.

a. Retired Pay. A portion of the one-time buy-in premium may be deferred and deducted from retired pay in 12 equal monthly installments beginning immediately following the effective date of the election. The amount deferred may not exceed the total net retired pay the member expects to receive over this period. If the member's net retired pay is reduced for an unrelated matter after deductions begin, the member shall make an immediate payment equal to the anticipated shortfall in deductions from retired pay expected through the end of the original 12-month period.

b. Direct Remittance. The one-time buy-in premium may be paid via direct remittance in 12 equal monthly installments beginning immediately following the effective date of the election.

c. The option to make monthly payments is not required by law; it is an administrative accommodation offered to members for their convenience so they may, if desired, distribute the financial impact of remitting the amount over time.

(b) Interest. Regardless of any amount deferred, the member or former member is considered obligated for payment of the full lump sum premium at the time of election, and this premium accrues interest from the point of obligation until paid in full. For those members who choose to pay a portion of the one-time buy-in premium in 12 equal monthly installments, that interest is factored into the monthly installment payment amounts.

(c) Establishment of Debt. Any portion of the one-time buy-in premium not paid by the end of the 12-month period beginning the effective date of the election will become a debt and be subject to additional interest. Debts not paid before the death of the member will automatically accrue to their surviving annuitant and be deducted from SBP payments.

(d) Premium Composition. One-time buy-in premiums consist of:

(i) An amount equal to the total amount by which the retired pay of the member or former member would have been reduced if the member or former member had elected to participate in SBP at the first opportunity that was afforded to them; plus

(ii) interest on the amount by which the retired pay of the person would have been so reduced, computed from the date on which the retired pay would have been so reduced; plus

(iii) a factor computed to protect the actuarial soundness of the Department of Defense Military Retirement Fund from risk associated with the election. This factor will vary based upon the time elapsed between the member's election during this open enrollment period and the first opportunity the member was afforded to make an election. The longer the time between those two points, the larger this factor will be and the greater its effect on the size of the buy-in premium. See tables at Appendix I.

(e) Taxation. Since the one-time buy-in premium is not considered a reduction in retired pay due to an election under chapter 73 of title 10, United States Code, these amounts do not serve to reduce the member's taxable retired pay. This is true even when the member elects to have the buy in premium paid through deductions from retired pay. Such premiums may be treated as the basis in an annuity under tax law, in the same manner as when a member is required to directly remit SBP premiums. The annuitant will have an opportunity for income exclusion, as described in DoDFMR, Volume 7B, Paragraph 14.4.2.

(f) One-time buy-in premium payments shall be credited to the Department of Defense Military Retirement Fund. No other obligation shall be impacted by these one-time buy-in premiums.

13. EFFECT OF DECISION TO DISCONTINUE PARTICIPATION ON REDUCTIONS IN PAY. When a member elects to discontinue participation in SBP (or RCSBP if applicable) during this open season, DFAS or the appropriate finance center shall discontinue deductions in the retired pay of such person arising from participation in SBP and not charge RCSBP premiums for any coverage period that would otherwise be charged on the date that non-regular retired pay commences for periods after the first day of the month following the receipt of an election to discontinue participation in the RCSBP. Members with RCSBP coverage who are discontinuing must still pay premiums for coverage already received once they begin receiving retired pay. In cases where a person has been required to make deposits into the Treasury, they may discontinue such deposits, but remain responsible for any debt accrued due to unpaid premiums during the time in which they had SBP or RCSBP coverage. A member is not entitled to any refund of past reductions or deposits for a period during which the member had SBP or RCSBP coverage.

14. CREDIT TOWARD PAID-UP COVERAGE. Upon payment of the total amount of the premiums charged under this open season, the retired pay of a person shall be treated, for the purposes of paid-up coverage at 30 years and age 70, as having been paid as if the person had elected to participate in the SBP at the first opportunity to participate.



## ATTACHMENT 3

### PROCEDURAL GUIDANCE

#### I. MAKING AN ELECTION TO ENROLL

a. Elections to Enroll in SBP by Members Entitled to Retired Pay. To make an election to enroll in SBP members or former members who are receiving retired pay must submit a "Letter of Intent to Enroll During the SBP Open Season (hereinafter "LOI") to the appropriate agency identified below. A template LOI should be completed by the member and forwarded to the appropriate agency listed below. After receiving a LOI from a member, the agency below will calculate the one-time buy-in premium and inform the member or former member of the amount that the member will be required to pay. Members or former members who wish to enroll in SBP after notification of the amount of their one-time buy-in premium must submit an "SBP Open Season Enrollment Form" to the agency below. The "SBP Open Season Enrollment Form" and the template LOI are in Appendix II of this guidance and at <https://www.dfas.mil/sbpopenseason23>. The open season enrollment is not effective until the "SBP Open Season Enrollment Form" is received by the appropriate agency at the addresses listed below:

(1) Army, Navy, Air Force, Marine Corps and Space Force: visit <https://www.dfas.mil/sbpopenseason23> for instructions for uploading your form via the askDFAS online upload tool, fax to 800-469-6559, or mail to

Defense Finance and Accounting Service  
US Military Retired Pay  
8899 E 56th Street  
Indianapolis, IN 46249-1200;

(2) Coast Guard, National Oceanic and Atmospheric Administration, and Public Health Service: email to [ppc-dg-customer@uscg.mil](mailto:ppc-dg-customer@uscg.mil), or mail to

Retiree and Annuitant Services Branch Chief  
USCG Pay and Personnel Center  
444 S.E. Quincy Street  
Topeka, KS 66683-3591.

b. Elections to Enroll in RCSBP by Non-Regular Members Awaiting the Eligibility Age for Entitlement to Retired Pay. To make an election to enroll in RCSBP, members or former members awaiting the eligibility age for entitlement to retired pay must submit a "Letter of Intent to Enroll During the SBP Open Season ("LOI") to the address below. A template LOI should be completed by the member and forwarded to the member's individual branch of service. After receiving a LOI from a member, the branch of service will inform the member of the additional amount that the member will be required to pay upon reaching eligibility age for the newly established RCSBP coverage. Members who wish to enroll in RCSBP after notification of the additional amount that the member will be required to pay must submit an "RCSBP Open Season Enrollment Form" to the member's individual branch of service. The "RCSBP Open Season Enrollment Form" and template LOI are in Appendix II of this guidance and at

<https://www.dfas.mil/sbpopenseason23>. The open season enrollment is not effective until the “SBP Open Season Enrollment Form” is received by the branch of service at the addresses identified below:

(1) Army: email to [usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil](mailto:usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil), or mail to

ATTN RPMD-ROR-GAR  
Human Resources Command  
1600 Spearhead Division Avenue Dept 482  
Ft Knox, KY 40122-5402;

(2) Navy: mail to

Navy Personnel Command (PERS-912)  
5720 Integrity Drive  
Millington, TN 38055-9120;

(3) Air Force and Space Force: Submit via myPers through April 2023, and via myFFS thereafter, or mail to

HQ ARPC/DPTTB  
18420 Silver Creek Ave, Bldg 390 MS 68  
Buckley SFB, CO 80011;

(4) Marine Corps: email to [smb.manpower.mmsr5@usmc.mil](mailto:smb.manpower.mmsr5@usmc.mil), or mail to

Headquarters, U.S. Marine Corps (MMSR-5)  
3280 Russell Rd, Quantico, VA 22134;

(5) Coast Guard: email to [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil), or mail to

Separations Branch Chief  
USCG Pay and Personnel Center  
444 S.E. Quincy Street  
Topeka, KS 66683-3591.

c. Payment of One-Time Buy-In Premiums. Eligible members who have made an election to participate in the SBP during the open season period and have submitted an election form will receive an invoice from DFAS with instructions for submitting one-time buy-in premium payments.

d. Elections to enroll that are received after the end of the open season on January 1, 2024, cannot be honored.

## 2. DISCONTINUING EXISTING COVERAGE

a. Elections to Discontinue participation in SBP from members entitled to retired pay. To make an election to discontinue participation in SBP members or former members must complete the discontinuation form in Appendix II of this guidance or at <https://www.dfas.mil/sbpopenseason23>. To be effective, the signature of the member and of all persons who are required to concur in the election to discontinue must be either (a) notarized or (b) witnessed by an SBP counselor. Discontinuation forms must be submitted to the appropriate agency at the addresses identified in paragraph 1.a above.

b. Elections to Discontinue Participation in RCSBP from Non-Regular Retirement Eligible Members Awaiting the Eligibility Age for Entitlement to Retired Pay. To make an election to discontinue participation in RCSBP members or former members must complete a discontinuation form and submit it to the appropriate agency identified paragraph 1.b above. The discontinuation form will be made publicly available. To be effective, the signature of the member and of all persons who are required to concur in the election to discontinue must be either (a) notarized or (b) witnessed by an SBP counselor. Discontinuation forms must be submitted to the appropriate agency at the addresses identified in paragraph 1.b above.

c. Elections to discontinue existing coverage that are received after the end of the open season at midnight Eastern Standard Time on January 1, 2024, cannot be honored.

## GLOSSARY

1. First Opportunity. In general, the first opportunity to participate is the later of (1) the beginning of the first month that the person was able to participate in SBP if they had not declined coverage, and (2) the first month after discontinuing coverage while the person had an eligible beneficiary.

a. In some circumstances, the first opportunity to elect coverage for an existing spouse, former spouse or child was contingent on the member having made a prior election to cover a prior spouse, former spouse or child. For example, a member who (with spouse concurrence) elected to decline spouse coverage at retirement is normally prohibited from electing spouse coverage for a subsequent spouse whom he/she marries after the first spouse dies. In cases where a member is seeking to make an open season election to elect coverage for an existing spouse, former spouse or child and where the first opportunity to elect coverage for the existing spouse, former spouse or child was contingent on having made a prior election to cover a prior spouse, former spouse or child, an open season election may be made for the existing spouse, former spouse or child. However, the date of the first opportunity to elect coverage will be deemed to be the date of the first opportunity to elect coverage for the prior spouse, former spouse, or child for purposes of calculating the buy in premiums described in paragraph 12.b of Attachment 2. This may include periods during which there were no eligible beneficiaries.

b. In some circumstances, a member may have elected coverage and that coverage was subsequently discontinued and the member may wish to cover that same beneficiary in the open season. In such cases, the date of the first opportunity will be the beginning of the first month after the coverage was discontinued.

2. Member. For the purposes of this guidance, unless otherwise stated the term member refers to members and retired or former members eligible to make an enrollment or discontinuation decision during the open season.

3. Non-Regular Retirement. Retirement for members of a reserve component who are not eligible for a regular retirement. This includes members with 20 or more years of qualifying service, members with more than 15 but less than 20 years of qualifying service who are found unfit for continued service because of physical disability and members with more than 15 but less than 20 years of qualifying service who retired under a temporary special retirement qualification authority. These members are eligible for retired pay when they reach age 60 or, in some cases, a lesser qualifying age.

4. Regular Retirement. Retirement for members who accumulate 20 or more years of active service. This form of retirement is often called active duty retirement, though members of a reserve component who accumulate 20 or more years of active service are also eligible. This includes members with more than 15 but less than 20 years of qualifying service under a temporary early retirement authority.

5. Disability Retirement. Retirement for members who are found unfit for continued service because of service-connected physical disability.

6. Retired Member. For the purposes of this guidance, the term retired member includes members transferred to the Fleet Reserve or Fleet Marine Corps Reserve who are eligible for retainer pay.

7. Survivor Benefit Plan (SBP). A Department of Defense sponsored and subsidized program that provides up to 55 percent of a service member's retired pay to an eligible beneficiary upon the death of the member. For the purposes of this guidance, unless otherwise stated, references to SBP are also understood to reference the Reserve Component Survivor Benefit Plan (RCSBP).

APPENDIX I

2023 OPEN SEASON BUY-IN FACTORS

Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor
1	31.09	41	39.46	81	79.65
2	31.09	42	40.43	82	80.70
3	31.09	43	41.41	83	81.75
4	31.09	44	42.39	84	82.81
5	31.09	45	43.37	85	83.86
6	31.09	46	44.35	86	84.92
7	31.09	47	45.34	87	85.99
8	31.09	48	46.32	88	87.06
9	31.09	49	47.31	89	88.13
10	31.09	50	48.30	90	89.20
11	31.09	51	49.29	91	90.28
12	31.09	52	50.29	92	91.36
13	31.09	53	51.28	93	92.45
14	31.09	54	52.27	94	93.54
15	31.09	55	53.27	95	94.63
16	31.09	56	54.26	96	95.73
17	31.09	57	55.26	97	96.83
18	31.09	58	56.26	98	97.93
19	31.09	59	57.25	99	99.03
20	31.09	60	58.25	100	100.14
21	31.09	61	59.25	101	101.24
22	31.09	62	60.25	102	102.35
23	31.09	63	61.26	103	103.47
24	31.09	64	62.26	104	104.58
25	31.09	65	63.27	105	105.70
26	31.09	66	64.28	106	106.82
27	31.09	67	65.29	107	107.94
28	31.09	68	66.30	108	109.06
29	31.09	69	67.31	109	110.18
30	31.09	70	68.33	110	111.31
31	31.09	71	69.34	111	112.44
32	31.09	72	70.36	112	113.57
33	31.73	73	71.38	113	114.70
34	32.68	74	72.41	114	115.84
35	33.65	75	73.43	115	116.98
36	34.61	76	74.46	116	118.12
37	35.58	77	75.49	117	119.26
38	36.54	78	76.53	118	120.41
39	37.51	79	77.57	119	121.56
40	38.48	80	78.61	120	122.71

Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor
121	123.86	161	171.49	201	222.30
122	125.01	162	172.74	202	223.59
123	126.17	163	173.99	203	224.87
124	127.33	164	175.25	204	226.16
125	128.49	165	176.51	205	227.45
126	129.65	166	177.78	206	228.73
127	130.82	167	179.05	207	230.02
128	131.98	168	180.33	208	231.31
129	133.15	169	181.61	209	232.60
130	134.33	170	182.88	210	233.88
131	135.50	171	184.16	211	235.17
132	136.68	172	185.43	212	236.46
133	137.85	173	186.71	213	237.74
134	139.03	174	187.98	214	239.03
135	140.21	175	189.25	215	240.31
136	141.39	176	190.51	216	241.60
137	142.57	177	191.78	217	242.89
138	143.75	178	193.04	218	244.17
139	144.93	179	194.30	219	245.46
140	146.11	180	195.56	220	246.75
141	147.30	181	196.82	221	248.04
142	148.48	182	198.08	222	249.34
143	149.66	183	199.34	223	250.63
144	150.84	184	200.60	224	251.93
145	152.02	185	201.87	225	253.22
146	153.21	186	203.13	226	254.52
147	154.40	187	204.40	227	255.82
148	155.60	188	205.67	228	257.12
149	156.79	189	206.94	229	258.42
150	158.00	190	208.22	230	259.73
151	159.20	191	209.49	231	261.04
152	160.41	192	210.77	232	262.34
153	161.63	193	212.05	233	263.65
154	162.85	194	213.33	234	264.97
155	164.07	195	214.61	235	266.28
156	165.29	196	215.89	236	267.60
157	166.52	197	217.17	237	268.92
158	167.76	198	218.45	238	270.24
159	169.00	199	219.73	239	271.56
160	170.24	200	221.02	240	272.88

Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor	Months Since Event Date	Buy In Factor
241	274.21	281	328.95	321	386.62
242	275.54	282	330.34	322	388.11
243	276.87	283	331.74	323	389.59
244	278.21	284	333.14	324	391.07
245	279.54	285	334.54	325	392.55
246	280.88	286	335.94	326	394.03
247	282.23	287	337.34	327	395.51
248	283.57	288	338.75	328	396.99
249	284.92	289	340.16	329	398.48
250	286.27	290	341.57	330	399.96
251	287.63	291	342.98	331	401.45
252	288.99	292	344.40	332	402.94
253	290.35	293	345.82	333	404.43
254	291.71	294	347.24	334	405.92
255	293.07	295	348.67	335	407.42
256	294.44	296	350.10	336	408.92
257	295.80	297	351.53	337	410.41
258	297.17	298	352.96	338	411.91
259	298.54	299	354.40	339	413.41
260	299.91	300	355.84	340	414.91
261	301.29	301	357.29	341	416.42
262	302.66	302	358.74	342	417.92
263	304.04	303	360.18	343	419.43
264	305.42	304	361.64	344	420.94
265	306.79	305	363.09	345	422.45
266	308.17	306	364.55	346	423.96
267	309.55	307	366.00	347	425.47
268	310.94	308	367.47	348	426.98
269	312.32	309	368.93	349	428.50
270	313.70	310	370.39	350	430.02
271	315.08	311	371.86	351	431.53
272	316.46	312	373.33	352	433.06
273	317.85	313	374.80	353	434.58
274	319.23	314	376.27	354	436.10
275	320.62	315	377.75	355	437.63
276	322.00	316	379.22	356	439.16
277	323.39	317	380.70	357	440.69
278	324.77	318	382.18	358	442.22
279	326.16	319	383.66	359	443.75
280	327.56	320	385.14	360	445.29



APPLICATION OF BUY-IN FACTORS  
EXAMPLE

Situation: A member retired after 20 years of active service in June of 2018. At the time of retirement, the member had a spouse, but declined SBP coverage. In April of 2023, the member decides to take advantage of the 2023 SBP open season enrollment period to enroll in SBP with spouse only coverage. The member elects as the SBP base amount the full amount of their retired pay, which is \$4,750 per month.

One-time buy-in premium computation:

1. Base amount: \$4,750, multiplied by
2. Flat Rate Cost Factor: 6.5%, multiplied by
3. Buy-in Factor: 56.26 (58 months have passed since the member's first opportunity to elect SBP. See table above.)

Total one-time buy-in premium:  $\$4,750 \times .065 \times 56.26 = \$17,370.28$

Prospective monthly premium:  $\$4,750 \times .065 = \$308.75$

Survivor's annuity after member's death:  $\$4,750 \times .55 = \$2,612.50$

APPENDIX II  
IMPLEMENTING DOCUMENTS

**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN ENROLLMENT ELECTION**  
(Public Law 117-263) (December 23, 2022–January 1, 2024)  
(Please read Privacy Act Statement and Instructions before completing form.)

**SECTION I - MEMBER INFORMATION**

1. NAME (Last, First, Middle Initial)	2. SSN	3. RANK/PAY GRADE/ BRANCH OF SERVICE	4. DATE OF BIRTH (YYYYMMDD)
5. MAILING ADDRESS (Ensure your finance center or reserve personnel center is advised whenever your mailing address changes)			
a. STREET ADDRESS (Include apartment number)	b. CITY	c. STATE/PROVINCE	d. ZIP/POSTAL CODE
e. COUNTRY, if not USA	f. TELEPHONE (Include area code)	g. E-MAIL ADDRESS	
6. TYPE OF REQUESTED COVERAGE - Mark One  <input type="checkbox"/> SBP (COMPLETE 7.)  <input type="checkbox"/> RCSBP (COMPLETE 8.)	7. RETIREMENT DATE (YYYYMMDD)	8. NOTICE OF ELIGIBILITY DATE (if awaiting non-regular retired pay at eligibility age) (YYYYMMDD)	

**SECTION II – CURRENT FAMILY STRUCTURE INFORMATION** (This section must be completed regardless of SBP/RCSBP Election). NOTE: If you are unmarried and/or do not have dependent children, please indicate below.

9. SPOUSE				
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)		
10. MAILING ADDRESS (Complete if spouse's address is different from member's address)				
a. STREET ADDRESS (Include apartment number)	b. CITY	c. STATE/PROV	d. ZIP/POST CODE	e. Country, if not USA
f. TELEPHONE NUMBER (Include area code)	11. DATE OF MARRIAGE (YYYYMMDD)	12. PLACE OF MARRIAGE (See Instructions)		
13. DEPENDENT CHILDREN - Indicate which child(ren) resulted from marriage to a former spouse by entering (FS) after relationship in column d. (If more space is needed to list children, please continue in ITEM 20.)				
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP (Son, daughter, stepson, etc.)	e. INCAPACITATED (Yes/No)

**SECTION III - ELECTION OF COVERAGE PURSUANT TO THE OPEN SEASON**

14. BENEFICIARY CATEGORY - Initial one item only. (See Instructions)  
I ELECT COVERAGE FOR:

	a. SPOUSE ONLY.
	b. SPOUSE AND CHILD(REN).
	c. CHILD(REN) ONLY.
	d. NATURAL PERSON WITH INSURABLE INTEREST (Complete Item 17 Below).
	e. FORMER SPOUSE (Complete Items 16 and 18 Below)
	f. FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE (Complete Items 16 and 18 Below)

MEMBER NAME (Last, First, Middle Initial)	SSN
---	-----

15. LEVEL OF COVERAGE - Initial one item only. Complete UNLESS 14.d. was selected above

a. I ELECT COVERAGE BASED ON FULL GROSS RETIRED PAY (If I elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System, full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus or Lump Sum.) (See Instructions)
b. I ELECT COVERAGE BASED ON A REDUCED BASE AMOUNT OF \$ _____ (See Instructions).
c. CSB/REDUX MEMBERS ONLY <input type="checkbox"/> I elect coverage based on my actual Reduced Retired Pay under REDUX
d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT

16. STATEMENT TO ACCOMPANY A REQUEST FOR FORMER SPOUSE (OR FORMER SPOUSE AND CHILD) COVERAGE

a. Initial in block provided:  I understand that this open season election to provide coverage for my Former Spouse may not be required by any court.

b. Check one, as appropriate: The court orders associated with the dissolution of my marriage to my former spouse

DO

DO NOT

address the establishment of coverage for my Former Spouse. NOTE: If a prior court order required the establishment of Former Spouse coverage, you must submit a copy of the order.

c. Initial in block provided:  I understand that my election to provide coverage to my Former Spouse under this open season is voluntary.

17. INSURABLE INTEREST BENEFICIARY (See Instructions)

a. NAME (Last, First, Middle Initial)	b. SSN	c. RELATIONSHIP	d. DATE OF BIRTH (YYYYMMDD)	
e. STREET ADDRESS (Include apartment number)	f. CITY	g. STATE/PROVINCE	h. ZIP/POSTAL CODE	i. COUNTRY, if not USA

18. FORMER SPOUSE INFORMATION

a. NAME (Last, First, Middle Initial)	b. SSN	c. RELATIONSHIP	d. DATE OF BIRTH (YYYYMMDD)	
e. STREET ADDRESS (Include apartment number)	f. CITY	g. STATE/PROVINCE	h. ZIP/POSTAL CODE	i. COUNTRY, if not USA

19. SPECIAL NEEDS TRUST (SNT) (See Instructions)

I intend to designate an SNT as beneficiary for the child or children designated as incapacitated in ITEM 13e. You must elect either 14b., 14c. or 14f. to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.

**SECTION IV - REMARKS**

20. USE THIS SECTION TO CONTINUE AN ITEM OR MAKE ADDITIONAL COMMENTS.

MEMBER NAME ( <i>Last, First, Middle Initial</i> )	SSN
--	-----

**SECTION V - MARITAL STATUS OR OTHER DEPENDENCY CHANGES HISTORY**

21. INDICATE DATE(S) OF PREVIOUS MARRIAGE(S) AND PREVIOUS DIVORCE(S). PROVIDE INFORMATION FOR ANY OTHER DEPENDENTS NOT LISTED ABOVE WHO ARE NO LONGER DEPENDENT. PROVIDE OTHER DEPENDENCY CHANGES SINCE RETIREMENT OR NOTICE OF ELIGIBILITY.

**SECTION VI - ENROLLMENT PREMIUM PAYMENT INFORMATION**

**For members already receiving retired pay:** I understand that, upon enrollment, I will be legally responsible and obligated to pay a "buy-in premium." The "buy-in premium" is comprised of (a) amounts that I would have been required to pay if I had enrolled in the SBP at an earlier opportunity plus (b) additional open season costs. I will also be responsible to pay monthly premiums beginning with the effective date of the election in the same manner that monthly premiums are collected for all SBP participants. An estimate of the costs has been furnished to me. I am fully prepared to pay the costs under the payment option indicated below.

**For non-regulars awaiting eligibility age to receive retired pay:**  
I understand that, upon enrollment, and upon reaching eligibility age, I will be legally responsible and obligated to pay the costs that would have been paid if I had enrolled in the RCSBP at an earlier opportunity. An estimate of the additional cost for RCSBP coverage has been furnished to me. I am fully prepared to pay the increased costs upon reaching eligibility age.

22. ENROLLMENT PREMIUM OPTIONS (For members already receiving retired pay only) (*Initial one*) (*See Instructions*)

<input type="checkbox"/>	a. Based on the estimate I received, I elect to submit a one-time full payment for the total amount of the "buy-in premium" due.
<input type="checkbox"/>	b. Based on the estimate I received, I elect to submit a partial payment of the amount of the "buy-in premium" due and initiate a Voluntary Payment Plan for the remainder to be deducted in 12 equal monthly installments plus installment interest, either from my retired pay or from my CRSC pay.
<input type="checkbox"/>	c. Based on the estimate I received, I elect to initiate a Voluntary Payment Plan for the amount of the "buy-in premium" due to be deducted in 12 equal monthly installments, plus installment interest either from my retired pay or from my CRSC pay; or I will make direct payments in 12 equal monthly installments plus installment interest via Direct Remittance to DFAS. If you select this payment option, only <b>one</b> form of payment can be used over the 12 months. You cannot combine payment options or switch to a different form of payment during the 12 months.

**SECTION VII - MEMBER OF A RESERVE COMPONENT**

(*Complete only if you are a member or a former member of a Reserve Component who has completed qualifying service for retired pay at age eligibility age.*)

23. I ELECT RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) - Initial one

<input type="checkbox"/>	a. RCSBP coverage elected but payment of annuity will be deferred until 60 <sup>th</sup> anniversary of member's birth or the date of the member's death (whichever is later)	<input type="checkbox"/>	b. RCSBP coverage elected and payment of annuity will commence upon the member's death
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**SECTION VIII - SPOUSE CONCURRENCE FOR RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION ONLY** (*Required when a Reserve member is married and does not elect Option C, Immediate Annuity based on full gross retired pay for the spouse or spouse and child.*)

24. SPOUSE.  
I hereby concur with the Reserve Component Survivor Benefit Plan election made by my spouse. I understand the options available and the effects of those options. I have signed this statement of my own free will.

a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)	
25.a. WITNESS NAME ( <i>Last, First, Middle Initial</i> )	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
d. STREET ADDRESS ( <i>Include apartment number</i> )	e. CITY	f. STATE	g. ZIP CODE

**SECTION IX - CERTIFICATION**

26. By my signature below, I certify that I am not currently participating in the SBP (or RCSBP) and by submitting this form I am VOLUNTARILY enrolling prospectively. I understand that, upon enrollment, I will be legally responsible for and obligated to pay the costs associated with this open season election to enroll. An estimate of the costs has been furnished to me and all of my questions about the costs and benefits associated with this open season enrollment have been answered to my satisfaction. I understand that my decision to enroll may not be revoked (except as provided for in the attached instructions). I am making this statement and this decision voluntarily with the full knowledge of its impact.

a. MEMBER SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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## PRIVACY ACT STATEMENT

**AUTHORITY:** Public Law 117-263 of the National Defense Authorization Act of 2023

**PRINCIPAL PURPOSE(S):** To allow eligible individuals to make Survivor Benefit Plan and Reserve Component Survivor Benefit Plan elections during the SBP open enrollment period (December 23, 2022 through January 1, 2024).

**ROUTINE USE(S):** If you were not participating in SBP or RCSBP on December 22, 2023, you may elect to enroll in any category of coverage that you could have elected when you were first eligible to participate in SBP or RCSBP (within the stated open season period).

**DISCLOSURE:** Voluntary; however, failure to furnish requested information will result in delays in adjusting pay and amounts not being properly computed.

## INSTRUCTIONS

### GENERAL.

1. Read these instructions carefully before completing the form.
2. Always ensure that you keep your Finance Center advised of your current marital status, correspondence address changes and (if applicable) check mailing address. Reserve Component members should always keep their Personnel Center advised of their current marital status and correspondence address. (See below for addresses of Finance Center and Service Personnel Centers.)
3. For retirees who are receiving retired pay, mail your election (use of certified or registered mail with return receipt requested is strongly recommended) to the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:
  - (a) Army, Navy, Air Force, Marine Corps and Space Force:  
Visit <https://www.dfas.mil/sbpopenseason23> for instructions on uploading your form via the askDFAS online upload tool, fax to 800-469-6559, or mail to DFAS U.S. Military Retired Pay, 8899 E. 56<sup>th</sup> Street, Indianapolis, IN 46249-1200
  - (b) U.S. Coast Guard:  
email to [ppc-dg-customer@uscg.mil](mailto:ppc-dg-customer@uscg.mil), or mail to Commanding Officer (RAS), USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591
  - (c) Public Health Service: Same as U.S. Coast Guard listed above.
  - (d) National Oceanic and Atmospheric Administration: Same as U.S. Coast Guard listed above.
4. For Reserve Members who have not received retired pay, mail your election (use of certified or registered mail with return receipt requested is strongly recommended) to the appropriate Branch of Service as follows:
  - (a) Army:  
email to: [usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil](mailto:usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil), or mail to ATTN RPMD-ROR-GAR, Human Resource Command, 1600 Spearhead Division Avenue Dept 482, Ft. Knox, KY 40122-5402
  - (b) Navy:  
Navy Personnel Command (PERS-912), 5720 Integrity Drive, Millington, TN 38055-9120
  - (c) Air Force and Space Force:  
Via myPers until 1 May 2023, after 1 May 2023, submit via my myFSS or mail to HQ ARPC/DPTTB, 18420 Silver Creek Ave, Bldg. 390 MS 68, Buckley SFC, CO 80011
  - (d) Marine Corps:  
email to [smb.manpower.mmsr5@usmc.mil](mailto:smb.manpower.mmsr5@usmc.mil), or mail to Headquarters, U.S. Marine Corps (MMSR-5), 3280 Russell Rd, Quantico, VA 22134
  - (e) U.S. Coast Guard:  
email to [ppc-dg-customer@uscg.mil](mailto:ppc-dg-customer@uscg.mil), or mail to Separations Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591
5. Once an open enrollment election is submitted to participate, the member may cancel the election by notifying DFAS or the appropriate service in writing within 30 days of making the election. To be effective, the cancellation notice must be in writing, must be signed and dated, and must be received by DFAS or the appropriate service within 30 days of the date of the member's signature on the open season enrollment form. Any SBP premiums collected during this 30-day period as a result of an open season election will be refunded to the member, prorated for any intervening coverage. Elections that are not cancelled within the time periods described above become final and irrevocable and will result in the collection of required premiums.

### SECTION I – MEMBER INFORMATION

**ITEMS 1 through 5f.** Self-explanatory

**ITEM 6.** If you are currently receiving retired pay, mark the SBP box. If you are currently awaiting non-regular retired pay at eligibility age, mark the RCSBP box.

**ITEM 7.** If you marked SBP in ITEM 6. Provide your retirement date.

**ITEM 8.** If you marked RCSBP in ITEM 6. Provide your notice of eligibility date.

## SECTION II – CURRENT FAMILY STRUCTURE INFORMATION

**ITEM 9a. through 9c.** Provide spouse's name and requested information. If you have no spouse enter "NA". This section must be completed regardless of SBP or RCSBP election.

**ITEM 10a. through 10e.** Enter spouse's information if it differs from member's.

**ITEM 11.** Provide date of marriage. Also, attach a photocopy of your marriage certificate.

**ITEM 12.** Provide place of marriage. If marriage occurred outside the United States, include city, province and name of country.

**ITEM 13a through 13c.** If you do not have dependent children, enter "N/A" in this item. If you elect coverage for your dependent children, provide the requested information and attach photocopy of birth certificates, adoption papers or court-appointed guardianship.

**ITEM 13d.** Place the letters "FS" after the relationship if the child was from a marriage to a former spouse.

**ITEM 13e.** An incapacitated child is an unmarried child who is incapable of self-support due to a mental or physical incapacity existing before the age of 18, or after the age of 18 but before 22 while a full-time student. The child must be child of the person to whom the Plan applies, including an adopted child, stepchild, foster child, or recognized natural child who lived with that person in a regular parent-child relationship. Supporting documentation is required.

## SECTION III – ELECTION OF COVERAGE PURSUANT TO OPEN SEASON

NOTE: Election becomes effective on the first day of the month after it is received by your Finance Center or the Reserve Personnel Center for Reserve for members awaiting retired pay. Upon enrollment, you will be legally responsible for and obligated to pay the costs associated with this open season election to enroll.

**ITEM 14.** Complete if you fall into one of the following categories:

Receiving retired pay and are not currently participating in the SBP; or are a non-regular who will be entitled to retired pay on a future date and are not currently participating in the RCSBP.

### **14a. through 14f.**

Persons not participating in SBP or RCSBP: If you are not participating in SBP or RCSBP, you may elect any category of coverage that you could have elected when you were first eligible to participate in SBP or RCSBP.

**14d.** May be chosen only if you were eligible to make such an election when first eligible for SBP or RCSBP. An election of this type must be based on your full gross retired/retainer pay. If the person is not a relative, or is a cousin or is more distantly related, attach evidence that the person has a financial interest in the continuance of your life.

**14e. and 14f.** Mark ITEM 14e. if you desire coverage for a former spouse. Mark ITEM 14f. if you desire coverage for a former spouse and dependent child(ren) of that marriage, and provide the requested information about these children in ITEM 13. as appropriate. If the court orders associated with the dissolution of your marriage address the establishment of coverage for your Former Spouse, provide a certified photocopy of the court orders.

**ITEM 15.** Initial the level of coverage you choose for SBP.

**15a.** Mark if you desire coverage based on your full gross retired/retainer pay. Note: If you previously elected the Career Status Bonus under REDUX or a lump sum of retired pay under the Blended Retirement System, full gross pay is the amount of retired pay that you would have received had you NOT elected the Career Status Bonus or Lump Sum.

**15b.** Mark if you desire coverage based on a reduced portion of your retired/retainer pay. This reduced amount may not be less than \$300.00. If your full gross retired/retainer pay is less than \$300.00, the full gross pay is automatically used as the base amount. Enter the desired amount in the space provided to the right of this election.

**15c.** Used by a REDUX member who wants coverage based on actual retired pay received under REDUX.

**15d.** Mark if you desire the higher threshold amount in effect on the date of your retirement to be used as your base amount.

**ITEM 16.** Initial and check as appropriate. If the court orders associated with the dissolution of your marriage address the establishment of coverage for your Former Spouse, provide a certified photocopy of the court orders.

**ITEM 17.** Enter the information for insurable interest beneficiary and provide a copy of the birth certificate(s). (See ITEM 14d. above.)

**ITEM 18.** Enter the information of the former spouse to be covered. Provide copies of marriage certificates, divorce decrees and court orders.

**ITEM 19.** Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in ITEM 14e. as incapacitated. You must elect either 14b., 14c. or 14f. to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating a SNT. It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT.

#### **SECTION IV – REMARKS**

**ITEM 20.** Reference each entry by item number.

#### **SECTION V – MARITAL STATUS HISTORY OR OTHER DEPENDENCY CHANGES HISTORY**

**ITEM 21.** Indicate date(s) of previous marriage(s) and divorce(s), if any. Attach copies of marriage certificates, divorce decrees and related court orders. Also, use this space to provide information on dependents/children not listed in ITEM 13 who are no longer dependent and any other dependency changes that have taken place in the category of coverage elected.

#### **SECTION VI – ENROLLMENT PREMIUM PAYMENT INFORMATION**

**ITEM 22. For member already receiving retired pay:** Upon enrollment you will be legally responsible and obligated to pay a “buy-in premium.” The “buy-in premium” is comprised of (a) amounts you would have been required to pay you had enrolled in SBP at an earlier opportunity plus (b) additional open season costs. You will also be responsible to pay monthly premiums beginning with the effective date of the election in the same manner that monthly premiums are collected for all SBP participants. You are strongly encouraged to review your retired pay or CRSC pay and keep in mind any expected changes to your pay in the upcoming months and how those changes might affect the payment option you choose. Please note: You cannot combine payment options or switch to a different form of payment during the 12 months. Please see <https://www.dfas.mil/sbpopenseason23> for addition FAQs on payment options.

**22a.** Mark this box if you elect to submit a lump sum payment for the total amount of the one-time buy-in SBP premium due.

**22b.** Mark this box if you elect to submit a partial payment of the SBP buy-in premium due and have the remainder of the SBP buy-in premium plus installment interest deducted from your retired pay or CRSC pay in 12 monthly installments. If you receive both retired pay and CRSC pay, we will deduct the installments from whichever has the highest net pay.

**22c.** Mark this box if you elect to have the SBP buy-in premium plus installment interest deducted from either your retired pay or your CRSC pay in 12 equal monthly Installments; OR if you elect to make direct payments to DFAS in 12 equal monthly installments plus installment interest via Direct Remittance. If you select this payment option, only **one** form of payment can be used over the 12 months. If you receive both retired pay and CRSC pay, we will deduct the installments from whichever has the highest net pay.

**For non-regulars awaiting eligibility age to receive retired pay:** Upon enrollment, and upon reaching eligibility age, you will be legally responsible and obligated to pay the costs that would have been paid if you had enrolled in the RCSBP at an earlier opportunity.

#### **SECTION VII – MEMBER OF A RESERVE COMPONENT**

**ITEM 23.** For non-regulars awaiting eligibility age to receive retired pay who are making an open season election, indicate whether you want (RCSBP Option B.) the payment of the annuity to be deferred until the 60<sup>th</sup> anniversary of your birth (or the day of your death, whichever is later) OR (RCSBP Option C) payment of the annuity to commence upon your death.

**23a.** By initialing RCSBP Option B, you elect to provide a deferred survivor annuity to your beneficiary(ies) that begins on the 60<sup>th</sup> anniversary of your birth, or the day of your death, whichever is later.

**23b.** By initialing RCSBP Option C, you elect to provide an immediate survivor annuity beginning on the day after your death, whether before or after age 60.

#### **SECTION VIII – SPOUSE CONCURRENCE FOR RESERVE COMPONENT SURVIVOR BENEFIT PLAN ONLY**

**ITEM 24.** If you are married, spousal consent is required for an RCSBP election that does not provide for an immediate spouse annuity (RCSBP Option C) based on full retired pay. The date of the spouse's signature in Item 24b. must be **on or after** the date of the member's signature in ITEM 26b..

**ITEM 25.** A person over the majority of age, other than the member or spouse, must provide their signature and date and contact information as a witness to the spouse concurrence. The date of the witness signature in ITEM 25c. must be **on or after** the date spouse's signature in ITEM 24b. and also must be **on or after** the date of the member's signature in ITEM 26b.

#### **SECTION IX – CERTIFICATION**

**ITEM 26.** Read this section carefully, then sign your name and indicate the date of signature. For your SBP/RCSBP election to be valid, you must sign and date the form.



# LETTER OF INTENT (LOI) TO ENROLL DURING THE SBP OPEN SEASON

(December 23, 2022 to January 1, 2024)

## Instructions: Complete the sections below according to your member status.

Section I (Page 1): All Members

Section II (Page 2): Retirees Receiving Pay - SBP Election

Section III (Page 3): Reserve/Guard Members and Former Members Awaiting Retired Pay - RCSBP Election

All requested information must be completed. Please make sure to sign and date this Letter of Intent and keep a copy for your records. **See Page 4 for how to submit your Letter of Intent.**

After receiving your Letter of Intent, the appropriate agency will provide an estimate for the cost of the coverage you request in this letter. **Members or former members who wish to enroll after notification of the cost must submit an official enrollment form to the appropriate agency. The SBP Open Season enrollment is not effective until the first day of the month after a complete, official "SBP/RCSBP Open Season Enrollment Form" is received by the appropriate agency.**

Estimates are dependent on the information you provide in this letter. **Please note that final calculations made when you submit your official SBP/RCSBP Open Season Enrollment Form could be different if there are changes, if you do not provide all of the necessary information in this letter, or if there is a gap in time between the estimate and the date of official enrollment.**

Before sending your Letter of Intent, please read the information about which elections are allowed during the SBP Open Season on Page 4-5 of this letter.

### LOI Section I - All Members: Complete All Information in This Section

Member Name (Last First MI): \_\_\_\_\_

Member SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ **OR** Date of Notice of Eligibility (NOE): \_\_\_\_\_

Mailing Address:

Check here to make this your official account mailing address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country (If not USA): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (include area code; add country code if international): \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

⇒ *Retirees receiving pay, go to Section II - SBP Election on Page 2*

⇒ *Reserve/Guard members and former members awaiting retired pay, go to Section III - RCSBP Election on Page 3*

**LOI Section II - SBP Election - Retirees Receiving Pay: Complete All Information in This Section**

**I intend to enroll in the following SBP coverage during the SBP Open Season (check up to three if unsure about intended coverage):**

Spouse Only\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Spouse and Child(ren)\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

List dates of birth for all children\*\*:

\_\_\_\_\_ ⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Child(ren) Only

List dates of birth for all children\*\*:

\_\_\_\_\_ ⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Natural Person With Insurable Interest

Insurable Interest date of birth: \_\_\_\_\_

Were you married at retirement? Circle One: Yes No

Did you have one or more dependent children at retirement? Circle One: Yes No

Former Spouse\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Former Spouse and Dependent Child(ren) of that Marriage\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

List dates of birth for children of marriage with former spouse\*\*:

\_\_\_\_\_ ⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

**I intend to elect coverage based on (check one):**

Full gross retired pay\*\*\*

A reduced base amount of \$ \_\_\_\_\_

Threshold amount

Reduced monthly base amount based on CSB/REDUX

Reduced monthly base amount based on BRS Lump Sum

After receiving a Letter of Intent to Enroll in SBP during the SBP Open Season, the agency responsible will estimate the one-time buy-in premium and inform the member or former member of the amount that the member will be required to pay. Members or former members who wish to enroll in SBP after notification of the amount of their one-time buy-in premium must submit an official "SBP Open Season Enrollment Form" to the appropriate agency, specifying payment arrangements. The enrollment is not effective until the first day of the month after the complete, official "SBP Open Season Enrollment Form" is received by the appropriate agency.

***After completing Section II, go to Page 4 for how to submit your LOI.***

Member Last Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

**LOI Section III - RCSBP Election - Reserve/Guard Members and Former Members Awaiting Retired Pay: Complete All Information in This Section**

**I intend to enroll in the following RCSBP coverage during the SBP Open Season (check up to three if unsure about intended coverage):**

Spouse Only\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Spouse and Child(ren)\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

List dates of birth for all children\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Child(ren) Only

List dates of birth for all children\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Natural Person With Insurable Interest

Insurable Interest date of birth: \_\_\_\_\_

Were you married at NOE? Circle One: Yes No

Did you have one or more dependent children at NOE? Circle One: Yes No

Former Spouse\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Former Spouse and Dependent Child(ren) of that Marriage\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

List dates of birth for children of marriage to former spouse\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

**I intend to elect coverage based on (check one):**

- Full gross retired pay\*\*\*
- A reduced base amount of \$ \_\_\_\_\_
- Threshold amount

**I intend to elect (check one):**

- Deferred Annuity Until Age 60 (Option B)
- Immediate Annuity (Option C)

After receiving a Letter of Intent to Enroll in RCSBP during the SBP Open Season, the branch of service will inform the member of the additional amount that the member will be required to pay upon reaching eligibility age for the newly established RCSBP coverage. Members who wish to enroll in RCSBP after notification of the additional amount that the member will be required to pay must submit an official "SBP/RCSBP Open Season Enrollment Form" to the member's individual branch of service. The Open Season enrollment is not effective until the first day of the month after a complete, official "SBP/RCSBP Open Season Enrollment Form" is received by the branch of service.

**After completing Section III, go to Page 4 for how to submit your LOI.**

## **How to Submit Your Letter Of Intent (LOI) to Enroll During the SBP Open Season**

### **SBP Election - Retirees Receiving Pay - Send Your Letter of Intent to:**

**For ARMY, NAVY, AIR FORCE, SPACE FORCE, and MARINE CORPS RETIREES RECEIVING PAY:**

To upload your LOI via the askDFAS online upload tool, see this webpage for details:

<https://www.dfas.mil/sbpopenseason23>

Or, mail to Defense Finance and Accounting Service, U.S. Military Retired Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200.

Or, fax toll-free to: 800-469-6559.

**For U.S. COAST GUARD, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA), and U.S. PUBLIC HEALTH SERVICE (USPHS),** mail to: Retiree and Annuitant Services Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS, 66683-3591.

Or, email to: [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil).

### **RCSBP Election - Reserve/Guard Members and Former Members Awaiting Retired Pay - Send Your Letter of Intent to:**

**For ARMY,** email to: [usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil](mailto:usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil)

Or, mail to: ATTN RPMD-ROR-GAR, Human Resources Command, 1600 Spearhead Division Avenue Dept 482, Ft Knox, KY 40122-5402

**For NAVY,** mail to: Navy Personnel Command (PERS-912), 5720 Integrity Drive, Millington, TN 38055-9120

**For AIR FORCE,** submit via myPers until 1 May 2023, after 1 May 2023, submit via my myFSS

Or, mail to: HQ ARPC/DPTTB 18420 Silver Creek Ave, Bldg 390 MS 68, Buckley SFB, CO 80011

**For MARINE CORPS,** email to: [smb.manpower.mmsr5@usmc.mil](mailto:smb.manpower.mmsr5@usmc.mil)

Or, mail to: Headquarters, U.S. Marine Corps (MMSR-5) 3280 Russell Rd, Quantico, VA 22134

**For U.S. COAST GUARD,** mail to: Separations Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.

Or, email to: [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil)

## **Additional Information**

### **OPEN ENROLLMENT PERIOD**

The open season began December 23, 2022, and ends January 1, 2024.

Elections to enroll that are received after the end of the open season on January 1, 2024, cannot be honored.

### **ELECTIONS AUTHORIZED**

An eligible member who, on December 22, 2022, was not participating in SBP or RCSBP may elect SBP for any type of coverage that member would have been eligible to elect and declined, or failed to elect, at their first opportunity. This includes eligible members who previously participated in SBP and discontinued participation.

## LIMITATIONS ON ELECTIONS

- a. Eligible members already participating in SBP or RCSBP as of December 22, 2022 may not change their SBP base amount or add beneficiaries during the open season.
- b. Eligible members participating in SBP or RCSBP as of December 22, 2022 may not discontinue participation in SBP for one category of beneficiary during the open season and subsequently enroll during the open enrollment period for another category of beneficiary. For example, a member participating in child only coverage may discontinue the child coverage but may not subsequently add spouse coverage during the open season.
- c. Members may not elect to cover a beneficiary or select a level of coverage that could not be in effect as the result of an election that could have been made previously by the member. For example, a member who was married upon retirement may not elect insurable interest coverage.

## COVERAGE LIMITATIONS

Eligible members may only designate beneficiaries who satisfy the prescribed legal criteria for the category of coverage as of the date the election is filed.

## ELECTIONS MUST BE VOLUNTARY

An election to participate under the authority of section 643, P.L. 117-263, is voluntary on the part of the eligible member and must be indicated as such in writing. For the election to be valid, a member must be alive and capable of making an informed decision. Members will be presumed to be capable of making an informed decision unless there is clear and convincing evidence to the contrary.

(1) No court order may require an eligible member to make an election during the open season based on the authority to make an election under the provisions of section 643, P.L. 117-263. An election may not be deemed under section 1450(f)(3), title 10, United States Code, as a result of any such court order during or in consequence of the open enrollment period. A member cannot make an election during the open season that serves to nullify the effect of an existing deemed election.

(2) An election by an eligible member to participate in SBP is not subject to the concurrence of a spouse or former spouse of the member.

(3) An eligible member making an election to participate in RCSBP shall indicate, in the event the member dies before becoming 60 years of age, or before attaining age eligibility for retired pay under the provisions of section 12731(f)(2) of title 10, United States Code, whether the annuity shall become effective on:

- (a) The day after the member's date of death; or
- (b) On the 60th anniversary of the member's birth.

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## Notes:

\*If you married and/or divorced more than one time since your retirement or NOE date, your estimate will require additional information. Please see this webpage for additional instruction: <https://www.dfas.mil/sbpopenseason23>

\*\*If a child is incapacitated, please note with an "I" next to their birth date.

\*\*\* If you elected CSB under REDUX or Lump Sum retired pay under BRS, full gross pay is the amount of retired pay you would have received had you NOT elected CSB or BRS Lump Sum.

SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN SEASON **ELECTION TO DISCONTINUE PARTICIPATION**

*(Public Law 117-263) (December 23, 2022 – January 1, 2024)  
(Please read Privacy Act Statement and Instructions before completing form.)*

**ADVANTAGES AND DISADVANTAGES OF CONTINUED SBP/RCSBP PARTICIPATION**

**ADVANTAGES OF CONTINUED SBP/RCSBP PARTICIPATION**

**Peace of Mind.** Retired pay stops at your death. SBP/RCSBP gives you the assurance of potentially continuing a portion of your retired pay to your spouse (including former spouse), child(ren) or insurable interest beneficiary for life.

**Tax Advantages.** SBP/RCSBP premiums withheld from retired pay are not taxed. For example, if your monthly retired pay is \$2,000, your SBP costs of \$130 are not taxed, thus your real SBP cost (assuming a 28 percent marginal tax bracket) is \$93.60. Also, it may be wise financial strategy to receive SBP's tax advantage when the retiree is in a higher marginal tax bracket, rather than when the survivor may be in a lower one.

**Government Subsidy.** The government pays for a portion of the SBP/RCSBP costs. Your premiums pay for only part of your SBP/RCSBP benefit and the government subsidizes the remainder.

**Inflation Protected Benefits.** SBP/RCSBP benefits are inflation-protected due to cost-of-living adjustments (COLA). Over the years of retirement, inflation can result in substantial changes in the value of annuity payments.

**Amount of Risk.** In most cases, SBP/RCSBP premiums will be recouped as benefits within three years after the retiree's death. You must weigh the higher risk of leaving your survivor with insufficient income without a SBP/RCSBP annuity against the smaller risk that your survivor might not get back every cent paid for coverage. A spouse may receive SBP/RCSBP payments for many years, receiving several times the amount paid in premiums.

**Resumed Coverage.** Even if your covered spouse or former spouse dies first, you may resume coverage for a subsequent spouse without any penalty based on advanced age, deteriorated health, or other risk factors.

**DISADVANTAGES OF CONTINUED SBP PARTICIPATION**

**Permanence.** There may not be another opportunity to discontinue beyond this special one-year period (i.e., if you no longer wish to provide a benefit to your beneficiary, this could be your only chance to discontinue your participation).

**Return of Costs.** Your beneficiary might not recover total payments made into the plan (e.g., if you are a retiree with a much older spouse; if you are certain you will never remarry).

**Reduced Need.** You may no longer need the coverage SBP provides (e.g., if you no longer need to protect your retired pay).

**Taxable Annuity.** The SBP annuity is taxable as income when received by the beneficiary.

**IMPORTANT REMINDERS**

**Barred Forever.** Elections to discontinue participation may not be cancelled. Once you discontinue participation, you cannot reenter the Plan (absent very unusual circumstances). RCSBP participants who discontinue will not be eligible to reenter the Plan upon reaching eligibility age for retired pay.

**No Premium Refund.** You received protection for the period you were enrolled in the Plan. Therefore, no premiums will be refunded for the periods in which you had coverage. Your past costs are generally immaterial to this decision; you should make your decision based on future benefits and costs. If you are in arrears on payment of premiums for coverage already received, discontinuing future participation does not release you from liability for those unpaid premiums. For RCSBP coverage already received, you will still be charged the premiums owed for that coverage at eligibility age.

**I confirm that I have read, understand and agree to the above \_\_\_\_\_ Initial Here**

**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**SURVIVOR BENEFIT PLAN (SBP)  
AND RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP)  
OPEN SEASON ELECTION TO DISCONTINUE PARTICIPATION**

**PRIVACY ACT  
STATEMENT**

**AUTHORITY:** Public Law 117-263 of the National Defense Authorization Act of 2023.

**PRINCIPAL PURPOSE(S):** Used by an SBP or RCSBP participant to discontinue participation in SBP/RCSBP during the open season period December 23, 2022 through January 1, 2024

**ROUTINE USE(S):** To discontinue participation in SBP or RCSBP under the provisions of Public Law 117-263. To provide for evidence of beneficiary concurrence in the member's election to discontinue. Upon approval of the discontinuance in participation of SBP, deductions from retired pay will be discontinued. For RCSBP coverage already received, member's will still be charged the premiums owed for that coverage, for the period enrolled, at eligibility age..

**DISCLOSURE:** Voluntary; however, failure to provide requested information may delay the termination process and may result in the expiration of the period of eligibility to discontinue.

**SECTION I. INSTRUCTIONS**

**GENERAL.**

1. Applicability: This form is used to voluntarily discontinue participation in the Survivor Benefit Plan (SBP)/Reserve Component Survivor Benefit Plan (RCSBP) as permitted by Public Law 117-263.
1. Read these instructions and the Advantages and Disadvantages of Continued SBP/RCSBP Participation carefully before completing this form. Type or print legibly. Maintain a copy of this form with your records.
3. Submit the completed form to the appropriate finance center listed below. It is recommended to use certified mail for proof of date of mailing and receipt. For discontinuance in **SBP**:

Army, Air Force, Navy, Marine Corps or Space Force retirees should submit to the Defense Finance and Accounting Service (DFAS)  
To use the convenient askDFAS online upload tool visit the webpage <https://www.dfas.mil/sbpopenseason23> for instruction on submitting via dfas.mil.

DFAS Retired Pay Fax: 1 800-469-6559

Mail: Defense Finance and Accounting Service U.S. Military Retired Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1200.

U.S. Coast Guard, National Oceanic and Atmospheric Administration (NOAA), and U.S. Public Health Service (USPHS) retirees should submit to: Mail: Retiree and Annuitant Services Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS, 66683-3591 or via email to [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil)

For discontinuance in **RCSBP**:

Army Reserve/Air National Guard:

Mail: ATTN: RPMD-ROR-GAR, Human Resources Command, 1600 Spearhead Division Avenue Dept.482, Ft. Knox, KY 40122-5402 or via email to [usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil](mailto:usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil)

Air Force Reserve/Air National Guard

Mail: HQ ARPC/DPTTB, 18420 E. Silvercreek Ave, Bldg 390 MS68, Buckley AFB, CO 80011 or via myFFS

Navy Reserve

Mail: Navy Personnel Command (PERS-912), 5720 Integrity Drive, Millington, TN, 38055-9120

Marine Corps Reserve:

Mail: Headquarters U. S. Marine Corps, Manpower and Reserve Affairs (MMSR-5), 3280 Russell Road, Quantico, VA, 22134- 5103 or via email to [smb.manpower.mmsr5@usmc.mil](mailto:smb.manpower.mmsr5@usmc.mil)

U.S. Coast Guard:

Mail: Separations Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS, 66683-3591 or via email to [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil)

**SECTION II – RETIREE or RESERVIST (Awaiting Pay) IDENTIFICATION**

Items 1 through 3 - Self-explanatory.

Item 4 - Mark the plan in which you have coverage.

Item 5 - If you marked SBP in Item 4, enter your retirement date in Item 5.

Item 6 - If you marked RCSBP in Item 4, enter your Notice of Eligibility (NOE) date in Item

6. Item 7-9 - Self-explanatory

**SECTION III – CURRENT COVERAGE.** Mark the type of current coverage you request to discontinue

**SECTION IV – REQUEST TO DISCONTINUE.** Read the statement carefully, then sign your name and indicate the date of your signature.

**SECTION V- CERTIFICATION.** SBP Counselor or Notary is required to witness the member's signature and date of completion of this form.

**SECTION VI - SPOUSE CONCURRENCE.** If you are participating in SBP/RCSBP and are currently married, concurrence of your spouse is required to discontinue any coverage.

**SECTION VII- CERTIFICATION FOR SPOUSE CONCURRENCE.** An SBP Counselor or Notary is required to witness the current spouse's signature and date of completion of this form.

**SECTION VIII-CHILD CONCURRENCE.** In some circumstances, discontinuing coverage for a child (who is of legal age) will also require the concurrence of the child. If the child is not disabled and is between the age 18 and 22, discontinuing existing child, spouse and child or former spouse and child coverage will require the child to concur. Coverage for a minor child or disabled child does not require child concurrence BUT, such coverage should not be discontinued without a full understanding of the consequences. If there is more than one child that needs to provide concurrence, please duplicate and complete the child concurrence/certification page, as many times as needed and submit with the full packet.

**SECTION IX-CERTIFICATION FOR CHILD CONCURRENCE.** An SBP Counselor or Notary is required to witness the child's signature and date of completion of this form. This applies to children of legal age (between age 18 and 22) who are not disabled.

**SECTION X-FORMER SPOUSE CONCURRENCE.** If election is to discontinue former spouse or former spouse and child coverage, the former spouse's concurrence is required. If the former spouse election was made pursuant to a court order, the court order must be amended to allow for the discontinuance.

**SECTION XI-CERTIFICATION FOR FORMER SPOUSE CONCURRENCE.** An SBP Counselor or Notary is required to witness the former spouse's signature and date of completion of this form. If the former spouse election was made pursuant to a court order, the court order must be amended to allow for the discontinuance.

**SECTION XII-NATURAL INTEREST PERSON CONCURRENCE.** If election is to discontinue NIP coverage, the NIP's concurrence is required (if legally capable). The discontinuation of NIP coverage under Public Law 117-263 of December 23, 2022 (the law establishing the open season) requires the concurrence of the member's spouse (if one exists) and the concurrence of the NIP beneficiary. Discontinuation of NIP coverage under 10 U.S.C. § 1448(b) does not require such concurrence. For information on discontinuing NIP coverage under 10 U.S.C § 1448(b), you may contact the appropriate agency in paragraph 3 of Section 1 of these instructions or see Department of Defense Financial Management Regulations (DODFMR) Volume 7B (Retired Pay) Chapter 43, paragraph 7.0, which is publicly available.

**SECTION XIII-CERTIFICATION FOR NATURAL INTEREST CONCURRENCE.** An SBP Counselor or Notary is required to witness the NIP's signature and date of completion of this form.



**SECTION II. RETIREE or RESERVIST (Awaiting Pay) IDENTIFICATION**

1. <b>NAME</b> (Last, First, Middle Initial)	2. <b>SSN</b>	3. <b>DATE OF BIRTH</b> (YYYYMMDD)
4. <b>TYPE OF EXISTING COVERAGE</b> (Mark One) <input type="checkbox"/> SBP (COMPLETE 5.)  <input type="checkbox"/> RCSBP (COMPLETE 6.)	5. <b>RETIREMENT DATE</b> (YYYYMMDD).	6. <b>NOTICE OF ELIGIBILITY DATE</b> (if awaiting non-regular retired pay at eligibility age) (YYYYMMDD)
7. <b>MAILING ADDRESS</b> (Street, Apartment Number, City, State, and ZIP Code)	8. <b>TELEPHONE NUMBER</b> (Include area code)	9. <b>EMAIL ADDRESS</b> (Optional)

**SECTION III. CURRENT COVERAGE (X one)**

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SPOUSE AND CHILD	<input type="checkbox"/> CHILD
<input type="checkbox"/> INSURABLE INTEREST	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> FORMER SPOUSE AND CHILD

**SECTION IV. REQUEST TO DISCONTINUE**

**RETIREE:** By my signature, I hereby **VOLUNTARILY** request to discontinue participation in SBP (or RCSBP, if applicable). I have read and understand the disadvantages and advantages of this decision, as listed on the first page of this form. I understand that SBP/RCSBP coverage will discontinue on the first day of the month following the month that this request is received by the Defense Finance and Accounting Service or the appropriate Reserve Component Personnel Center, as applicable. I understand that no refund of costs already paid for SBP coverage will be made and if discontinuing RCSBP coverage, I will be responsible to pay the premiums for coverage already received, and that SBP/RCSBP benefits will not be paid upon my death. I further understand that once I discontinue SBP or RCSBP coverage, I cannot reenter the Plan.

a. MEMBER'S NAME	b. MEMBER'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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**SECTION V. CERTIFICATION (SBP Counselor or Notary Public)**

**WITNESS:** By my signature, I certify that the member named above signed this form in my presence and that the above named member produced a photo bearing identification document, which identified him/her as the person signing this request to discontinue SBP or RCSBP coverage.

**The member's signature must be either (a) notarized, or (b) witnessed by an SBP counselor.**

**a. (If the member's signature is notarized):**

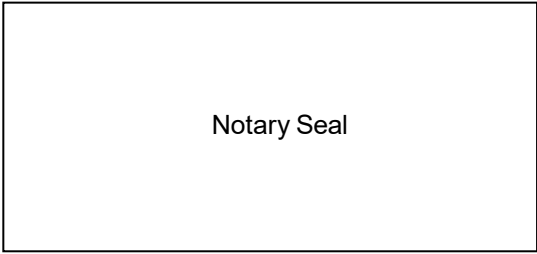
State of \_\_\_\_\_  
 County of \_\_\_\_\_

By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named member appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the member.

Signature of notarial officer:

Title of office:

My commission expires:



OR

**b. (If the member's signature is witnessed by an SBP counselor):**

**SBP Counselor:** By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named member appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the member.

SBP Counselor Name (Print)	SBP Counselor Signature	Date Signed (YYYYMMDD)
SBP Counselor Unit Name	SBP Counselor Address	SBP Counselor e-mail and phone

RETIREE OR RESERVIST (Awaiting Pay) NAME (Last, First, Middle Initial)	SSN
--	-----

**SECTION VI. SPOUSE CONCURRENCE**

**SPOUSE:** By my signature, I certify that I am the legal spouse of the above listed retiree. I have read and understand the disadvantages and advantages of this decision, as listed on the front of this form. I understand that I will receive no SBP or RCSBP benefits upon the death of my spouse. I concur with the decision to discontinue participation in SBP or RCSBP and have signed this statement voluntarily and of my own free will. I further understand that once my spouse discontinues participation in SBP or RCSBP, he/she cannot reenter the Plan.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. PRINTED NAME (Last, First, Middle Initial)	d. SSN
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**SECTION VII. CERTIFICATION (SBP Counselor or Notary Public)**

**WITNESS:** By my signature, I certify that the above named spouse signed this form in my presence and that the above named spouse produced a photo bearing identification document, which identified him/her as the person signing this request to discontinue SBP or RCSBP coverage.

**The spouse's signature must be either (a) notarized, or (b) witnessed by an SBP counselor.**

**a. (If the spouse's signature is notarized):**

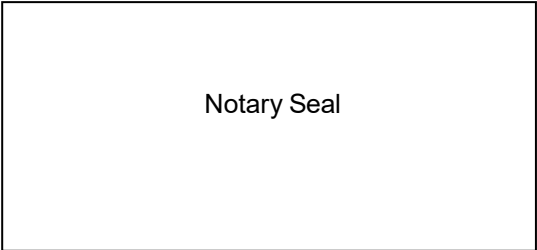
State of \_\_\_\_\_  
 County of \_\_\_\_\_

By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named spouse appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the spouse.

Signature of notarial officer:

Title of office:

My commission expires:



OR

**b. (If the spouse's signature is witnessed by an SBP counselor):**

SBP Counselor: By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named spouse appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the spouse.

SBP Counselor Name (Print)	SBP Counselor Signature	Date Signed (YYYYMMDD)
SBP Counselor Unit Name	SBP Counselor Address	SBP Counselor e-mail and phone

RETIREE OR RESERVIST (Awaiting Pay) NAME (Last, First, Middle Initial)	SSN
--	-----

**SECTION VIII. CHILD CONCURRENCE**

**CHILD:** By my signature, I certify that I am the child, between the ages 18-22, of the above listed retiree. I have read and understand the disadvantages and advantages of this decision, as listed on the first page of this form. I understand that I will receive no SBP or RCSBP benefits upon the death of my parent/sponsor. I concur with the decision to discontinue participation in SBP or RCSBP and have signed this statement voluntarily and of my own free will. I further understand that once my parent/sponsor discontinues participation in SBP or RCSBP, he/she cannot reenter the Plan. (Applicable to children of legal age and not disabled. (See instructions.) Note: If there is more than one child that needs to provide concurrence, please duplicate and complete the child concurrence/certification page, as many times as needed and submit with the full packet.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. PRINTED NAME (Last, First, Middle Initial)	d. SSN
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**SECTION IX. CERTIFICATION (SBP Counselor or Notary Public)**

**WITNESS:** By my signature, I certify that the above named child signed this form in my presence and that the above named child produced a photo bearing identification document, which identified him/her as the person signing this request to discontinue SBP or RCSBP coverage.

**The child's signature must be either (a) notarized, or (b) witnessed by an SBP counselor.**

**a. (If the child's signature is notarized):**

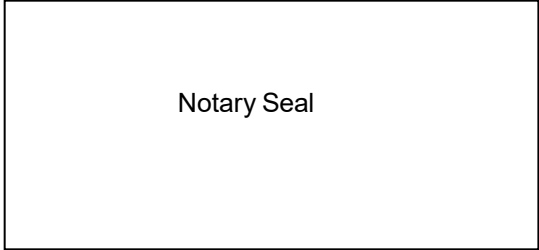
State of \_\_\_\_\_  
County of \_\_\_\_\_

By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named child appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the child.

Signature of notarial officer:

Title of office:

My commission expires:



OR

**b. (If the child's signature is witnessed by an SBP counselor):**

SBP Counselor: By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named child appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the child.

SBP Counselor Name (Print)	SBP Counselor Signature	Date Signed (YYYYMMDD)
SBP Counselor Unit Name	SBP Counselor Address	SBP Counselor e-mail and phone

RETIREE OR RESERVIST (Awaiting Pay) NAME (Last, First, Middle Initial)	SSN
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**SECTION X. FORMER SPOUSE CONCURRENCE**

**FORMER SPOUSE:** By my signature, I certify that I am the former spouse of the above listed retiree. I have read and understand the disadvantages and advantages of this decision, as listed on the first page of this form. I understand that I will receive no SBP benefits upon the death of my former spouse. I concur with the decision to terminate participation in SBP and have signed this statement voluntarily and of my own free will. I further understand that once my former spouse discontinues participation in SBP, he/she cannot reenter the Plan.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. PRINTED NAME (Last, First, Middle Initial)	d. SSN
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**SECTION XI. CERTIFICATION (SBP Counselor or Notary Public)**

**WITNESS:** By my signature, I certify that the above named former spouse signed this form in my presence and that the above named former spouse produced a photo bearing identification document, which identified him/her as the person signing this request to discontinue SBP or RCSBP coverage.

**\_\_\_\_\_ The former spouse's signature must be either (a) notarized, or (b) witnessed by an SBP counselor.**

**a. (If the former spouse's signature is notarized):**

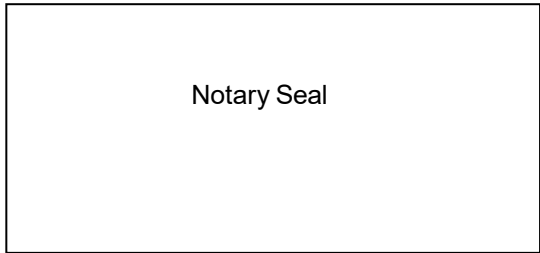
State of \_\_\_\_\_  
 County of \_\_\_\_\_

By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named former spouse appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the former spouse.

Signature of notarial officer:

Title of office:

My commission expires:



OR

**b. (If the former spouse's signature is witnessed by an SBP counselor):**

SBP Counselor: By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, the above named former spouse appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the former spouse.

SBP Counselor Name (Print)	SBP Counselor Signature	Date Signed (YYYYMMDD)
SBP Counselor Unit Name	SBP Counselor Address	SBP Counselor e-mail and phone

RETIREE OR RESERVIST (Awaiting Pay) NAME (Last, First, Middle Initial)	SSN
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**SECTION XII. NATURAL INTEREST PERSON  
(NIP) CONCURRENCE**

**NATURAL INTEREST PERSON:** By my signature, I certify that I am the NIP of the above listed retiree. I have read and understand the disadvantages and advantages of this decision, as listed on the first page of this form. I understand that I will receive no SBP or RCSBP benefits upon the death of the retiree. I concur with the decision to discontinue participation in SBP or RCSBP and have signed this statement voluntarily and of my own free will. I further understand that once the retiree discontinues participation in SBP or RCSBP, he/she cannot reenter the Plan. Please note that concurrence of the NIP is only required if the member is discontinuing NIP coverage based on Public Law 117-263. See instruction for Section XVI for further information on discontinuing NIP coverage under 10 U.S.C. § 1448 (b).

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. PRINTED NAME (Last, First, Middle Initial)	d. SSN
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**SECTION XIII. CERTIFICATION (SBP Counselor or Notary Public)**

**WITNESS:** By my signature, I certify that the above named NIP signed this form in my presence and that the above named NIP produced a photo bearing identification document, which identified him/her as the person signing this request to discontinue SBP or RCSBP coverage.

**The insurable interest person's signature must be either (a) notarized, or (b) witnessed by an SBP counselor.**

**a. (If the NIP beneficiary's signature is notarized):**

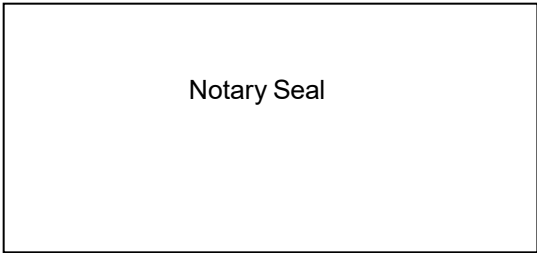
State of \_\_\_\_\_  
County of \_\_\_\_\_

By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_,  
the above named NIP beneficiary appeared before me, produced satisfactory evidence of identity and signed this form  
in my presence. The signature on the above statement is verified as the signature of the NIP beneficiary.

Signature of notarial officer:

Title of office:

My commission expires:



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**b. (If the NIP beneficiary's signature is witnessed by an SBP counselor):**

SBP Counselor: By my signature, I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_,  
the above named NIP beneficiary appeared before me, produced satisfactory evidence of identity and signed this form  
in my presence. The signature on the above statement is verified as the signature of the NIP beneficiary.

SBP Counselor Name (Print)	SBP Counselor Signature	Date Signed (YYYYMMDD)
SBP Counselor Unit Name	SBP Counselor Address	SBP Counselor e-mail and phone