



THE ULTIMATE GUIDE TO YOUR AGR RETIREMENT

A 24-Month Journey

FOR REFERENCE ONLY

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INTEGRITY FIRST

**SERVICE BEFORE
SELF**

**EXCELLENCE IN
ALL WE DO**

AIM HIGH

FLY FIGHT WIN!

Remember 3 things

- Retirement is a process- not an event
- Be prepared- review your documents often
- Give yourself plenty of time to process

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Section 1 - Retirement Eligibility & Grade

These lists are not all inclusive. If you have further questions, please review AFI 36-3203, *Service Retirements*, and AFI 36-3209, *Retirement Procedures for Air National Guard and Air Force Reserve Members*.

1-1: Retirement Eligibility

Enlisted

- (1) Must complete 20 years of total active federal military service (TAFMS).
- (2) Enlisted members at age 60 who do not apply for retirement will automatically be placed in the retired reserve under the provision of 10 USC § 12108.
- (3) ANG enlisted members that reach age 60 can be discharged on the members' ETS if they do not apply for reserve retired pay.

Officer

- (1) Complete 20 years of total active federal military service (TAFMS).
- (2) Have 10 years of total active federal commissioned service (TAFCS) to receive an AD retirement as an officer unless granted a waiver under some provision of law.
- (3) Officers who are subject to mandatory retirement, required under 10 USC Chapters 36 or 63, the retirement must take place no later than the date set by the statute that applies.
- (4) Officers who have a mandatory separation date (MSD) established must retire no later than that date, even if previously approved for a voluntary retirement effective after the MSD, unless through a SecAF selective continuation process, the AF assigns the officer a later MSD.
- (5) An Enlisted member who was subsequently commissioned as an officer at any time and completed 10 years TAFCS is not eligible to retire in that commissioned grade if they resigned their reserve or regular commission. If so, they will retire in the highest enlisted grade held and may be advanced to the highest commissioned grade held when their active service plus the their service on the retired list totals 30 years.

1-2: Retirement Restrictions

Factors that preclude a member from being approved for an effective retirement date are:

- (1) Not meeting the eligibility criteria.
- (2) Applicant has already applied for retirement (only one application can be active).
- (3) Applicant is under investigation or pending involuntary separation.
- (4) Applicant is affected by Stop Loss provisions.
- (5) A member's Component and/or Functional category is not commensurate.
- (6) Service Commitments (i.e. Retainability for Promotion, Formal School Attendance, and commitment for Educational Tuition Assistance).

1-3: Retirement Grade Requirements

Enlisted

- (1) Members retiring for other than disability retire in the grade held on the date of retirement even if they don't complete the promotion active-duty service commitment required by Air Force policy.
 - There is no provision in law to allow an enlisted member to request retirement in a lower grade simply to avoid the required service commitment; however, the commitment may be waived if the member can provide evidence to show how approval is in the best interest of the service or that they are experiencing an extreme hardship uncommon to other service members. Those members who retire with less than 3 years of service in grade will typically have their retired pay calculated using the average of the last 36 months of base pay.
- (2) Members who previously held a higher grade and served satisfactorily on active duty for at least 6 months, may be placed on the USAF Retired List immediately in the higher grade as follows:
 - Upon SAF or designee approval, enlisted members demoted for cause, may be advanced to the higher grade for pay when their active duty and the time spent on the USAF Retired List totals 30 years.
 - Enlisted members who previously held a commission but, did not meet the commissioned requirement may be advanced to the higher grade for pay when their active duty and the time spent on the USAF Retired List totals 30 years.

Officer

- (1) To voluntarily retire in the grade of major or below, a commissioned officer must have served satisfactorily in the higher grade with at least six months TIG.
- (2) To voluntarily retire in a grade above major, a commissioned officer generally must have served satisfactorily in that higher grade with at least three years' time in grade (TIG); otherwise, the AF will authorize the retirement in the next lower grade, unless a waiver is granted under some provision of law.
- (3) Lieutenant colonel and above who apply for after being told they will be released from active duty involuntarily for MSD and/or age, retire in the highest grade held on active duty satisfactorily for at least 6 months.

Reference(s):

AFI 36-3203, *Service Retirements*
DAFI 36-3211, *Military Separations*

Section 2 - Disability Ratings

2-1: Types of VA Disability Claims and When to File

Original Claim

The first claim you file for a disability is your original claim.

- (1) If you have 180-90 days left on active duty, you may be able to file a pre-discharge claim through the Benefits Delivery at Discharge (BDD) program. This may help speed up the claim decision process so you can get your benefits sooner.
- (2) If you have less than 90 days left on active duty, you can't file your claim through the BDD program. But you can still file before you're discharged, and your claim will be processed after separation as a fully developed or standard claim.
- (3) You can also file a claim for a disability that appears after discharge. This is called a post-service claim. There's no time limit on filing a post-service claim. But you should know that the process may become more complex the longer you wait.

Increased Claim

You can file a claim for increased disability compensation if you have a rated service-connected disability that's gotten worse. You'll need to submit up-to-date medical evidence that shows your disability has gotten worse.

You can file an increased claim to request:

- (1) An increase in your disability rating
- (2) More financial support

New Claim

The decision on your new claim will be based only on new evidence (like a doctor's report or medical test results) that you give them to support your claim. They won't consider any evidence you may have given us related to past claims.

You can file a new claim to request:

- (1) More financial support
- (2) Special monthly payments
- (3) A shift to Individual Un-employability status (a status given to Veterans who are unable to work because of a disability)

Secondary Service-connected Claim

You can file a secondary claim to get more disability benefits for a new disability that's linked to a service-connected disability you already have.

For example, you might file a secondary claim if you develop arthritis that's caused by a service-connected knee injury you got while on active duty or develop heart disease that's caused by the high blood pressure you were diagnosed with while on active duty and that they previously concluded was connected to your service.

Special Claim

You can file a special claim to request compensation for special needs.

These may include needs like:

- (1) A specially equipped vehicle if your service-connected disability prevents you from driving.
- (2) Temporary payments if you're recovering from surgery or other treatment and unable to move.
- (3) Increased payments if you can't work because of your service-connected disability.

Supplemental Claim

You can file a Supplemental Claim if you meet **all** of the requirements listed below:

- (1) They denied your disability claim.
- (2) You didn't file an appeal at that time.
- (3) You have new and relevant evidence (new supporting documents like a doctor's report or medical test results) that they haven't seen before and that's directly related to your claim.

For example, you might file a Supplemental Claim if you were treated for pain in your elbow while on active duty, but you were denied disability benefits because your VA health exam didn't find a problem. Then 2 years later, an X-ray of your elbow showed signs of arthritis (a painful swelling and sometimes wearing down of a joint). In this case, you would need to send your new exam and X-ray results to us as new evidence related to the claim.

2-2: Eligibility for VA Disability Benefits

Review VA disability benefits eligibility criteria to find out if you can get disability compensation for an illness or injury that was caused by, or got worse because of, your active military service. Compensation may include financial support and other benefits like health care.

VA Disability Compensation Eligibility

You may be eligible for VA disability benefits or compensation if you have a current illness or injury (known as a condition) that affects your body or mind and you meet at least one of the requirements listed below:

Both of these must be true.

- (1) Served on active duty, active duty for training, or inactive duty training, **and**
- (2) Have a disability rating for your service-connected condition.

And at least one of these must be true.

- (1) Got sick or injured while serving in the military—and can link this condition to your illness or injury (called an in-service disability claim), **or**
- (2) Had an illness or injury before you joined the military—and serving made it worse (called a preservice disability claim), **or**
- (3) Have a disability related to your active-duty service that didn't appear until after you ended your service (called a post-service disability claim).

Presumed disabilities

- (1) A chronic (long-lasting) illness that appears within one year after discharge.

- (2) An illness caused by contact with contaminants (toxic chemicals) or other hazardous materials.
- (3) An illness caused by your time spent as a prisoner of war (POW).

Who is covered?

Veterans and their qualified dependents

2-3: How to File a VA Disability Claim

Preparation before Filing

- (1) Find out if you're eligible for VA disability compensation.
- (2) Gather any evidence (supporting documents) you'll submit yourself when you file your VA disability claim.
- (3) Be sure your claim is filled out completely and you have all the supporting documents ready to send in along with your claim. This will help us process your claim quickly.

Claim Supporting Evidence

You can help to support your VA disability claim by providing documents, such as:

- (1) VA medical records and hospital records that relate to your claimed illnesses or injuries or that show your rated disability has gotten worse.
- (2) Private medical records and hospital reports that relate to your claimed illnesses or injuries or that show your disability has gotten worse.
- (3) Supporting statements, you'd like to provide from family members, friends, clergy members, law enforcement personnel, or those you served with that can tell us more about your claimed condition and how and when it happened or how it got worse.

Depending on the type of claim you file, you may gather supporting documents yourself, or you can ask the VA to help gather evidence. They'll also review your discharge papers (DD214 or other separation documents) and service treatment records.

NOTE: You don't have to submit any evidence to support your claim, but the VA may need to schedule a claim exam so they can learn more about your condition. You should also know that you have up to a year from the date they receive your claim to turn in any evidence. If you start your application and need time to gather more supporting documents, you can save your application and come back later to finish it. The VA will recognize the date you started your application as your date of claim if you complete it within 365 days.

Ways to File a Disability Claim

- (1) By mail: File your claim by mail using an Application for Disability Compensation and Related Compensation Benefits (VA Form 21-526EZ). Print the form, fill it out, and send it to Department of Veterans Affairs Claims Intake Center, PO Box 4444, Janesville, WI 53547-4444.
- (2) In person: Bring your application to a VA regional office near you.

- (3) With the help of a trained professional: You can work with a trained professional called an accredited representative to get help filing a claim for disability compensation.

You don't need to do anything while you're waiting unless they send you a letter asking for more information. If they schedule exams for you, be sure not to miss them.

Decision Timeline

153.1 days was the average number of days to complete disability-related claims in February 2021

2-4: How VA Disability Ratings Are Assigned

You are assigned a disability rating based on the severity of your disability. They express this rating as a percentage, representing how much your disability decreases your overall health and ability to function. They then use your disability rating to determine your disability compensation rate, so they can calculate how much money you'll receive from us each month. They also use your disability rating to help determine your eligibility for other benefits, like VA health care.

Disability Rating Decisions

Your rating is based on:

- (1) The evidence you give (like a doctor's report or medical test results), and
- (2) The results of your VA claim exam (also called a compensation and pension, or C&P, exam), if they determine you need this exam, and
- (3) Other information they may get from other sources (like federal agencies).

Q1: What if I have more than one disability? The VA use a method called the "whole person theory" to determine what they call your combined disability rating. They do this to make sure that your total VA disability rating doesn't add up to more than 100%. That's because a person can't be more than 100% able-bodied.

Q2: How do ratings work for a disability I had before entering the service that got worse because of my service? If you get disability benefits for a pre-service disability, the VA bases your monthly compensation amount on the level of aggravation. Level of aggravation means how much worse your pre-service disability got because of your military service. For example: If you had an illness or injury (also known as a condition) that was rated as 10% disabling when you entered the military, and it became 20% disabling due to the effects of your service, then the level of aggravation would be 10%.

Q3: Is there anything else, other than my disability rating that may affect the amount of compensation I receive? Yes, they may increase or decrease your compensation amount in certain situations.

Combined VA Disability Ratings

If you have multiple disability ratings, they use the Combined Ratings Table to calculate your combined VA disability rating. Calculating your combined disability rating involves

more than adding up your individual ratings. That's why your combined rating may be different from the sum of your individual ratings.

The VA follows these steps to calculate your combined rating:

Step 1 - Put your disability ratings in order, from highest to lowest percentage. For example: If you had 2 disabilities rated as 50% disabling and 30% disabling, they would rank them in this order: 50%, then 30%.

Step 2 - Next, look for your highest rating in the left column of the combined ratings table, and the next highest rating in the top row of the combined ratings table. In our example: they would look for 50 in the left column and 30 in the top row.

Step 3 – Then, look across from the 50 in the left column and down from the 30 in the top row to find the number that appears where the left column and top row meet. This is the combined value of the 2 ratings. In our example: This would be 65.

Step 4 - If you have 2 disabilities, round the combined value to the nearest 10% to find your combined disability rating. The VA rounds combined values ending in 1 to 4 down, and those ending in 5 to 9 up. In our example: Your combined disability rating would be 70%.

Step 5 - If you have more than 2 disabilities, repeat the process for each additional disability. This means take the combined value (before rounding) of the first 2 disability ratings and then combine that with the third highest rating, and so on until you've added all disability ratings. Then round the final value to the nearest 10% to get your combined disability rating. For example: If they added a third disability rated at 10% disabling to our original example, they would take your combined value of 65 and look for that number in the left column of the combined ratings table. They would then look for 10 in the top row—and find the number where the left column and top row meet. In this example, that number would be 69, which you would then round up to 70%, and this would be your combined disability rating.

To get more information, you may watch these videos on YouTube and learn more about how VA disability ratings and compensation work.

- Benefits Delivery at Discharge (BDD)
- Compensation 101: How did I get this rating?
- Compensation 101: What is disability compensation?
- Compensation 101: What is service connection?

Table I-Combined Ratings Table
[10 combined with 10 is 19]

	10	20	30	40	50	60	70	80	90
19	27	35	43	51	60	68	76	84	92
20	28	36	44	52	60	68	76	84	92
21	29	37	45	53	61	68	76	84	92
22	30	38	45	53	61	69	77	84	92
23	31	38	46	54	62	69	77	85	92
24	32	39	47	54	62	70	77	85	92
25	33	40	48	55	63	70	78	85	93
26	33	41	48	56	63	70	78	85	93
27	34	42	49	56	64	71	78	85	93
28	35	42	50	57	64	71	78	86	93
29	36	43	50	57	65	72	79	86	93
30	37	44	51	58	65	72	79	86	93
31	38	45	52	59	66	72	79	86	93
32	39	46	52	59	66	73	80	86	93
33	40	46	53	60	67	73	80	87	93
34	41	47	54	60	67	74	80	87	93
35	42	48	55	61	68	74	81	87	94
36	42	49	55	62	68	74	81	87	94
37	43	50	56	62	69	75	81	87	94
38	44	50	57	63	69	75	81	88	94
39	45	51	57	63	70	76	82	88	94
40	46	52	58	64	70	76	82	88	94
41	47	53	59	65	71	76	82	88	94
42	48	54	59	65	71	77	83	88	94
43	49	54	60	66	72	77	83	89	94
44	50	55	61	66	72	78	83	89	94
45	51	56	62	67	73	78	84	89	95
46	51	57	62	68	73	78	84	89	95
47	52	58	63	68	74	79	84	89	95
48	53	58	64	69	74	79	84	90	95
49	54	59	64	69	75	80	85	90	95
50	55	60	65	70	75	80	85	90	95
51	56	61	66	71	76	80	85	90	95
52	57	62	66	71	76	81	86	90	95
53	58	62	67	72	77	81	86	91	95
54	59	63	68	72	77	82	86	91	95
55	60	64	69	73	78	82	87	91	96
56	60	65	69	74	78	82	87	91	96
57	61	66	70	74	79	83	87	91	96
58	62	66	71	75	79	83	87	92	96
59	63	67	71	75	80	84	88	92	96
60	64	68	72	76	80	84	88	92	96
61	65	69	73	77	81	84	88	92	96
62	66	70	73	77	81	85	89	92	96

Table I-Combined Ratings Table
[10 combined with 10 is 19]

	10	20	30	40	50	60	70	80	90
63	67	70	74	78	82	85	89	93	96
64	68	71	75	78	82	86	89	93	96
65	69	72	76	79	83	86	90	93	97
66	69	73	76	80	83	86	90	93	97
67	70	74	77	80	84	87	90	93	97
68	71	74	78	81	84	87	90	94	97
69	72	75	78	81	85	88	91	94	97
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99

Reference(s):
www.va.gov/disability

Section 3 - Education Benefits

3-1: Post-9/11 GI Bill (Chapter 33)

The Post-9/11 GI Bill (Chapter 33) helps you pay for school or job training. If you've served on active duty after September 10, 2001, you may qualify for the Post-9/11 GI Bill (Chapter 33).

Eligibility

You may be eligible for education benefits if you meet at least one of the requirements listed below.

- (1) Served at least 90 days on active duty (either all at once or with breaks in service) on or after September 11, 2001.
- (2) Received a Purple Heart on or after September 11, 2001, and were honorably discharged after any amount of service.
- (3) Served for at least 30 continuous days (all at once, without a break in service) on or after September 11, 2001, and were honorably discharged with a service-connected disability.
- (4) Are a dependent child using benefits transferred by a qualifying Veteran or service member.

Note: If you're a member of the Reserves who lost education benefits when the Reserve Educational Assistance Program (REAP) ended in Nov 2015, you may qualify to receive restored benefits under the Post-9/11 GI Bill.

What if I qualify for other VA education benefits too? You'll have to pick which benefit you'd like to use. This is an irrevocable decision, meaning you can't change your mind.

Benefits

You can receive up to 36 months of benefits, including:

- (1) Tuition and fees. If you qualify for the maximum benefit, they will cover the full cost of public, in-state tuition and fees. They cap the rates for private and foreign schools, and update those rates each year.
- (2) Money for housing (if you're in school more than half time). They will base your monthly housing allowance on the cost of living where your school is located.
- (3) Money for books and supplies. You can receive up to \$1,000 per school year.
- (4) Money to help you move from a rural area to go to school. You may qualify for this one-time payment of \$500 if you live in a county with 6 or fewer people per square mile and you're either moving at least 500 miles to go to school or have no other option but to fly by plane to get to your school.

The specific amount you'll receive will depend on how much active service you've had since September 10, 2001. They will calculate this amount based on a percentage of the maximum benefit. For example: If you had 90 days of active service since September 10, 2001, you would qualify for 50% of the maximum amount. If you served for 3 years, you would qualify for 100% of the benefit. So if your school charges \$22,000 for in-state tuition and fees, you would receive \$11,000 if you had 90 days of active service and the full \$22,000 if you had 3 years of active service.

How to Apply

To see what benefits you'll get at the school you want to attend use the GI Bill Comparison Tool at <https://www.va.gov/gi-bill-comparison-tool>. Note: To apply for Veteran Readiness and Employment (Chapter 31) or educational and career counseling through Personalized Career Planning and Guidance (Chapter 36), you'll need to use a different application.

What documents and information do you need to apply? Social Security number, bank account direct deposit information, education and military history, basic information about the school or training facility you want to attend or are attending now

How to apply:

- (1) Online: www.va.gov/education/how-to-apply/.
- (2) By mail: Call 888-442-4551, Monday through Friday, 8:00 a.m. to 7:00 p.m. ET, to request that they send the application to you. Fill it out and mail it to the VA regional claims processing office that's in the same location as your school.
- (3) In person: Go to a VA regional office and have a VA employee help you. <https://dvs.ohio.gov/wps/portal/gov/dvs/>. You can also work with your school's certifying official. This person is usually in the Registrar or Financial Aid office at the school.
- (4) With the help of a trained professional: You can work with a trained professional called an accredited representative to get help applying for education benefits. www.va.gov/disability/get-help-filing-claim/.

Application Status Updates - If you already applied for and were awarded Post-9/11 GI Bill education benefits, your GI Bill Statement of Benefits will show you how much of your benefits you've used and how much you have left to use. www.va.gov/education/gi-bill/post-9-11/ch-33-benefit/.

Transfer your Post-9/11 GI Bill benefits

The Department of Defense (DoD) decides whether you can transfer GI Bill benefits to your family.

Am I eligible to transfer benefits? You may be eligible to transfer education benefits if you're on active duty or in the Selected Reserve and you meet all of the requirements listed below.

- (1) You've completed at least 6 years of service on the date your request is approved.
- (2) You agree to add 4 more years of service.
- (3) The person getting benefits has enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

What benefits can my qualified dependents get? If the DoD approves the Transfer of Entitlement (TOE), your spouse or dependent children can apply for up to 36 months of benefits, and may be able to get money for:

- (1) Tuition

- (2) Housing
- (3) Books and supplies

When can they use the transferred benefits? These conditions apply to family members using transferred benefits:

(1) Spouses

- May use the benefit right away.
- May use the benefit while you're on active duty or after you've separated from service.
- Don't qualify for the monthly housing allowance while you're on active duty.
- May use the benefit for up to 15 years after your separation from active duty.

(2) Children

- May use the benefit only after you've finished at least 10 years of service.
- May use the benefit while you're on active duty or after you've separated from service.
- May not use the benefit until they've gotten a high school diploma (or equivalency certificate) or have reached 18 years of age.
- Qualify for the monthly housing allowance even when you're on active duty.
- Don't have to use the benefit within 15 years after your separation from active duty but can't use the benefit after they've turned 26 years old.

Note: Your dependents may still qualify even if a child marries or you and your spouse divorce. However, service members and Veterans can revoke (cancel) or change a TOE at any time. If you want to totally revoke transferred benefits for a dependent and you're still in the service, please turn in another transfer request for the dependent through milConnect. If a dependent's transfer eligibility (ability to get a TOE) has been totally revoked, you can't transfer benefits again to that dependent.

How do I transfer the benefit? While you're still on active duty, you'll request to transfer, change, or revoke a Transfer of Entitlement (TOE) through milConnect. If the DoD approves the TOE, your family members may apply for benefits.

(1) Apply online through milConnect

(2) Apply by mail. Fill out and mail an Application for Family Member to Use Transferred Benefits (VA Form 22-1990E) to the nearest VA regional office.

Once you leave active duty, you can still provide a future effective date for when the TOE can be used, change the number of months transferred, or revoke the TOE by submitting a written request to VA through milConnect.

3-2: Veteran Readiness and Employment (Chapter 31)

If you have a service-connected disability that limits your ability to work or prevents you from working, Veteran Readiness and Employment (formerly called Vocational Rehabilitation and Employment) can help. This program—also known as Chapter 31 or

VR&E—helps you explore employment options and address training needs. In some cases, your family members may also qualify for certain benefits.

Eligibility

You may be eligible for VR&E benefits and services if you're a Veteran, and you meet all of the requirements listed below:

- (1) Didn't receive a dishonorable discharge.
- (2) Have a service-connected disability rating of at least 10% from VA.
- (3) Apply for VR&E services before your basic period of eligibility ends 12 years from the date you received notice of your:
 - Date of separation from active military service.
 - First VA service-connected disability rating.

Note: The basic period of eligibility may be extended if a Vocational Rehabilitation Counselor (VRC) finds that you have a serious employment handicap (SEH). Having an employment handicap means your service-connected disability limits your ability to prepare for, obtain, and maintain suitable employment (a job that doesn't make your disability worse, is stable, and matches your abilities, aptitudes, and interests).

If I'm still on active duty, am I eligible for Veteran Readiness and Employment? You may be eligible for VR&E benefits and services if you're a service member and you meet at least one of the requirements listed below.

- (1) Have a 20% or higher pre-discharge disability rating (memorandum rating) & will soon leave the military.
- (2) Participating in the Integrated Disability Evaluation System (IDES) process or awaiting discharge due to a medical condition resulting from a serious injury or illness that occurred in the line of duty.

Note: Severely injured active-duty service members can automatically receive VR&E benefits before VA issues a disability rating, because of Sec. 1631(b) of the National Defense Authorization Act (PL 110-181).

What kind of VR&E services can I get? Depending on your needs and goals, services may include:

- (1) A complete evaluation to determine your abilities, skills, and interests for employment.
- (2) Professional or vocational counseling and rehabilitation planning for employment services.
- (3) Employment services such as job training, resume development, and other work-readiness support.
- (4) Help finding and keeping a job, including the use of special employer incentives and job accommodations.
- (5) On-the-job training (OJT), apprenticeships, and non-paid work experiences.
- (6) Post-secondary training at a college, vocational, technical, or business school.
- (7) Supportive rehabilitation services including case management, counseling, and medical referrals.

- (8) Independent living services if you're unable to work due to the severity of your disabilities.

3-3: Montgomery GI Bill Active Duty (Chapter 30)

Eligibility

You may be eligible for education benefits through this program if you were honorably discharged and you meet the requirements of one of the categories below. One of these categories must describe you:

(1) Category I, all of these are true

- Have a high school diploma, GED, or 12 hours of college credit.
- Entered active duty for the first time after June 30, 1985.
- Had your military pay reduced by \$100 a month for the first 12 months of service.
- And at least one of these is true. You served continuously (without a break) for:
 - 3 years.
 - 2 years if that was your agreement when you enlisted.
 - 4 years if you entered the Selected Reserve within a year of leaving active duty (called the 2 by 4 program).

(2) Category II, all of these are true:

- Have a high school diploma, GED, or 12 hours of college credit.
- Entered active duty before January 1, 1977 (or before January 2, 1978, under a delayed enlistment program contracted before January 1, 1977).
- Served at least 1 day between October 19, 1984, and June 30, 1985, and stayed on active duty through June 30, 1988 (or through June 30, 1987, if you entered the Selected Reserve within 1 year of leaving active duty and served 4 years).
- Had at least 1 day of entitlement left under the Vietnam Era GI Bill (Chapter 34) as of December 31, 1989.

(3) Category III, all of these are true:

- Have a high school diploma, GED, or 12 hours of college credit.
- Don't qualify for MGIB under categories I or II.
- Had your military pay reduced by \$1,200 before separation.
- And one of these is true.
 - Were on active duty on September 30, 1990, and involuntarily separated (not by your choice) after February 2, 1991, or
 - Involuntarily separated on or after November 30, 1993, or
 - Chose to voluntarily separate under either the Voluntary Separation Incentive (VSI) program or the Special Separation Benefit (SSB) program.

(4) Category IV, both of these are true:

- Have a high school diploma, GED, or 12 hours of college credit.

- Had military pay reduced by \$100 a month for 12 months or made a \$1,200 lump-sum contribution (meaning you paid it all at once).
- And one of these is true:
 - Were on active duty on October 9, 1996, had money left in a VEAP account on that date, and chose MGIB before October 9, 1997.
 - Entered full-time National Guard duty under title 32, USC, between July 1, 1985, and November 28, 1989, and chose MGIB between October 9, 1996, and July 9, 1997.

Benefits

You may get up to 36 months of education benefits. You usually have 10 years to use your MGIB-AD benefits, but this may change depending on your situation. The VA will pay the benefits monthly. The amount you'll receive depends on these factors:

- (1) Your length of service.
- (2) The type of education or training program you choose.
- (3) Your category (as defined above).
- (4) Whether you qualify for a college fund or kicker.
- (5) How much you've paid into the \$600 Buy-Up program.

How to Apply

Make sure the VA has approved your program before you enroll by contacting the school or using the GI Bill Comparison Tool at <https://www.va.gov/gi-bill-comparison-tool> to find out if your program is approved for VA education benefits.

If you want to enroll in a program that the VA hasn't approved, you'll need to ask the school to request approval. The VA can't take any action until an official from your school (not you) requests approval. If your program is not approved, you'll have to pay all costs at the school, including tuition and fees.

To apply for benefits you can submit a VA Form 22-1990, Application for VA Benefits, online; by mail; in person; or with the help of a trained professional.

You'll then need to verify your enrollment at the end of each month to keep receiving payments. You can verify your enrollment over the phone by calling 877-823-2378 or online at <https://www.gibill.va.gov/wave/index.do>.

3-4: More GI Bill Benefits & Information

Yellow Ribbon School

Find out if your school participates in the Yellow Ribbon Program, which can help pay tuition costs that the Post-9/11 GI Bill doesn't cover at <https://www.va.gov/education/yellow-ribbon-participating-schools/>.

Tuition Assistance Top-Up

If your college tuition costs more than what's covered by the Tuition Assistance program, find out if you can get more money to cover tuition costs at <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/tuition-assistance-top-up/>.

\$600 Buy-Up program

Find out how you can get more money each month through your GI Bill monthly payments at <https://www.va.gov/education/about-gi-bill-benefits/montgomery-active-duty/buy-up/>.

Edith Nourse Rogers STEM Scholarship

This scholarship allows some eligible Veterans and dependents in high-demand fields to extend their Post-9/11 GI Bill or Fry Scholarship benefits. Find out if you're eligible for added benefits and how to apply at <https://www.va.gov/education/other-v-a-education-benefits/stem-scholarship/>.

Veterans Technology Education Courses

If you want to gain computer experience for a career in the high-technology industry, VET TEC matches you with a leading training provider to help you build those skills. Find out if you're eligible at <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/vettec-high-tech-program/>.

Tutorial Assistance

If you're using VA educational benefits and you're struggling with the coursework, find out if you can get help paying for a tutor at <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/tutor-assistance/>.

3-5: Air Force Virtual Education Center (AFVEC)

Air Force COOL

Air Force COOL is a pathway for enlisted Airmen to earn industry recognized professional certifications, licenses to enhance their active-duty work, and to prepare them as they transition to the civilian job market.

Funding will be provided for RegAF, USSF, AFRES, and ANG members on Title 10 or Title 32 (502F) active-duty orders who meet the following mandatory eligibility requirements:

- (1) Possess a 5-skill level in their Primary Air Force Specialty Code.
- (2) Doesn't have a UIF, not on a Control Roster, & current on their most recent Fitness test at the time of application.
- (3) Have a profile in AFVEC with an approved credentialing goal.
- (4) Must obtain supervisor approval and complete the entire credential while on active duty status.

Although the AF COOL program has expanded to allow Air and Space professionals to obtain unlimited credentials and licenses with their **\$4,500** cap, eligible members may attain only one credential at a time per category, i.e., Primary AFSC/Leadership, at AF expense. The AF will pay for the exam(s), books (NTE \$500), admin/application fees, and recertification fees necessary for that one credential. Once the credentialing goal has been approved by the supervisor and supporting documentation uploaded into the educational goal (itemized price quote, vendor approval template, application, etc.), the member must create a separate funding request for each item – exams and/or books – and ensure the request matches the provided price quote.

Senior NCOs (E-7 through E-9) may also be eligible for leadership and management credentials. Also, the AF COOL Program has also expanded to allow for one non-AFSC related credential and one completed degree-associated credential, bachelors or higher. If a member fails the non-AFSC credential, he/she will be required to repay the cost of the credential. However, the maximum allowable lifetime benefit per Air and Space professional is still \$4,500. This includes Senior NCO leadership, non-AFSC, and degree-associated credentials, and any re-certifications (if applicable, and with certain restrictions). Some exams may be very expensive while others are relatively inexpensive. Regardless of the cost, Air and Space professionals may only complete one AFSC-related credential, non-AFSC credential, or degree-associated credential at a time and, if eligible, one leadership credential. (NOTE: Recertification costs are paid by AF COOL only if the initial certification was also paid for with AF COOL funding).

Air and Space professionals cannot choose another certification until their results for previously taken exam(s), pass or fail, have been submitted. It is imperative that members choose a credential wisely and prepare for the exam. Members who fail to submit their grades within 120 days of test completion may be responsible for recoupment of some or all funding.

The AF COOL site contains a variety of information about credentialing and licensing such as background information about civilian licensure and certification in general, specific information on individual credentials including eligibility requirements, resources to prepare for an exam, Identify licenses and certifications relevant to Air Force Specialties, how to fill gaps between Air Force training and experience and civilian credentialing requirements, and resources available to Airmen members that can help them gain civilian job credentials.

Air University– Associate to Baccalaureate Cooperative (ABC)

AU-ABC directs Airmen with associate in applied science degrees from the Community College of the Air Force (CCAF) to a collection of accredited colleges and universities to consider when completing a four-year degree. The program maximizes the application of military career education and training and provides a multitude of online academic and support services for the enlisted member.

Enlisted members must currently be serving in the Regular Air and Space Force, Air Force Reserves or Air National Guard. Degree requirements for the AU-ABC program may be completed after a student retires or separates.

General Education Mobile - GEM

GEM is a partnership between CCAF and partnering regionally accredited civilian schools to provide general education courses that meet CCAF requirements in an online format: anytime, anywhere availability.

To have your completed GEM courses applied toward your CCAF degree requirement students must order a transcript from their GEM school to be sent to CCAF/DESS, 100 South Turner Blvd, Maxwell-Gunter AFB, AL 36114. Please allow 45 days for the coursework to appear on the CCAF Web Progress Report.

SkillBridge

SkillBridge is an excellent opportunity as you plan for your life after the military. SkillBridge matches civilian opportunities to your job training and work experience at the end of your military duty. In addition to opportunities such as Tuition Assistance and the GI Bill program, you can enhance your marketability and post-separation career prospects by participating in a SkillBridge opportunity.

Any rank, enlisted or officer, may apply for SkillBridge. SkillBridge permits you to use up to the last 180 days of Service to work and learn with an industry partner. During SkillBridge participation you continue to receive military compensation and you are covered by your military benefits. Release for SkillBridge is always mission-dependent and your unit Commander must authorize participation prior to entering into any agreement with interested industry employment partners. Commanders will not receive a replacement or backfill for a member participating in the training. There is no appeal's process or waiver as the decision and authority rests with the first field grade commander in the member's chain of command.

There are many industry partners with opportunities in a variety of fields, such as energy, information technology, manufacturing, retail, transportation, civil service and more. These industry partners have developed SkillBridge programs for separating Service members because they value your expertise, dedication, and service.

Section 4 - Next Career

4-1: Your Plan for Continued Work

If you have decided to start your next career after retiring from the military there are a massive number of resources that can support you in this process. The best way to start this is to attend the TAP (Transition Assistance Program) & Employment Workshops. They will guide you through the process of determining your skills sets, how you can apply those to your next career and training options. In addition to this program, you can enroll in the other workshops available to help you to further plan for your next career. The Entrepreneurship Workshop, or Boots to Business, will guide participants through the planning process of starting their own business. The Career and Credentialing Exploration Workshop will provide you with information and a range of tools and resources to help you evaluate your career options and gain the necessary training or credentials needed to pursue your vocational career goals.

It is highly encouraged to attend the initial TAP workshop 18 months before your projected retirement date. This will give you time to implement your next steps, especially the more time sensitive ones, such are AF COOL and the SkillBridge Program.

To enroll in the TAP Workshop at Wright-Patterson AFB, contact the Airman & Family Readiness Center at WPAFBTAPWORKFLOW@US.AF.MIL or call (937) 257-3592.

4-2: Updating Your Resume

Once you have decided on your next career path it is important to update your resume to match with this new path. The Employment Workshop, part of your initial TAP program, is a great place to accomplish this. They will also give your tips and tools on how to connect with employers in your specific industry. Even if you have a current resume, remember that best practices are constantly changing and are sometimes industry specific.

4-3: VMET

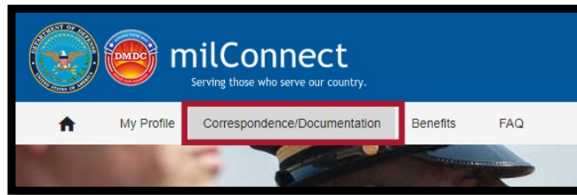
The VMET (Verification of Military Experience and Training), DD Form 2586, provides an overview of your military experience and training. You can use this document in conjunction with your DD Form 214, evaluation records, training certificates, awards, transcripts, and other documentation to:

- Create a Resume.
- Complete a Job Application.
- Identify credit recommendations from the American Council of Education (ACE).
- Identify possible certification/waiver of apprenticeship requirements.

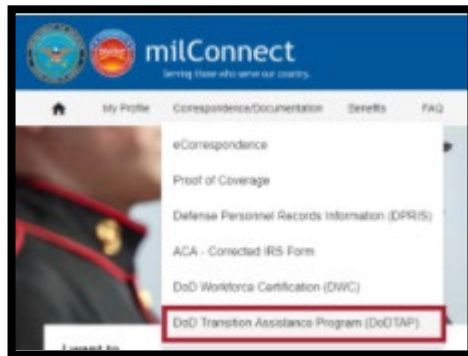
To access your VMET

STEP 1: Go to milConnect and log on with your DS Logon.

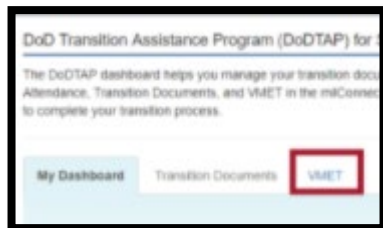
STEP 2: After you log in, select Correspondence/Document in the top menu.



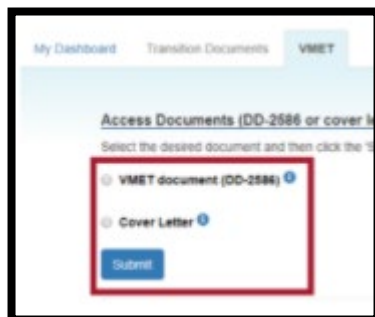
STEP 3: Select DoD Transition Assistance Program (DoDTAP) from the resulting dropdown menu.



STEP 4: Select the VMET tab.



STEP 5: Select the radio button next to either VMET document (DD-2586) or Cover Letter depending on which document you want, and select the “Submit” button to download it.



What's the difference? The VMET (DD-2586) contains detailed descriptions and civilian equivalent job skills and training that you acquired in the military. The cover letter is

intended to provide you with additional information about the VMET document, to include your Service specific information.

Please note that VMET download issues have been reported when using Safari and Edge web browsers. MilConnect recommends you use Chrome, Explorer or Firefox to successfully download your VMET documents.

The VMET document you can download is updated quarterly and will always contain information that lags about 3-6 months behind the current date. On your VMET, check the Date of Information (block 5) to locate the last date information for you was received from your Service.

If you have questions about your VMET, check the VMET FAQs on milConnect as they may have the information you're looking for.

Note: Your military training and experience may also be supported by your Joint Services Transcript.

4-4: AF COOL

Air Force COOL is a pathway for enlisted Airmen to earn industry recognized professional certifications, licenses to enhance their active-duty work, and to prepare them as they transition to the civilian job market.

See section 3-5 for more information.

4-5: DoD SkillBridge Program

SkillBridge matches civilian opportunities to your job training and work experience at the end of your military duty.

See section 3-5 for more information.

Section 5 – Health Insurance

5-1: Tricare

Your Health Plan Options

(1) TRICARE Prime:

A managed care option available in Prime Service Areas for retired service members and their families. Note: When retired service members and their dependents become eligible for Medicare based on age, they aren't eligible to enroll in TRICARE Prime.

- Use the Plan Finder to see if you live in a Prime Service Area at <https://www.tricare.mil/Plans/PlanFinder>.
- Enrollment is required; some beneficiaries pay annual enrollment fees.
- How it Works
 - You have an assigned primary care manager (PCM) who provides most of your care who is Military or a network provider. They will refer you to specialists for care they can't provide.
 - They also work with your regional contractor for referrals/authorization and accepts your copayments and files claims for you
- What You Pay
 - Annual enrollment fees
 - Network copayments

(2) TRICARE Select (replaced TRICARE Standard and Extra):

A self-managed, preferred provider organization (PPO) plan available in the US to retired service members and their families.

- You must show eligible for TRICARE in the Defense Enrollment Eligibility Reporting System (DEERS).
- Enrollment is required.
- How it Works:
 - Schedule an appointment with any TRICARE-authorized provider. There are two types of TRICARE-authorized providers: Network and Non-Network.
 - Referrals not required for most primary and specialty appointments. You may need pre-authorization from your regional contractor for some services.
 - You won't receive a TRICARE wallet card when using TRICARE Select. All you need is your military ID as proof of coverage.
- What You Pay
 - An annual outpatient deductible.
 - Cost shares (or percentage) for covered services.
 - Enrollment fees. Beginning Jan. 1, 2021, Group A retirees (sponsor's initial enlistment or appointment occurred before January 1, 2018) will have to pay enrollment fees.

(3) US Family Health Plan (in specific U.S. locations)

An additional TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the United States for retired service members and their families. Note: Before October 1, 2012, the US Family Health Plan was also available to all Medicare-eligible beneficiaries age 65 and older. On October 1, 2012, this rule changed for all NEW US Family Health Plan enrollees, but existing enrollees are not affected.

- You must live in the one of the designated US Family Health Plan service areas to enroll. These areas include Maryland, Washington D.C., parts of Pennsylvania, Virginia, Delaware, West Virginia, Maryland, Maine, New Hampshire, Vermont, upstate and western New York, northern tier of Pennsylvania, Massachusetts, Rhode Island, northern Connecticut, New York City, Long Island, southern Connecticut, New Jersey, Philadelphia and area suburbs, southeast Texas, southwest Louisiana & Puget Sound area of Washington.
- Before October 1, 2012, the US Family Health Plan was also available to all Medicare-eligible beneficiaries age 65 and older. On October 1, 2012, this rule changed for all NEW US Family Health Plan enrollees, but existing enrollees are not affected.
- How it Works:
 - You'll get all care (including prescription drug coverage) from a primary care provider that you select from the network of private physicians affiliated with one of the not-for-profit health care systems listed above. Your primary care provider assists you in getting appointments with specialists in the area and coordinates your care.
 - You won't get care at military hospitals and clinics or from TRICARE network providers when enrolled in the US Family Health Plan.
- What You Pay:
 - Annual enrollment fees and network copayments.

(4) TRICARE For Life (with Medicare Part A & B coverage):

Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have Medicare Part A and B.

- Enrollment not required.
 - Coverage is automatic if you have Medicare Part A and B.
 - You must pay Medicare Part B premiums.
- Available worldwide:
 - TRICARE pays after Medicare in the U.S. and U.S. Territories.
 - TRICARE is the first payer in all other overseas areas.
- Who Can Participate?
 - TRICARE-eligible beneficiaries who have both Medicare Part A and B can use TRICARE for Life.
- How it Works:
 - You may visit any Tricare authorized provider.
 - Your provider files your claims with Medicare. Medicare pays its portion and sends the claim to the TRICARE for Life claims processor. TRICARE for Life then pays the provider directly for TRICARE-covered services.

- You won't receive a TRICARE wallet card, all you need is your Medicare card and military ID as proof of coverage.
- You can get care at military hospitals and clinics, but only if space is available.
- What You Pay:
 - You don't pay any enrollment fees, but you must pay Medicare Part B monthly premiums. Your Part B premium is based on your income.
 - You'll pay nothing out of pocket for services covered by both Medicare and TRICARE.

Type Of Service	Medicare Pays	Tricare Pays	You Pay
Covered by TRICARE and Medicare	Medicare-authorized amount	Remaining amount	Nothing
Covered by Medicare only	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (which may exceed the Medicare or TRICARE-allowable amount)

- TRICARE For Life Contractors:
 - The TRICARE for Life contractors assist with claims and provide customer service to all beneficiaries using TRICARE for Life.
 - In the U.S. and U.S. Territories: Wisconsin Physicians Service (WPS)
 - All other overseas areas: International SOS

(5) TRICARE Select Overseas:

Provides comprehensive coverage in all overseas areas to retired service members and their families.

- You must show as eligible for TRICARE in the Defense Enrollment Eligibility Reporting System (DEERS).
- Enrollment is required.
- How it Works:
 - Schedule an appointment with any overseas provider.
 - Referrals not required.
 - You may need prior authorization for some types of services.

- You won't receive a TRICARE wallet card, all you need is your military ID as proof of coverage.
- What You Pay:
 - An annual outpatient deductible.
 - Cost shares (or percentage) for covered services.
 - Enrollment fees. Beginning Jan. 1, 2021, Group A retirees (sponsor's initial enlistment or appointment occurred before January 1, 2018) will have to pay enrollment fees.
 - You should expect to pay up front for care and file your own claims to get money back.

(6) TRICARE Young Adult:

A plan that qualified adult children can purchase after eligibility for "regular" TRICARE coverage ends at age 21 (or 23 if enrolled in college, learn more).

- Who Can Participate?
 - An unmarried, adult child of an eligible sponsor.
 - At least age 21 but not yet 26 years old.
 - If enrolled in a full course of study at an approved institution of higher learning and your sponsor provides more than 50 percent of your financial support, your eligibility may not begin until age 23 or upon graduation, whichever comes first.
 - Not eligible to enroll in an employer-sponsored health plan based on your own employment.
 - Not otherwise eligible for TRICARE coverage.
- How it Works:
 - How you get care depends on which option you select:
 - Prime Option
 - Select Option
- What You Pay:
 - TRICARE Young Adult costs are based on three things:
 - The option you select when you enroll: Prime or Select.
 - Your sponsor's military status.
 - Where the care is received.
 - To participate, you're required to pay monthly premiums, and then your plan option and sponsor's military status determine what you pay for covered services.

How to Enroll

- (1) Online via the Beneficiary Web Enrollment website
- (2) Call your regional contractor.
 - East Region: 1-800-444-5445
 - West Region: 1-844-866-9378
- (3) Mail the enrollment form to your regional contractor (mailing addresses on forms) and are found online

TRICARE Open Season

TRICARE Open Season is the annual period when you can enroll in or change your health care coverage for the next year. Typically, this occurs November through mid-

December. Any enrollment changes you make will go into effect on Jan. 1, 2024. Open season applies to anyone enrolled in or eligible for a TRICARE Prime option or TRICARE Select.

If you're eligible to participate in TRICARE Open Season, you have three options:

- (1) Stay in your plan. If you want to stay in your current TRICARE health plan, you don't have to re-enroll. You'll continue in your current health plan through 2023 or as long as you're eligible.
- (2) Enroll in a plan. If you're eligible for a TRICARE Prime option or TRICARE Select but not enrolled, you can enroll in a plan now.
- (3) Change plans. If you're already enrolled in a TRICARE Prime option or TRICARE Select, you can switch plans and switch between individual and family enrollment.

If you aren't already in a plan and don't enroll in a plan during open season, you'll only be eligible for care at a military hospital or clinic if space is available.

Outside of TRICARE Open Season, you can enroll in or change enrollment to TRICARE Prime or TRICARE Select following a Qualifying Life Event (QLE).

- (1) A QLE is a certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE health plans are available to you and your family members.
- (2) A TRICARE QLE opens a 90-day period for you to make eligible enrollment changes. A QLE for one family member creates a chance for all eligible family members to make enrollment changes.
- (3) To learn more, visit www.tricare.mil/lifeevents.

Medically Retired Service Members

To be placed on the Temporary Disabled Retirement List (TDRL), you must have a:

- (1) Physical condition, injury or disease that renders you unfit for military service, and
- (2) Disability rating of at least 30 percent, separate from the one given by the Department of Veteran's Affairs (VA).

You'll be re-evaluated at least every 18 months for a period of up to five years. At that point, it will be determined if your situation has improved, remained the same or has gotten worse. Depending on the outcome, you can be:

- (1) Retained on the TDRL
- (2) Separated from service
- (3) Returned to duty or
- (4) Placed on Permanent Disability Retirement List (PDRL).

If you are on the TDRL or PDRL, you're eligible for TRICARE benefits for retired service members as described above. Your eligible family members are also eligible.

If your Service disability rating is less than 30 percent and you're separated from active duty, you may qualify transitional health care benefits:

- (1) Transitional Assistance Management Program
- (2) Continued Health Care Benefit Program

5-2: Medicare

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions. You're first eligible to sign up for Medicare 3 months before you turn 65. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

Parts of Medicare

(1) Part A (Hospital Insurance) covers:

- Inpatient care in hospitals
- Skilled nursing facility care,
- Hospice care
- Home health care.

(2) Part B (Medical Insurance) covers:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

(3) Part D (Drug coverage)

Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

(4) Medicare Supplemental Insurance (Medigap)

Extra insurance you can buy from a private company that helps pay your share of costs in Original Medicare. Policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it.

Original Medicare (includes Part A and Part B)

(1) How it Works

- Original Medicare covers most, but not all the costs for approved health care services and supplies. After you meet your deductible, you pay your share of costs for services and supplies as you get them. There's no limit on what you'll pay out-of-pocket in a year unless you have other coverage (like Medigap, Medicaid, or employee or union coverage).
- Services covered by Medicare must be medically necessary. Medicare also covers many preventive services, like shots and screenings. If you go to a doctor or other health care provider that accepts the Medicare-approved amount, your share of costs may be less. If you get a service that Medicare doesn't cover, you pay the full cost.
- With Original Medicare, you can:
 - Go to any doctor or hospital that takes Medicare, anywhere in the U.S. Find providers that work with Medicare.
 - Join a separate Medicare drug plan (Part D) to get drug coverage.

- Buy a Medicare Supplement Insurance (Medigap) policy to help lower your share of costs for services you get.

What You Pay

Generally, you pay a monthly premium for Medicare coverage and part of the costs each time you get a covered service. There's no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage, like a Medicare Supplement Insurance (Medigap) policy, or you join a Medicare Advantage Plan.

(1) Part A (Hospital Insurance)

- Premium
 - \$0 for most people (because they paid Medicare taxes long enough while working - generally at least 10 years). This is sometimes called "premium-free Part A."
 - You also have to sign up for Part B to buy Part A. If you don't buy Part A when you're first eligible for Medicare (usually when you turn 65), you might pay a penalty.
- Deductible
 - \$1,484 in 2021 (\$1,556 in 2022) for each time you're admitted to the hospital per benefit period, before Original Medicare starts to pay. There's no limit to the number of benefit periods you can have/
- Inpatient stays (copayments)
 - Days 1-60: \$0 after you pay your Part A deductible.
 - Days 61-90: \$371 each day in 2021 (\$389 in 2022).
 - Days 91-150: \$742 each day while using your 60 lifetime reserve days in 2021 (\$778 in 2022).
 - After day 150: You pay all costs.

(2) Part B (Medical Insurance)

- Premium
 - \$148.50 each month for 2021 (\$170.10 in 2022) (or higher depending on your income). The amount can change each year. You'll pay the premium each month, even if you don't get any Part B-covered services.
- Part B late enrollment penalty
 - You might pay a penalty if you don't sign up for Part B when you're first eligible for Medicare (usually when you turn 65).
 - How much is the Part B late enrollment penalty?
 - You'll pay an extra 10% for each year you could have signed up for Part B but didn't.
 - This penalty is added to your monthly Part B premium.
 - It's not a one-time late fee — you'll pay the penalty for as long as you have Part B.
 - Example: If you waited 2 full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have signed up), plus the standard Part B monthly premium

- Generally, you won't have to pay a penalty if you qualify for a Special Enrollment Period. To qualify, you (or your spouse) must still be working and you must have health coverage based on that job.
- Deductible
 - You'll pay \$203 in 2021 (\$233 in 2022), before Original Medicare starts to pay. You pay this deductible once each year.
- Costs for services (coinsurance)
 - You'll usually pay 20% of the cost for each Medicare-covered service or item after you've paid your deductible.

(3) Drug coverage (Part D)

- Premium
 - Monthly premiums vary based on which plan you join. The amount can change each year.
 - You may also have to pay an extra amount each month based on your income.
- Penalty
 - You might pay a penalty if you don't join a Medicare drug plan when you first get Medicare, and go 63 days or more without creditable drug coverage (coverage that's similar in value to Part D).
 - You'll pay an extra 1% for each month (that's 12% a year) you could have signed up for Part D, but didn't.
 - The penalty is added to your monthly premium.
 - It's not a one-time late fee — you'll pay the penalty each month for as long as you have Part D coverage (even if you change plans).
 - Example: If you waited 14 months to join a Medicare drug plan, and you didn't have creditable drug coverage, you'll have to pay a 14% late enrollment penalty in addition to your monthly plan premium. The penalty amount comes from the "national base beneficiary premium" (\$33.06 in 2021, \$33.37 in 2022). The national base beneficiary premium changes each year, so your penalty amount may also change each year. This monthly penalty is added for as long as you have Medicare drug coverage, even if you switch plans.
 - If you have creditable drug coverage or if you qualify for Extra Help, you won't have to pay a penalty.
- When you get prescription drugs
 - Most plans charge a deductible, an amount you pay before the plan starts to pay, for prescriptions you fill.
 - The deductible amount varies based on which plan you join.
 - Your actual costs vary depending on the medicines you take, if they are on your plan's list of covered drugs, and which pharmacy you use.

Working past 65

If you (or your spouse) are still working, Medicare works a little differently. Here are some things to know if you're still working when you turn 65.

Generally, if you have job-based health insurance through your (or your spouse's) current job, you don't have to sign up for Medicare while you (or your spouse) are still working. You can wait to sign up until you (or your spouse) stop working or you lose your health insurance (whichever comes first).

- (1) If you're self-employed or have health insurance that's not available to everyone at the company: Ask your insurance provider if your coverage is employer group health plan coverage (as defined by the IRS.) If it's not, sign up for Medicare when you turn 65 to avoid a monthly Part B late enrollment penalty.
- (2) If the employer has less than 20 employees: You might need to sign up for Medicare when you turn 65 so you don't have gaps in your job-based health insurance. Check with the employer.
- (3) If you have COBRA coverage: Sign up for Medicare when you turn 65 to avoid gaps in coverage and a monthly Part B late enrollment penalty. If you have COBRA before signing up for Medicare, your COBRA will probably end once you sign up.

How to Enroll

(1) Automatic Enrollment

- When you apply for retirement or disability benefits from Social Security (or the Railroad Retirement Board), it also serves as your application for Medicare. Once you get approved for Social Security or Railroad Retirement Board benefits, you'll automatically get Part A coverage (without having to pay a premium for it) once you're eligible for Medicare.
- If you're getting benefits from Social Security (or the Railroad Retirement Board) at least 4 months before you turn 65, you'll automatically get Part A coverage. You'll also be signed up for Part B (unless you live in Puerto Rico or outside the U.S.). Because you pay a monthly premium for Part B coverage, you can choose whether to keep it or not.

- (2) Online through Social Security (www.ssa.gov/benefits/medicare) – It's the easiest and fastest way to sign up and get any financial help you may need. (You'll need to create your secure my Social Security account to sign up for Medicare or apply for benefits.)
- (3) Call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.
- (4) Contact your local Social Security office.
- (5) If you or your spouse worked for a railroad, call the Railroad Retirement Board at 1-877-772-5772.

Note: About 2 weeks after you sign up, Medicare mail you a welcome package with your Medicare card.

5-3: VA Health Care

With VA health care, you're covered for regular checkups with your primary care provider and appointments with specialists (like cardiologists, gynecologists, and mental health providers). You can access Veterans health care services like home health and geriatric (elder) care, and you can get medical equipment, prosthetics, and prescriptions.

Eligibility

You may be eligible for VA health care benefits if you served in the active military, naval, or air service and didn't receive a dishonorable discharge.

If you enlisted after September 7, 1980, or entered active duty after October 16, 1981, you must have served 24 continuous months or the full period for which you were called to active duty, unless any of the descriptions below are true for you.

This minimum duty requirement may not apply if any of these are true. You:

- (1) Were discharged for a disability that was caused—or made worse—by your active-duty service, or
- (2) Were discharged for a hardship or “early out,” or
- (3) Served prior to September 7, 1980.

Applying for Benefits

(1) You'll need this information:

- Social Security numbers for you, your spouse, and your qualified dependents.
- Your military discharge papers (DD214 or other separation documents).
- Insurance card information for all insurance companies that cover you, including any coverage provided through a spouse or significant other. This includes Medicare, private insurance, or insurance from your employer.
- Gross household income from the previous calendar year for you, your spouse, and your dependents. This includes income from a job and any other sources. Gross household income is your income before taxes and any other deductions.
- Your deductible expenses for the past year. These include certain health care and education costs.

Note: You don't have to tell us about your income and expenses when you apply. But if you're not eligible based on other factors, they need this information to decide on your application.

(2) Apply by phone

- Call our toll-free hotline at 877-222-8387, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET to get help with your application.

(3) Apply by mail

- Fill out an Application for Health Benefits (VA Form 10-10EZ).
 - You or someone acting as your power of attorney must sign and date the form.
 - If you're using a power of attorney, you'll need to submit a copy of the Power of Attorney form along with your application.
 - If you sign with an “X”, 2 people you know must witness your signature. They'll also need to sign and print their names on the form.
- Send your completed application here: Health Eligibility Center, 2957 Clairmont Rd., Suite 200, Atlanta, GA 30329

(4) Apply in person

- Fill out an Application for Health Benefits (VA Form 10-10EZ).
 - You or someone acting as your power of attorney must sign and date the form.

- If you're using a power of attorney, you'll need to submit a copy of the Power of Attorney form along with your application.
 - If you sign with an "X", 2 people you know must witness your signature. They'll also need to sign and print their names on the form.
 - Take a signed Application for Health Benefits (VA Form 10-10EZ) with you to"
 - Your nearest VA medical center or clinic
 - Your state's Department of Veterans Affairs
- (5) Apply with the help of a trained professional.
- You can work with a trained professional called an accredited representative to get help applying for health care benefits.

5-4: Tricare Vision for Retirees

As a retiree you may be eligible for a routine eye exam, depending on who you are and why you need the exam.

(1) If you have TRICARE Prime or TRICARE Young Adult Prime, you are covered for a Routine Eye Exam. An exam of your vision and the health of your eyes every two years

(2) If you have US Family Health Plan (USFHP), your coverage depends on your USFHP provider. Contact your provider to determine whether your exam is covered.

(3) If you have TRICARE Select, TRICARE Young Adult Select, or TRICARE for Life, routine eye exams are not covered.

5-5: Federal Employee Dental & Vision Insurance Program (FEDVIP)

The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a voluntary, enrollee-pay-all dental and vision program available to Federal employees and annuitants, certain retired uniformed service members, and active duty family members. It is sponsored by the U.S. Office of Personnel Management (OPM) and offers eligible participants a choice between 12 dental and 5 vision carriers.

BENEFEDS administers the enrollment, plan change, and premium payment processes for FEDVIP. BENEFEDS does not have claims information. Contact your dental or vision plan carrier directly if you have questions about your coverage or claims.

Retiree Eligibility

- (1) A member or former member of the uniformed services entitled to retired, retainer, or equivalent pay and other benefits based on duty in the uniformed services or retired due to medical disability as determined by the U.S. Department of Defense are eligible.
- You are considered newly eligible for the program and may enroll between 31 days prior to your military retirement date and 60 days following.
 - If you wish to prevent a gap in dental coverage between your active duty or reserve dental plan and your new FEDVIP plan, you must enroll prior to your retirement date.

(2) Eligible family members:

They are typically enrolled in a FEDVIP dental and/or vision plan under the sponsor's or certifying family member's coverage as dependents.

If your family member enrolled in FEDVIP vision coverage while you were on active duty, they are no longer eligible as a primary enrollee upon your retirement. You or your family member must notify BENEFEDS of your retirement and their coverage will be inactivated. You, the sponsor, must then enroll in FEDVIP dental and/or vision coverage as a retired uniformed service member and add your eligible family members as dependents to your coverage.

The following are considered "eligible family members"

- A spouse of an eligible member of the uniformed services.
- Unmarried child of an eligible member of the uniformed services must be:
 - under age 21 (non-student)
 - under age 23 (full-time student)*
 - incapable of self-support because of a mental or physical incapacity before age 21 (non-student) or age 23 (full-time student)**

Note: A child's status as a student or incapable of self-support must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).
- Unmarried dependent of an eligible member of the uniformed services who is in legal custody of the sponsor for more than 12 months (including pre-adoptive children and eligible wards of state) must be:
 - under age 21 (non-student)
 - under age 23 (full-time student)*
 - incapable of self-support because of a mental or physical incapacity before age 21 (non-student) or age 23 (full-time student)**

Note: A dependent's status as a student or incapable of self-support must be registered in the DEERS.

You can only enroll as part of one eligibility group. If you're eligible to enroll in FEDVIP both as a Federal civilian and as a uniformed service member, review the differences, based on laws and regulations, between the two groups.

Dental Plan

FEDVIP dental plans provide comprehensive dental coverage, including preventive services covered at 100% when you use an in-network provider. There are no deductibles when using in-network dentists. In addition, there is no waiting period for major services such as crowns, bridges, dentures, and implants. Under most plans, there is no 12-month waiting period or age limit for orthodontic coverage. Plan restrictions and limitations apply. Refer to the individual plan brochures for the official statement of benefits.

Vision Plan

FEDVIP vision plans provide comprehensive vision coverage, including routine eye exams and vision correction without a referral. Plans also include low vision exams; eyeglass frames and lenses, or contact lenses instead of glasses, at many eye doctor offices or optical retail stores. In addition, there are lens options such as shatter-resistant

polycarbonate, scratch-resistant, anti-reflective, UV coatings, and tinted and progressive lenses, and discounts on laser eye surgery. Plan restrictions and limitations apply. Refer to the individual plan brochures for the official statement of benefits.

Enrollment

You can enroll in, change, or cancel the Federal Employees Dental and Vision Insurance Program (FEDVIP) every year during open season. Each year, open season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. You can also enroll outside of open season if you are newly eligible or experience a qualifying life event (QLE). Once you enroll in a FEDVIP dental and/or vision plan, your coverage will automatically continue each year.

The FEDVIP enrollment process includes three steps. If you are eligible and would like to enroll in both a dental and vision plan, you must enroll in each plan separately.

To enroll create a user ID and password to set up a My BENEFEDS account. You will automatically go to your My BENEFEDS dashboard where you can select to enroll in dental or vision coverage. Available plans and premiums will display based on where you live. Choose a plan and add your eligible family members (if applicable).

When your enrollment is complete, a confirmation page will display with your plan and premium, coverage effective date, premium effective date, and covered family members (if applicable). You can print this confirmation for your records. They will also send it to you if you provided an email address.

Enrolling family members

(1) When you enroll in a FEDVIP dental and/or vision plan, you have a choice between three enrollment types, two of which allow you to add eligible family members to your coverage. If you're enrolling in dental and vision coverage, you do not have to select the same enrollment type for both.

(2) Enrollment types

- Self only
- Self plus one
- Self and family

Newly eligible

Retiring uniformed service members are eligible to enroll between 31 days prior to their military retirement date and 60 days following. When you enroll, you must select that you are newly eligible and provide your eligibility date; your enrollment may be voided if you misrepresent yourself as newly eligible.

Dual enrollments:

Dual enrollment is prohibited by FEDVIP regulations, which means that you and your family members cannot be covered under more than one FEDVIP dental or vision plan at the same time. Remember, self-and-family plans cover all your eligible family members even if they are not added to your coverage.

5-6: Military Hospitals & Clinics

Some military hospitals and clinics may offer vision & dental procedures that aren't covered by TRICARE. Contact a military hospital or clinic near you to see what programs are offered.

Section 6 - Estate Planning

6-1: Veterans Burial Benefits

Burial in a VA National Cemetery

Veterans, service members, spouses, and dependents may be eligible for burial in a VA national cemetery, as well as other benefits. The person qualifying for burial benefits is:

- (1) A Veteran who didn't receive a dishonorable discharge, or
- (2) A service member who died while on active duty, active duty for training, or inactive duty for training, or
- (3) The spouse or minor child of a Veteran, even if the Veteran died first, or
- (4) In some cases, the unmarried adult dependent child of a Veteran.

A National Guard or Reserve member may be eligible if they meet any of the requirements listed below:

- (1) Met their legal minimum active-duty service requirements, was called up to active duty and served their full term of service, and didn't receive a dishonorable discharge, or
- (2) Was entitled to retirement pay at their time of death, or would have been entitled to retirement pay if they weren't under 60 years of age at the time of death, or
- (3) Died while hospitalized or getting treatment at the expense of the U.S. for an injury or illness that occurred while they were performing active-duty services for training or inactive-duty training under honorable conditions, or
- (4) Became disabled or died from a disease or injury caused—or made worse—by their active-duty service during a period of active duty for training, or
- (5) Became disabled or died from an injury or certain cardiovascular disorders caused—or made worse—by their active-duty service during a period of inactive-duty training.

Pre-Need Eligibility for Burial in a VA Cemetery

You can apply to find out in advance if you can be buried in a VA national cemetery. This is called a pre-need determination of eligibility—and it can help make the burial planning process easier for your family members in their time of need.

Eligibility: One of these must describe you:

- (1) A Veteran who didn't receive a dishonorable discharge when you separated from the military, or
- (2) The spouse or dependent child of a service member or Veteran, even if the service member or Veteran has already passed away, or
- (3) In some cases, the adult dependent child of a service member or Veteran (if you aren't married).

Choose the VA national cemetery where you'd prefer to be buried on their website at <https://www.cem.va.gov/cems/listcem.asp>.

Note: This application is only for VA national cemeteries. If you'd like to be buried in a state or tribal Veterans cemetery, contact that specific cemetery ahead of time to find out

about their pre-need program. Some state Veterans cemeteries require that you live in that state or have other rules around eligibility. You can apply for a pre-need determination of eligibility from VA and also from a state or tribal Veterans cemetery.

Note: This application doesn't apply to Arlington National Cemetery or the United States Soldiers and Airmen's Home National Cemetery. If you'd like to be buried in either of these Department of the Army cemeteries, please call 877-907-8585. They are there Monday through Friday, 8:00 a.m. to 5:30 p.m. ET, and Saturday, 9:00 a.m. to 1:00 p.m. ET.

Note: Getting a pre-need determination of eligibility doesn't guarantee you'll be buried in a specific VA national cemetery. They don't take reservations at any VA national cemetery. However, they ask where you prefer to be buried so they can try to help fulfill your final wishes.

Gather the supporting documents and information you'll need to fill out the application. If you don't have everything on the list, you can still apply and they help by finding the supporting documents they need. Just keep in mind that the more information you can give them when you apply, the faster they can review your application and give you a decision. They will contact you if they need you to provide additional information.

To apply, you'll need you (or your sponsor's):

- (1) Social Security number.
- (2) Date and place of birth.
- (3) Military status and service history (like service dates, discharge character, and rank—commonly found on the DD214 or other separation documents).
- (4) Discharge papers (DD214 or other separation documents).
- (5) If you're applying as a spouse, surviving spouse, or unmarried adult child, you'll also need your personal information, including your Social Security number.
- (6) If you're applying on behalf of someone else, you'll also need supporting documents showing you have the authority to apply for that person. You'll need to fill out one of these forms: Appointment of Veterans Service Organization as Claimant's Representative (VA Form 21-22) or Appointment of Individual as Claimant's Representative (VA Form 21-22a).

Be sure to fill out an application for each person requesting a pre-need eligibility determination. If both you and your spouse are applying, you'll each need to fill out your own application.

Note: If you're applying for an unmarried adult child of a Veteran or service member, you'll also need to provide supporting documents with information about the child's disability. The Veteran or guardian of the child should also ask the child's current doctor to verify the documents. These documents should include all of the following information: the date of the disability's onset, a description of the disability (mental or physical), a description of how dependent the disabled child is on the Veteran and the marital status of the child.

How to Apply

Online: Apply online for pre-need eligibility

Mail: fill out an Application for Pre-need Determination of Eligibility for Burial in a VA National Cemetery (VA Form 40-10007). Send your completed application (with copies of your supporting documents) to: National Cemetery Scheduling Office, PO Box 510543, St. Louis, MO 63151.

Important: Please don't send them the originals of your DD214 and other supporting documents since they can't return them. Send copies only.

Note: The person applying for a pre-need determination must sign the form. If that person is under 18 years old, mentally unable to make decisions for themselves (sometimes called mentally incompetent), or physically unable to sign the form, a spouse, parent, or court-appointed representative may sign the form. If you're signing the form on behalf of someone else, you'll need to select box 33B on the form and provide your name, address, phone number, and email address in blocks 34 through 37, provide supporting documents that show why the person applying can't sign and provide supporting documents that show your relationship to the person applying

Fax: Send form and all supporting documents to 855-840-8299.

Veteran's burial allowance

Eligibility - You may be eligible for Veterans burial allowances if you're paying for the burial and funeral costs and you won't be reimbursed by any other organization, like another government agency or the Veteran's employer. You must also meet all of the requirements listed below.

One of these relationships or professional roles describes your connection to the Veteran. You're:

- (1) The Veteran's surviving spouse (Note: recognize same-sex marriages.), or
- (2) The surviving partner from a legal union (a relationship made formal in a document issued by the state recognizing the union), or
- (3) A surviving child of the Veteran, or
- (4) A parent of the Veteran, or
- (5) The executor or administrator of the Veteran's estate (someone who officially represents the Veteran)

The Veteran must not have received a dishonorable discharge, and one of these circumstances must be true. The Veteran died:

- (1) As a result of a service-connected disability (a disability related to service), or
- (2) While getting VA care, either at a VA facility or at a facility contracted by VA, or
- (3) While traveling with proper authorization, and at VA's expense, either to or from a facility for an examination, or to receive treatment or care, or
- (4) With an original or reopened claim for VA compensation or pension pending at the time of death, if they would've been entitled to benefits before the time of death, or
- (5) While receiving a VA pension or compensation, or
- (6) While eligible for a VA pension or compensation at time of death, but instead received full military retirement or disability pay.

Or the Veteran:

- (1) Had been getting a VA pension or compensation when they died, or
- (2) Had chosen to get military retired pay instead of compensation.

Note: They will also provide an allowance for the cost of transporting a Veteran's remains for burial in a national cemetery.

You can't get burial allowances for certain individuals. They don't provide burial allowances if the individual died:

- (1) On active duty, or
- (2) While serving as a member of Congress, or
- (3) While serving a federal prison sentence

Time limit for filing? You must file a claim for a non-service-connected burial allowance within 2 years after the Veteran's burial or cremation. If a Veteran's discharge was changed after death from dishonorable to another status, you must file for an allowance claim within 2 years after the discharge update.

There's no time limit to file for a service-connected burial, plot, or interment allowance.

What kind of burial benefits can I get? For burial in a national cemetery, you'll receive an allowance for: Burial and funeral costs, the plot (gravesite) or interment, transporting the Veteran's remains for burial.

Note: The Veteran's family will need to cover the cost of funeral director services, like cremation.

6-2: Memorial Items

Veteran's Headstone, Grave Marker, & Niche Markers

(1) Eligibility Requirements for Veterans and active-duty service members:

- A Veteran who didn't receive a dishonorable discharge or a service member who died while on active duty may be eligible for a headstone or marker if they meet the requirements listed below specific to when they served.
- Enlisted personnel who served before September 7, 1980, and officers who served before October 16, 1981, at least one of these must be true: The Veteran or service member died on or after November 1, 1990 & their grave is currently marked with a privately purchased headstone OR was buried in an unmarked grave, anywhere in the world. Note: If the Veteran or service member served before World War I, they require detailed documents, like muster rolls, extracts from state files, or the military or state organization where they served.
- Enlisted personnel who served after September 7, 1980, and officers who served after October 16, 1981, at least one of these must be true: The Veteran or service member died on or after November 1, 1990 & their grave is currently marked with a privately purchased headstone OR was buried in an unmarked grave, anywhere in the world.

AND

- At least one of these must also be true: The Veteran or service member served for a minimum of 24 months of continuous active duty OR died while serving on active duty.

(2) Eligibility Requirements for National Guard members:

A National Guard member may be eligible for a headstone or marker if they meet any of the requirements listed below specific to their type of service. At least one of these must be true:

- The National Guard member was entitled to retirement pay at their time of death (or would have been entitled if they were over 60 years old) or
- Served in a federal status and for the period of time they were called to serve.

Note: NG members who have only limited active-duty service for training aren't eligible in most cases. They may be eligible in certain situations, such as if they died during or as the result of the training.

(3) Eligibility Requirements for Spouses and other family members:

An eligible spouse or other family member buried in a national cemetery, state or tribal Veterans cemetery, military post cemetery, or military base cemetery may be eligible for a headstone or marker. They may still be eligible even if they die before the Veteran. Spouses and family members buried in a private cemetery aren't eligible for these memorial items. In most cases, the VA provides one gravesite and a single headstone for all eligible family members. When 2 Veterans are married, they will provide 2 side-by-side gravesites and 2 headstones or markers if requested.

Veteran's medallions

(1) Eligibility Requirements for Veterans and active-duty service members

- A Veteran who didn't receive a dishonorable discharge or a service member who died while on active duty may be eligible for a medallion if they meet the requirements listed below specific to when they served. Two types of medallions are available. Veterans and service members may be eligible for a bronze medallion. If they've received a Medal of Honor, they may also be eligible for a Medal of Honor medallion.
- Officers who served before October 16, 1981, and enlisted personnel who served before September 7, 1980. Both of these must be true. The Veteran or service member: Served for at least 1 day of active duty on or after April 6, 1917 AND is buried in a private cemetery marked with a privately purchased headstone or marker.
- Officers who served after October 16, 1981, and enlisted personnel who served after September 7, 1980. Both of these must be true. The Veteran or service member: Served for a minimum of 24 months of continuous active duty AND is buried in a private cemetery marked with a privately purchased headstone or marker. Note: Any service member who died while serving on active duty is eligible, regardless of when they served.

- Officers who served after October 16, 1981, and enlisted personnel who served after September 7, 1980. Both of these must be true. The Veteran or service member:
- Served for a minimum of 24 months of continuous active duty AND is buried in a private cemetery marked with a privately purchased headstone or marker.
Note: Any service member who died while serving on active duty is eligible, regardless of when they served.

6-3: Survivor Benefit Plan (SBP)

General Plan Information

Military pay stops when a member dies. The Survivor Benefit Plan (SBP) provides monthly, cost-of-living-adjusted income to eligible survivors of Airmen who die pursuant to Title 10 U.S.C. Chapter 37.

Prior to retirement, each member must decide whether to continue active component coverage (maximum coverage for all eligible dependents) into retirement (and pay the associated monthly premiums) or decline participation. Survivor Benefit Plan premiums are deducted from the participant's retired pay and are not counted as taxable income.

One-On-One Pre-Retirement Survivor Benefit Plan Briefing. As outlined in DoDI 1332.42, each Service is to inform each retiring member and member's spouse of options and effects of the Survivor Benefit Plan. The information is provided during a one-on-one briefing by an Air Force Survivor Benefit Plan counselor to allow the member and their spouse to make an informed decision. Every retiring member, including unmarried members and members without eligible dependents, is required to receive this briefing and make a Survivor Benefit Plan election. The one-on-one briefing is a private meeting (no more than one retiree and spouse at a time) and is required in addition to any mass briefing. All items on the Survivor Benefit Plan Report on Individual Person(s) are briefed including future options available in the event of a change in marital or dependent status after retirement.

Spouse Notification Letter. If the retiring member is married, regardless of the status of the marriage (i.e., pending divorce, separated, legal separation, etc.) a notification letter along with a Survivor Benefit Plan fact sheet will be sent. This notification letter serves two purposes: (1) allows the spouse to become familiar with the Survivor Benefit Plan and (2) invites the spouse to attend the pre-retirement Survivor Benefit Plan briefing with their spouse.

Spouse Concurrence. The spouse's written concurrence is required, with notary witness, if a married member elects to: (1) decline coverage at retirement; (2) provide a reduced annuity; or (3) provide an annuity to a child, but not the spouse. If the spouse is not co-located with the member or cannot visit the Survivor Benefit Plan office, concurrence can be accomplished by mail. Note: The spouse's concurrence is not required if the retiring member elects maximum spouse coverage or former spouse coverage.

Eligibility

All service members with eligible dependents are automatically covered by Survivor Benefit Plan at the maximum level at no cost until retired.

Elections

AGR members must decide whether to continue Survivor Benefit Plan coverage into retirement. Retirees electing coverage pay monthly premiums. Premiums are government-subsidized and deducted from a participating member's retired pay before taxes. Survivor Benefit Plan is the sole means for a member to continue a portion of their military retired pay to their survivors. If a member chooses not to participate in the Survivor Benefit Plan, an annuity cannot be paid to survivors. Instruments such as a Power of Attorney may not be used to make a Survivor Benefit Plan election on behalf of a member or used to provide a spouse's concurrence.

Spouse/Former Spouse Elections

If a retiring member is married and elects Survivor Benefit Plan coverage for a former spouse, or a former spouse and child(ren), neither spouse nor former spouse concurrence is required; however, both the member's current spouse and former spouse are notified of the election. Survivor Benefit Plan counselors notify the spouse by letter and notify the former spouse by letter and fact sheet.

Spouse concurrence is obtained after the member makes the election and before the member's retirement date. Elections made outside these perimeters are considered invalid and maximum Survivor Benefit Plan coverage is automatically established for the spouse, if the member declines coverage or elects to provide a reduced spouse annuity OR for the spouse and eligible child(ren), if the member elects reduced spouse and child coverage, elects child only coverage, or fails to make an election.

Two Military Member Elections

Spouses - Two military members, married to one another, may elect spouse coverage for the other. Two military members, divorced from one another, may elect former spouse coverage for each other. Receipt of a Survivor Benefit Plan annuity does not affect the surviving spouses or former spouse's concurrent receipt of their retired pay.

Children - Two military parents may each elect child coverage for eligible child(ren), and the eligible child(ren) are paid two annuities in the event both military parents die.

Automatic Coverage

Maximum Survivor Benefit Plan coverage for all eligible beneficiaries (e.g., spouse, children, or spouse and children) is established if a member fails to make a valid election prior to retirement. Premiums are automatically deducted from the member's retired pay effective the date retired pay begins.

Evidence of Participation

DFAS sends the retiree a pay statement reflecting the deduction of Survivor Benefit Plan premiums when the retired pay account is established, annually following Cost of Living Allowances, and each time there is a change to the retired pay. A member may also review their monthly retiree pay statement in myPay to review Survivor Benefit Plan premium and beneficiary information.

Disenrollment from SBP

Election Period to Disenroll - Members who elect Survivor Benefit Plan coverage at retirement may voluntarily discontinue participation. The member must do so during a one-year period that commences on the second anniversary of the date, but before the third anniversary date, after the first date of entitlement to receive retired pay. The date of commencement of retired pay is defined as the date the retiree becomes entitled to receive retired pay. A recall to an active component following retirement does not alter this date. Neither DFAS nor the Service notifies the member at the second anniversary date; it is the member's responsibility to submit a timely request to disenroll. After the member's third anniversary, the election becomes irrevocable if there is an eligible beneficiary.

Disenrollment Requirements - If eligible to disenroll submit a written request to DFAS using a DD Form 2656-2, Survivor Benefit Plan Termination Request. A covered spouse must concur in writing with the member's decision to disenroll. This requirement may only be waived if it is determined a spouse is unable to complete the concurrence section of the DD Form 2656-2 because of a verified medical condition. SECAF is the approval authority for disenrollment provision exception requests.

Termination Date - DFAS terminates SBP participation the first day of the month following the month the request is received. Example: A member who retired 1 March 2013 submitted a DD Form 2656-2 on 20 April 2015 requesting disenrollment. The request is received by DFAS on 29 April 2015, costs are terminated effective 1 May 2015, and the pay adjustment is reflected in the retirees 1 June 2015 retired pay. Premiums paid before the termination effective date are not refunded.

SURVIVOR BENEFIT PLAN (SBP) FACT SHEET
FOR SPOUSES OF RETIRING AIR FORCE PERSONNEL
(AFMAN 36-3006, 30 November 2018)

Plan Summary

Your spouse's military retirement pay stops when he/she dies. Survivor Benefit Plan is designed to provide your spouse a way to ensure that part of that pay can be paid to you after his/her death.

All members with a spouse or dependent children are automatically covered by the Survivor Benefit Plan at the maximum level while they perform active component service. If your spouse dies in the line of duty while performing active component service, you would currently be eligible for a monthly annuity valued at 55 percent of the retired pay he/she would be entitled to receive if retired on the date of death. This coverage is provided at no cost while he/she remains on active component status. Prior to retiring; however, the member decides whether to continue Survivor Benefit Plan coverage for you into retirement. Survivor Benefit Plan costs are explained below. If your spouse chooses not to participate in the Survivor Benefit Plan, an annuity cannot be paid to you.

Spouse Concurrence

The law requires your written concurrence if your spouse declines coverage, elects to provide reduced coverage, or to provide an annuity to a child, but not to you. Your concurrence is not required if he/she elects former spouse coverage.

Base Amount

Survivor Benefit Plan premiums and the amount of the annuity depend on the level of coverage or "base amount" the retiring member elects. The base amount is not the amount of the annuity - it is the amount used to compute the cost and the annuity. The base amount can be equal to the member's gross monthly retired pay or just a portion, down to as little as \$300. When retired pay increases because of cost-of-living adjustments, so does the base amount, and as a result, premiums and the annuity payable also increase.

Beneficiary Categories Available When Retiring Member Is Married

Coverage is elected for a category of beneficiary, not a specifically named person. For example, spouse coverage covers not only the retiring member's present spouse, but any future spouse if the current marriage ends in death or divorce. A married member can elect one of the following categories of beneficiary:

Spouse Coverage - An annuity is payable for the lifetime of the spouse and is not interrupted if remarriage occurs after age 55. The annuity, however, is suspended if you remarry before age 55 and resumes if that remarriage ends by death or divorce. A spouse married to a member at retirement is eligible for Survivor Benefit Plan regardless of the length of marriage. However, divorce terminates the spouse's eligibility to receive the annuity. To maintain coverage following a divorce, the beneficiary category has to be changed from spouse to former spouse.

Former Spouse Coverage - This option may be taken voluntarily by a retiring member, or mandated by a divorce agreement. Because the provisions of the Survivor Benefit Plan do not allow a member to elect coverage for both a former spouse and a spouse, election of this coverage precludes coverage for a spouse.

Child Coverage - Eligible children may also be Survivor Benefit Plan beneficiaries. The member may elect child only coverage or add child coverage to spouse or former spouse coverage. Only one annuity is payable. In an election for spouse and child, or former spouse and child, eligible children are paid the annuity only if the spouse or former spouse dies or remarries before age 55. When child coverage is included with former spouse coverage, only children of the marriage to that former spouse are covered. Any other children are not paid benefits under this option. In a child only option or when children are included with spouse coverage, all eligible children are covered.

Eligible children include dependent adopted children, stepchildren, foster children, grandchildren, and recognized natural children who live with the retiree in a regular parent-child relationship. To qualify as a dependent child, a grandchild is under the care and custody of the retiree grandparent by court order and meets dependency requirements. To qualify as a dependent child, a foster child receives over one-half support from the member and such support is not provided under a social agency contract. Children qualify for payments only during the time they are unmarried and: Under age 18; or Over age 18, but under age 22 and still in school full time; or suffer a mental or physical incapacity incurred while still eligible as defined above.

Survivor Benefit Plan Costs

To maintain Survivor Benefit Plan coverage, Survivor Benefit Plan premiums are paid after the member retires. See the attached Survivor Benefit Plan cost and annuity estimate for costs specific to you and your family.

Premiums are paid by reducing retired pay and are not counted as taxable income. This means less tax and less out-of-pocket cost for Survivor Benefit Plan. Also, the overall plan is funded (subsidized) by the government, so the average premiums are well below cost. Child coverage is relatively inexpensive because children are normally eligible for benefits for a short time. Premiums are suspended when there is no longer an eligible beneficiary in a premium category, such as: A spouse is lost through death or divorce, or all eligible children marry or become too old for benefits.

Annuity Payable to Beneficiary(ies)

The annuity payable to a spouse beneficiary is 55 percent of the selected base amount. Eligible children equally divide the annuity which is 55 percent of the base amount.

EXAMPLE: If five children are eligible, each is paid one-fifth of the annuity. When the first child reaches age 18 with no incapacity and is no longer in school, each of the remaining four children are paid one-fourth of the annuity. This process continues until the youngest child is no longer eligible to receive benefits.

Estate Planning Information

Survivor Benefit Plan protects part of the retired pay against the risks of:

The member's early death - Survivor Benefit Plan is designed to protect against the complete loss of military retired pay when the member dies; and the widow(er) outliving the benefits; and the effects of inflation on annuity payments. Inflation erodes the value of fixed incomes, making them worth less and less as time goes by. Survivor Benefit Plan protects against this risk through Cost-of-Living Allowances.

Still, Survivor Benefit Plan alone is not a complete estate plan. Other insurance and investments are important in meeting needs outside the scope of Survivor Benefit Plan. For example, Survivor Benefit Plan does not have a lump sum benefit that some survivors may need to meet immediate expenses upon a member's death. On the other hand, insurance and investments without Survivor Benefit Plan may be less than adequate. Investments may be risky and rely on a degree of financial expertise many people do not possess. Consider all your personal and financial circumstances carefully.

Recent Plan Improvements

- Age 62 Annuity Reduction Eliminated – Effective 1 April 2008, every surviving spouse, regardless of age, receives 55 percent of the base amount elected.
- Disenrollment Provision – A survey of non-participating retirees indicated the main reason they did not elect Survivor Benefit Plan at retirement was uncertainty regarding post-service employment and fear of making a decision that could not be changed. This led to one of the latest improvements in the plan - making it more flexible. Retirees are now authorized a one-year disenrollment window between the second and third anniversary of receiving retired pay. This window allows members who may have a financial crisis or simply decide they no longer need the Survivor Benefit Plan protection for their survivors to permanently get out of the plan. Disenrollment requires the concurrence of the spouse, premiums are not refunded, and the retiree is barred from reentering the plan. Once the window closes, the election is irrevocable as long as the beneficiary remains eligible.
- Paid-Up Provision – Stipulates that effective 1 October 2008, retired members age 70 or older, who have paid premiums for a level of coverage for at least 30 years, are considered "Paid-Up." No further premiums are deducted from their retired pay for that level of coverage, but their eligible beneficiary still receives a Survivor Benefit Plan annuity when they die.
- Special Needs Trust – Provides military members and retirees the option to direct payment of a Survivor Benefit Plan annuity for a disabled dependent child to a Special Needs Trust when they elect coverage for that dependent child as a Survivor Benefit Plan beneficiary.

Effects of receiving VA Disability Compensation

If the member dies of service-connected causes, a spouse may qualify for Dependency and Indemnity Compensation from the VA. This tax-free benefit reduces, dollar-for-dollar, the basic Survivor Benefit Plan benefit for a spouse. When all or part of a Survivor Benefit Plan annuity is offset by Dependency and Indemnity Compensation, premiums for the offset portion are refunded to the spouse.

Can my spouse enroll in the Survivor Benefit Plan after he/she retires?

Some people think a retired member can join Survivor Benefit Plan years after retiring, during a so-called "open season." In the more than 30 years of Survivor Benefit Plan history, such open seasons have been offered only four times. Each open season period was allowed only after major plan improvements. Provisions concerning the second open season required new participants to pay higher premiums to help make up for the missed premiums. The last two seasons required new enrollees to pay all missed premiums with interest, plus an additional amount to protect the solvency of the Plan. Open enrollment elections have also typically required a two-year waiting period prior to the election becoming effective. This provision prevents new enrollees from having an adverse effect on the Plan (people joining with short life expectations). An open season may be enacted by special law and open seasons are not part of the regular plan. As such, there is no guarantee that there will ever be another open season.

This is not a contract document. The statutory provisions of Survivor Benefit Plan law are in Section 1447, Chapter 73, Title 10, United States Code. This fact sheet explains only the very basics of the Survivor Benefit Plan. More details can be obtained by contacting a Survivor Benefit Plan counselor at an Air Force installation.

SURVIVOR BENEFIT PLAN (SBP) FACT SHEET
FOR FORMER SPOUSES OF RETIRING AIR FORCE PERSONNEL
(AFMAN 36-3006, 30 November 2018)

The Survivor Benefit Plan allows a retiring member to elect Survivor Benefit Plan coverage for a former spouse. A member who makes an election for former spouse coverage is prohibited from concurrently electing coverage for his/her present spouse. Child coverage can be included in a former spouse election; however, only children resulting from the marriage of the member and the former spouse are eligible in a former spouse and child election. In this case, the former spouse is the primary beneficiary; eligible children receive an annuity only if the former spouse remarries before age 55 or dies.

Benefit Payments

The amount of the monthly Survivor Benefit Plan annuity is determined by the level of coverage or “base amount” elected. The base amount is not the amount paid to the former spouse; rather, it is the amount used to compute both the monthly cost and annuity. The base amount may range from a minimum of \$300 up to a maximum of the member’s gross retired pay. The annuity payable is 55 percent of the base amount elected for a former spouse.

Suspension of Coverage/Premiums Due to Former Spouse’s Remarriage before Age 55

If a former spouse remarries before age 55, Survivor Benefit Plan coverage is suspended for the duration of that marriage. The retired member notifies the Defense Finance and Accounting Service (DFAS - U. S. Military Retirement Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200) and provides a copy of the former spouse’s remarriage certificate to suspend premiums.

If the former spouse’s remarriage ends, coverage is reinstated the day following the termination of the former spouse’s remarriage. Former spouse premiums are reinstated effective the first day of the month in which the former spouse’s remarriage terminates. The retired member immediately notifies the Defense Finance and Accounting Service (DFAS - U. S. Military Retirement Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200) and provides a copy of the former spouse’s divorce decree or the death certificate of the person to whom the former spouse was married so coverage and premiums can be reestablished in a timely manner to avoid a debt of premiums.

If the member dies during the period the former spouse coverage is suspended because of the former spouse’s remarriage before age 55, the former spouse would be eligible for the annuity in the event the remarriage subsequently terminated. The former spouse notifies the Defense Finance and Accounting Service (DFAS - U. S. Military Annuitant Pay, 8899 E 56th Street Indianapolis, IN 46249-1300) and provides a copy of the divorce decree or the death certificate of the person to whom the former spouse was married so the annuity can be established.

A former spouse who remarries at age 55 or older remains eligible to receive the annuity. Survivor Benefit Plan coverage and premiums remain in effect.

Coverage for Former Spouse and Child(ren).

The eligible child(ren) resulting from the marriage of the member and designated former spouse are covered when an election is made for former spouse and child coverage. Eligible child(ren) are contingent beneficiaries and receive the Survivor Benefit Plan annuity if the former spouse remarries before age 55 or dies. Eligible child(ren) divide the annuity in equal shares. Children remain eligible as long as they are unmarried and under age 18, or at least 18 but under 22 if a full-time student in an accredited school. A child who is disabled and incapable of self-support remains eligible for life or as long as disabled and unmarried if the disability occurred before age 18 (or before age 22 if a full-time student when the disability occurred).

Changes in Former Spouse Coverage

A member may terminate former spouse or former spouse and child coverage in order to elect coverage for a spouse, child(ren), or spouse and child(ren). In order to elect child coverage, the election change is submitted within 1 year of acquiring the dependent child(ren). If the election change is from former spouse to spouse coverage, there is no time limitation on the election period. If the member elects to change from former spouse to spouse coverage after 1 year of remarriage, the coverage is effective on the date the election is received by DFAS and the associated premium is effective on the first day of the month after election receipt. Former spouse coverage, however, can be terminated ONLY under one of the following conditions:

- a. If the former spouse election was made pursuant to the requirements of a court order, a certified copy of a court order that modifies all previous court orders relieving the retiree of a court-ordered former spouse election is furnished to DFAS (DFAS - U. S. Military Retirement Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200) along with a request to convert to spouse, child, or spouse and child coverage
- b. If the original election was made pursuant to a written agreement entered into voluntarily by the member and former spouse as a part of or incident to the proceedings of a divorce, a modified written agreement signed by the former spouse agreeing to the change is furnished to DFAS (DFAS - U. S. Military Retirement Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200) along with a request to convert to spouse, child, or spouse and child coverage.
- c. If the original election was voluntary on the member's part (not part of a court order or written agreement), the election CAN be changed to cover a new spouse, child, or spouse and child without submitting an amended court order or modified written agreement. The member submits a request to convert to spouse, child, or spouse and child coverage to DFAS (DFAS - U. S. Military Retirement Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200). The former spouse is notified of the change in election.

Annuity Payments to Surviving Former Spouse

A surviving former spouse who is receiving an annuity may remarry at age 55 or older and continue to receive the annuity payments. If remarriage occurs before age 55, Survivor Benefit Plan annuity payments stop, but may be resumed if the remarriage later ends. It is the former spouse annuitant's responsibility to notify the DFAS (DFAS - U. S.

Military Annuitant Pay, 8899 E 56th Street, Indianapolis, IN 46249-1300) of any changes in marital status.

This is not a contract document. The statutory provisions of Survivor Benefit Plan law are in Section 1447, Chapter 73, Title 10, United States Code. This fact sheet explains only the very basics of the Survivor Benefit Plan. More details can be obtained by contacting a Survivor Benefit Plan counselor at an Air Force installation.

6-4: Veteran's Group Life Insurance (VGLI)

With Veterans' Group Life Insurance (VGLI), you may be able to keep your life insurance coverage after you leave the military for as long as you continue to pay the premiums. Find out if you qualify for VGLI and how to manage your coverage.

Am I Eligible For Veterans' Group Life Insurance?

You may be eligible for VGLI if you meet at least one of the requirements listed below. At least one of these must be true. You:

- (1) Had part-time Servicemembers' Group Life Insurance (SGLI) as a member of the National Guard or Reserves, and you suffered an injury or disability (damage to your body or mind that makes it hard for you to do everyday tasks, including meaningful work) while on duty—including direct traveling to and from duty—that disqualified you for standard premium insurance rates, **or**
- (2) Had SGLI while you were in the military and you're within 1 year and 120 days of being released from an active-duty period of 31 or more days, **or**
- (3) Are within 1 year and 120 days of retiring or being released from the Ready Reserves or National Guard, **or**
- (4) Are within 1 year and 120 days of assignment to the Individual Ready Reserves (IRR) of a branch of service, **or** to the Inactive National Guard (ING). This includes members of the United States Public Health Service Inactive Reserve Corps (IRC), **or**
- (5) Are within 1 year and 120 days of being put on the Temporary Disability Retirement List (TDRL)

Who's Covered?

Veterans & Former service members

What life insurance benefits can I get with VGLI?

You can get \$10,000 to \$500,000 in life insurance benefits, based on the amount of SGLI coverage you had when you left the military. **Note:** When you leave the military, you can sign up through VGLI for coverage up to the amount you had through SGLI. You can also increase your coverage by \$25,000 every 5 years—up to \$500,000—until you're 60 years old.

How do I get these benefits?

You'll need to apply for VGLI within 1 year and 120 days of leaving the military.

If you sign up within 240 days of leaving the military, you won't need to prove you're in good health. If you sign up after the 240-day period, you'll need to submit evidence that you're in good health.

Apply in one of these ways:

- (1) Apply through the Office of Servicemembers' Group Life Insurance (OSGLI), using the Prudential website
- (2) Apply online through OSGLI at: [Apply online through OSGLI](#)

Apply by mail or fax. Fill out the Application for Veterans' Group Life Insurance (SGLV 8714). Fax the form to 800-236-6142, or mail it to: OSGLI PO Box 41618 Philadelphia, PA 19176-9913

- (3) To reinstate a VGLI policy that has expired, you'll need to fill out an Application for Reinstatement of VGLI Coverage (SGLV 180).

How much will I pay for these benefits?

VGLI premium rates are based on your age and the amount of insurance coverage you want. Check current rates: <https://www.va.gov/life-insurance/options-eligibility/vgli/>

Can I choose or update my beneficiaries?

Yes. You can choose your beneficiaries (the people you pick to get the money from your life insurance policy if you die) and change them as needed.

Update your beneficiary information in one of these ways:

Access your policy online through Prudential Life Insurance Company of America.

Fill out a VGLI Beneficiary Designation form (SGLV 8721) and fax to 800-236-6142, or mail it to: OSGLI, PO Box 41618, Philadelphia, PA 19176-9913.

Can I convert my VGLI policy into a commercial policy?

Yes. You can convert your policy into a commercial (civilian) policy at any time. You'll be able to convert at standard premium rates, without having to provide proof that you're in good health.

To convert your VGLI policy:

- (1) Choose your new insurance company from the list of participating companies
 - (2) Apply at the local sales office of your chosen company.
 - (3) Get a letter from OSGLI confirming that you have VGLI coverage (called a VGLI Conversion Notice) and give the letter to the agent who takes your application.
- Note: The conversion policy must be a permanent policy, such as a whole life policy. You can't convert to other types of policies, like term, variable life, or universal life insurance. And supplementary policy benefits, like Accidental Death and Dismemberment or Waiver of Premium for Disability, aren't considered part of the conversion policy.

What if I need help with my claim?

If you have questions about Servicemembers' or Veterans' Group Life Insurance, you can call the Office of Servicemembers' Group Life Insurance (OSGLI) at 800-419-1473 or email the Prudential Insurance Company.

Which forms would my family member need?

- (1) To request an advance insurance payment for a service member who's terminally ill, a family member would file a Claim for Accelerated Benefits (SGLV 8284).
- (2) To receive an insurance payment in their time of need, a family member would file a Claim for Death Benefits (SGLV 8283).

6-5: State Sponsored Life Insurance (SSLI)

Ohio National Guardsmen and women receive a \$1,000 death benefit paid within 24 hours to their family upon notification of the death of the service member. There is no charge for this basic benefit which is provided by their underwriter, the Armed Forces Benefit Association, and no enrollment required.

Service members can also opt for additional coverage for themselves, their spouse and their dependents. This life insurance is payable in event of death from any cause; coverage is twenty-four hours a day, 365 days a year, no war clause, no aviation exclusion, no hazardous duty or civilian occupation restriction & full conversion privilege upon termination regardless of health.

This Coverage may be continued after leaving the National Guard until age 65. When the Insured attains age 60 (Guard Member, Spouse or Dependent), the benefits will be reduced by 50% and the premium will remain the same. All optional coverages expire on the last day of the month in which the member attains age 65. Coverage will terminate the date the policy or section of the policy under which coverage is offered ends, or the last day of the month for which premiums have been paid (subject to the Grace Period).

Service members who joined the Ohio National Guard within the last year are eligible for \$10,000 coverage at no cost for one year. They must, however enroll in the program to receive this coverage.

For enrollment forms or to get more information go to <http://ngaoh.org/insurance> or contact the ONGA/ONGEA Insurance Administrator Karissa Binckley at 614-486-4186 or Karissa.binckleyonga@gmail.com

Reference: <http://ngaoh.org/insurance>

6-6: Service-Disabled Veterans Life Insurance (S-DVI)

Service-Disabled Veterans Life Insurance (S-DVI) provides low-cost coverage to eligible service members. This program stopped taking new applications after December 31, 2022. But if you already have S-DVI, you can keep it.

Eligibility

You may be eligible for S-DVI if you meet all of the requirements listed below. All of these must be true:

- (1) You were released from active duty on or after April 25, 1951, and didn't receive a dishonorable discharge, and
- (2) You were rated for a service-connected disability (even if only 0%), and
- (3) You're in good health except for any service-connected conditions, and
- (4) You apply by December 31, 2022, or within 2 years of receiving your disability rating (whichever comes first).

Note: An increase of a rating you had before—or a rating of Individual Unemployability, meaning you can't work—doesn't qualify you for S-DVI.

Can I get more life insurance coverage if I need it?

If you carry the basic S-DVI coverage and become totally disabled and unable to work, you can apply to get up to \$30,000 more in coverage. This is called supplemental S-DVI coverage.

You may be able to get \$30,000 of supplemental coverage if you qualify for a premiums waiver, and you meet both of the requirements listed below. Both of these must be true:

- (1) You apply for the coverage by December 31, 2022, or within 1 year from the date you get notice of the grant of waiver (whichever comes first), and
- (2) You're younger than age 65

Who's Covered? Veterans

Benefits

- (1) Up to \$10,000 of coverage
- (2) Up to \$30,000 of supplemental coverage

How to Apply?

You'll need to apply for benefits in 1 of 2 ways:

- (1) Apply for basic S-DVI online at <https://www.insurance.va.gov/portal/>, or
- (2) Fill out an Application for Service-Disabled Veterans Life Insurance (VA Form 29-4364). Securely upload the form, or mail it to: Department of Veterans Affairs, Regional Office and Insurance Center (RH), PO Box 7208, Philadelphia, PA 19101.

If you want to apply for supplemental S-DVI, you must have already applied for and been granted a waiver of premiums.

- (1) To apply for supplemental S-DVI, fill out and submit an Application for Supplemental Service-Disabled Veterans Insurance (VA Form 29-0188) or send a letter requesting this insurance over your signature.

Note: You must apply for the coverage by December 31, 2022, or within 1 year from the date you receive notice of the grant of waiver of premiums (whichever comes first).

Cost

Your premium rate (the amount you'll pay each month for your coverage) depends on all of the factors listed below. Your premium rate depends on:

- (1) Your age, and
- (2) The amount of insurance you want, and
- (3) The coverage plan requested.

Can I get a waiver so I don't have to pay the premiums?

Yes, in some cases. Under certain conditions, the basic S-DVI policy provides for a waiver of premiums for Veterans who are totally disabled. You must pay your premiums for supplemental S-DVI.

What if I need help with my claim?

If you have questions about Service-Disabled Veterans Insurance you can call the VA Life Insurance Center at 800-669-8477.

Veterans Affairs Life Insurance (VALI)

This insurance program will replace the S-DVI program effective January 1, 2023. VALI will offer a guaranteed acceptance whole life insurance for all service-connected Veterans aged 80 and under.

6-7: Federal Long-Term Care Insurance Program (FLTCIP)

Note: Application were suspended effective December 19th, 2022. No matter where you are in your career, consider the prospect of needing long term care, and how applying for long term care insurance coverage under the Federal Long Term Care Insurance Program (FLTCIP) may help. With benefits designed specifically for the federal family, the FLTCIP can help protect your savings and assets in the event you or your loved ones ever need long term care.

The need for long term care can happen to anyone at any time. It can be because of an extended illness such as cancer, a disabling event such as a stroke, a chronic disease such as multiple sclerosis or Alzheimer's, or a permanently disabling automobile or sporting accident. In many cases, however, people need long term care due to aging. As we live longer, into our 80s, 90s, and even beyond, health conditions that we've managed successfully for years may become worse. We may lose our ability to function independently on a day-to-day basis, resulting in the need for assistance.

Eligibility

The Federal Long Term Care Insurance Program (FLTCIP) is available to eligible federal and U.S. Postal Service employees and annuitants, active and retired uniformed service members, and certain qualified relatives.

Employees

- (1) Federal employees - Federal employees in positions that are eligible for the Federal Employees Health Benefits (FEHB) Program (whether or not you're enrolled).
- (2) U.S. Postal Service employees - U.S. Postal Service employees in positions that are eligible for the FEHB Program (whether or not you're enrolled).
- (3) Active uniformed service members - Active members of the uniformed services on active duty or full-time National Guard duty for more than 30 days; this includes active members of the Selected Reserve. Members of the Individual Ready Reserve are not eligible.
- (4) Other eligible employees: Tennessee Valley Authority employees; D.C. Government employees first employed before October 1, 1987; D.C. Courts employees; Commander, Navy Installations (CNIC) employees; Non-appropriated funds (NAF) employees of the U.S. Department of the Army, U.S. Marine Corps (USMC), Navy Exchange Service Command (NEXCOM), Army and Air Force Exchange Service (AAFES), and U.S. Air Force (USAF).

Retirees

- (1) Federal annuitants - Federal annuitants who retired on immediate annuity or for disability under the Civil Service Retirement System (CSRS), Federal Employees Retirement System (FERS), or other retirement system for employees of the federal government.
- (2) U.S. Postal Service annuitants - U.S. Postal Service annuitants who retired on immediate annuity or for disability under the CSRS, FERS, or other retirement system for employees of the federal government.
- (3) Retired uniformed service members - Retired members of the uniformed services entitled to retired or retainer pay; this includes gray area reservists, even if you're not yet receiving your retired pay.
- (4) Survivors - Survivors of federal employees and annuitants, and active and retired uniformed service members, receiving a survivor annuity*; this includes domestic partners receiving an insurable interest annuity. (*The Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) are considered survivor annuities for the uniformed services).
- (5) Other eligible retirees - Deferred annuitants; Separated employees with title to a deferred annuity, even if you're not yet receiving it; Compensationers receiving compensation from the U.S. Department of Labor; Tennessee Valley Authority annuitants; D.C. Government annuitants first employed before October 1, 1987; D.C. Courts annuitants; Commander, Navy Installations (CNIC) retirees; Non appropriated funds (NAF) retirees of the U.S. Department of the Army, U.S. Marine Corps (USMC), Navy Exchange Service Command (NEXCOM), Army and Air Force Exchange Service (AAFES), and U.S. Air Force (USAF).

Qualified relatives

- (1) Spouses - Spouses of eligible employees and retirees; former spouses are not eligible, even if you're receiving an apportionment of annuity.
- (2) Domestic partners - Domestic partners (either same-sex or opposite-sex) of eligible employees and retirees; you must submit a Declaration of Domestic Partnership form (opens in a new tab) to the employee's or retiree's agency, annuity office, or branch of service before you apply.
- (3) Adult children - Adult children (18 years or older) of living eligible employees and retirees; this includes adopted and stepchildren. Children of domestic partners are considered stepchildren.
- (4) Parents, parents-in-law, and stepparents - Parents, parents-in-law, and stepparents of living eligible employees; parents of retirees are not eligible.

Where long term care is provided

- (1) Home health care - Receive care in your own home, including nursing care, home health aide and homemaker services, social services, and occupational, physical, respiratory, and speech therapy.
- (2) Home health aide - Receive care in your own home from a certified, trained health-care worker who provides assistance with personal care and light household duties.
- (3) Nursing home - Receive care in a licensed residential facility that provides 24-hour room and board, skilled nursing care, and personal care services. Nursing homes also provide medical care, therapy, and other health related services.

- (4) Adult day care center - Receive care in a community setting that provides social activities and personal care services for adults who need care or supervision during the day. Adult day care centers are another option to help you stay in your own home and can provide much needed relief to a family caregiver.
- (5) Assisted living facility - Receive care in a residential facility that provides room and board and 24-hour health and personal care services. This is a great care option when you're unable to manage at home, but do not need the level of skilled care provided in a nursing home.

Comprehensive coverage

- (1) Choice of care - Care provided in a nursing home, an assisted living facility, a hospice facility, an adult day care center, and at home is covered up to 100% of your daily benefit amount.
- (2) International benefits - Care received outside of the United States is covered up to 100% of your daily benefit amount.
- (3) Friends & family caregivers - Care provided at home by informal caregivers such as friends, family members, and other unlicensed caregivers is covered up to 100% of your daily benefit amount, as long as the caregiver isn't your spouse or domestic partner and didn't live with you when you became eligible for benefits. When informal care is provided by family members, it's covered for up to 500 days of care in your lifetime.
- (4) Alternate plan of care - In certain circumstances, customized benefits for services that are not specifically covered by the FLTCIP will be considered if they meet your needs and are cost-effective.
- (5) Stay-at-home benefit - Options that help support care at home, including care planning visits, home modifications (such as installing wheelchair ramps), emergency medical response systems, durable medical equipment (such as wheelchairs, walkers, or hospital-style beds), and home safety checks, are covered up to 30 times your daily benefit amount. Caregiver training is also part of the stay-at-home benefit, but only covered up to seven times your daily benefit amount in your lifetime. This benefit can be used at any time once you're eligible for benefits, including during the waiting period.

Valuable standard features

- (1) Guaranteed renewable - Your coverage will not be canceled as long as you pay your premiums on time. And your coverage can't be canceled due to your age or a change in your health.
- (2) Waiver of premium - Once you've completed your waiting period, you do not have to pay premiums while you're receiving benefits.
- (3) Respite care - The FLTCIP pays benefits to provide your primary caregiver with temporary relief from their caregiving responsibilities up to 30 times your daily benefit amount per calendar year.
- (4) Bed reservations - If you're in an assisted living facility, a nursing home, or a hospice facility, and need to leave that facility for any reason (for example, you need to be hospitalized), the FLTCIP will pay for actual charges you incur for bed reservations up to 100% of your daily benefit amount, for up to 60 days per calendar year.

- (5) Portable coverage - Even if you're no longer a member of an eligible group (for example, if you're an employee who leaves government employment), you can keep your coverage as long as you continue to pay the required premium and have not exhausted your maximum lifetime benefit.
- (6) No war exclusion - Unlike most other long term care insurance plans, coverage under the FLTCIP does not have a war exclusion. As a result, benefits may be payable for conditions due to war or acts of war, declared or undeclared, or service in the armed forces or auxiliary units. There is also no catastrophic event limitation.
- (7) Premium stabilization feature - This built-in feature is designed to reduce the potential need for future premium increases. As part of this feature there is an adjustable amount that is calculated as a percentage of premiums paid. Under certain conditions, this amount may be used to offset your future premium payments or provide a refund of premium death benefit to your estate or designated beneficiary. The percentage will be changed no more than once annually and it will not exceed 100% or be less than 10%.

Enrollment

You must apply to find out if you qualify for coverage under the FLTCIP. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. To start go to <https://www.ltcfeds.com/program-details/design-plan>

6-8: Wills & Powers of Attorney

The Office of the Staff Judge Advocate provides legal services and advice absolutely free to all active duty personnel and their dependents along with reservists and guardsmen on federal active duty and their dependents. In addition, retired personnel, their dependents, and dependent survivors may also receive legal assistance to the extent personnel and facilities are available.

Air Force attorneys and paralegals can assist eligible personnel with wills, powers of attorney, notary service, or advice on personal civil legal matters such as adoption, landlord-tenant issues, tax assistance, and consumer law questions. Legal assistance officers are licensed attorneys who are assigned by the Air Force to advise and counsel members on personal legal problems.

The Legal Assistance Program offers counseling for personal civil matters. Legal assistance officers cannot represent clients in court, nor can they advise persons who have hired a civilian attorney on the same subject matter. They cannot advise about criminal matters, or UCMJ related offenses, (active duty members with these issues should contact the Area Defense Counsel Office, at (937) 257-7841) nor can they assist someone to avoid paying a debt or advise someone regarding private commercial business and other outside employment. They are also prohibited from preparing personal legal documents on behalf of those eligible, except for wills, powers of attorney, and affidavits. To ensure a productive appointment, please arrange for childcare during your visit to the legal office.

88th ABW Judge Advocate
5135 Pearson Road
Building 10, Area A (The legal office is located on the first floor)
Wright-Patterson Air Force Base, Ohio 45433
Telephone: (937) 257-6142
Fax: (937) 257-5937

Appointments

To schedule an appointment call 937-257-6142. Masks are mandatory in the legal office. If a client has been experiencing COVID symptoms in the past 72 hours or lives with someone who has, they are to cancel any upcoming appointments and are not to come to the office at all during customer service hours.

Wills

Deployers, Active Duty and Active Duty dependents by appointment only. To schedule an appointment call 937-257-6142.

Retiree wills are on hold during Health Protection Condition Charlie (HPCON C) and the declared Public Health Emergency. Please check back for updates.

Legal Assistance/Notaries/Powers of Attorney -

All legal assistance appointments will be telephonic.

For notaries and powers of attorney, please call 937-257-6142 when you have arrived for your scheduled appointment and a paralegal will be happy to assist you.

Powers of Attorney

With some planning, most people can usually handle their own affairs. However, there are times when you might need someone to act as your agent in your absence, to handle a particular piece of business. If you appoint someone to act for you, you do so by giving him or her your power of attorney.

A power of attorney is a legal document that allows another to conduct legal actions on your behalf (such as selling a house) and can be either special (usually connected with a single transaction or event) or general (total power over another's legal affairs). Special powers of attorney drafted to fit individual needs on a one-time basis or for a limited period of time are usually your best choice. The Legal Office is prepared to draft both.

For more information or to fill out a Power of Attorney Questionnaire prior to your arrival at a base legal office, you can visit the Air Force Legal Assistance Website at <https://aflegalassistance.law.af.mil/lass/lass.html>.

Will Assistance

A will is a written legal declaration of how personal property should be distributed after death. The Legal Office can assist eligible military and family members in preparing a will. Before making an appointment, members should review the "Will Considerations for Military Families" fact sheet and complete a Will Questionnaire located on the Air Force Legal Assistance Website at <https://aflegalassistance.law.af.mil/lass/lass.html>.

Provide a completed Will Questionnaire to the Legal Assistance office at least one business day prior to your scheduled appointment via email at 88abw.ja@us.af.mil. Failure to provide a completed Will Questionnaire may result in cancellation of your will appointment.

6-9: Retirees Casualty Assistance Checklist

The intention of providing this checklist is for you to use it as a guide to discuss with and provide information to your next of kin and/or the person who you will designate to take care of your affairs. It is important to occasionally review it for updates.

(For later use by next of kin)

Month Day Year

Note:
See "Letter of
Instructions" for
location of other
documents.

Veteran's claim nr(s) (other) Patients data card #

Taxable income \$

Survivor coverage information (coverage type: spouse only, etc.): _____ Monthly Cost: \$ _____

Survivor Benefit Plan Annuity:

55% annuity amount \$ _____

35% annuity amount \$ _____

RSFPP Annuity: \$ _____

Supplemental SBP: \$ _____

Annuity Base Amount: \$ _____

Note: See "Retiree Account Statement" for
explanation of Social Security Offset/2-tier Formula

Effective _____

Part III – Social Security (when applicable)

Social Security Claim # _____ Month Filed _____

Type of Benefit(s) _____ Beginning month of entitlement _____

Amount monthly \$ _____ Bank and acct. # (direct deposit) _____

Note: No payment is payable for the month of death (call 1-800-772-1213)

Part IV – Miscellaneous (Things to know and plan for upon death of retiree)

Disposition instructions for the body (burial, cremation, memorial service, etc.)

Info required for Death Certificate (date/place of birth, father's name, mother's maiden name, etc.)

Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)

Widows will need a new ID card (military, medical, commissary, base exchange, etc.)

Necessary changes in your "DEERS" program will have to be made

It may take several months to clear estates (you may require at least 8 copies of death certificates)

Contents of your safety deposit box should be known

Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed

Named beneficiaries on insurance policies become very important (keep current)

There may be some entitlement to burial benefits (headstone, payments, etc.)

Check VA for Presidential Memorial Certificate

An American flag can be obtained (check VA and Post Office)

The survivor should update appropriate will

Extra credit cards should be destroyed or cancelled

Appropriate changes should be made to all joint ownerships

Contact insurance companies as appropriate

Be prepared to turn in Retirees ID card (where and when required)

Note:
MAKE EVERY EFFORT
to retain "Original"
documents (Provide
Certified copies whenever
possible).

Fill in and keep handy the following office phone numbers:

<u>Office/Organization</u>	<u>Phone Number</u>
Casualty Assistance	937 257-6405
Retiree Activities Office	937 257-3221
Hospital	937 257-3203
Legal Office (Military)	937 257-6142
VA Hotline	1-800-827-1000
Social Security Hotline	1-800-772-1213
DEERS (Information)	937 257-2547
Other	_____
Finance (DFAS – Cleveland)	1-800-321-1080
SBP (Annuity Pay Info)	937 257-6405
Other Pass & ID	937 257-6506

OTHER IMPORTANT NUMBERS	
<u>Organization</u>	<u>Local and 800#</u>
Mortuary Affairs	937 257-7574
American Red Cross	
Family Support Center	937 257-3592
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it.

The above contacts have been updated by the Wright-Patterson Air Force Base Casualty Office. One of their responsibilities is assisting next of kin of retiree casualties for the entire state of Ohio (and several other states).

References:

<http://ngaoh.org/insurance>

www.insurance.va.gov/portal

www.ltcfed.com/program-details/design-plan

www.va.gov/burials-memorials/eligibility

www.va.gov/life-insurance/options-eligibility/vgli

www.wpafb.af.mil/Units/ja

AFMAN 36- 3006, Survivor Benefit Plan (SBP) (Active, Guard, Reserve, and Retired)

Section 7 - Applying For Retirement

7-1: Application Submission Preparation

You should apply for retirement no later than 1 year from the desired retirement date, but no less than 180 days before your requested retirement effective date.

If you request a retirement date with less than the required 4 months notification, a waiver will be required and must include full justification and your commander's recommendation.

Please keep this in mind when it comes to submitting your application. The following are situations that not having an approved retirement and retirement order can cause delays:

AGRs in the Ohio National Guard are required to submit a curtailment request to be approved for release from the AGR program. To get this process started email your HR Remote office at the Wing or the State AGR Office.

Members applying for Active Duty pay must also complete a DD Form 2656, Data for Payment of Retired Personnel. This form collects information needed to establish a retired/retainer pay account, designate beneficiaries for Survivor Benefit Plan electors, determine Federal tax withholding and establish payee address information.

- Read the instructions and Privacy Act Statement carefully before completing the DD Form 2656.
- For assistance (highly encouraged) contact the WPAFB Casualty Affairs office at 937-257-6405.
- Common Issues
 - Section II, Direct Deposit/Electronic Fund Transfer Information **must** be completed as your net retired/retainer pay must be sent to your financial institution by direct deposit/electronic fund transfer. Don't forget the routing number and account number of your financial institution.
 - Section XI, Survivor Benefit Plan Spouse Concurrence - 10 U.S.C. Section 1448, requires that an otherwise eligible spouse concur if the member declines to elect SBP coverage, elects less than full coverage or elects child coverage only (see page 2 of the DD Form 2656 instructions).

Because the end date of your DD214 is in the future, ARPC cannot complete it until then. Once that date passes, your DD214 will be published. You will be able to pull a copy from the Department of Veterans Affairs eBenefits website (<http://www.ebenefits.va.gov>).

7-2: Retirement Application Steps

Step 1. Go to myFSS: <https://myfss.us.af.mil/USAFCommunity/s/knowledge-detail?pid=kA0t00000010wc5CAA>

Step 2. Complete the Pre-Application Checklist before continuing with the application

CREATE A REQUEST

7-3: Withdrawal, Cancellation or Change of Retirement Effective Date

You need to consider your retirement effective date carefully before completing this application for retirement. Requests for changes/cancellation of a retirement should not be taken lightly.

A withdrawal, cancellation or change in a retirement effective date is initiated by you on-line, with justification, through the appropriate chain of command. The request must be endorsed by the same commander(s) or designee that coordinated off on the original application request.

Note: There may be exceptions to the information provided. If you need additional assistance, please contact the AFPC Retirement team at DSN 665-2506 or commercial at 210-565-2506 for assistance.

7-4: Verification of Retirement Application Status

Step 1: Log into myFSS community page

Step 2: Locate "myFSS CASES" and click "OPEN" cases link

Step 3: Locate your open retirement cases and click on the "Details" button.

NOTE: To ask a question, click on the Communication tab and select "New Comment" button. Once you provide your comment or question, click the "Save" button to submit your inquiry.

7-5: Calculating Your Retirement Pay Estimate and SBP Annuity Costs

NOTE: Your monthly pay may differ from the calculator's estimate. The formulas used to calculate retired pay are complex and differ depending on individual circumstances.

Step 1: Pull a copy of your Point Summary

Step 2: Go to the My Air Force Benefits webpage at <https://www.myairforcebenefits.us.af.mil/Benefit-Calculators/Retirement>

Step 3: Select the "Launch Calculator" button then for component (as an AGR) you will select "Active Duty Calculator"

Step 4: Log on using your CAC card or your DS Logon username and password

Step 5: Read the consent and disclaimer statements, click on the block to agree & select the "Continue" button

Step 6: Review your personal information that has been pre-populated and adjust any incorrect data. If there are errors contact your wings personnel customer service section to update it permanently.

Step 7: To get your 1405 date select "Yes" to the question "Do you have previous Reserve or National Guard points you would like use to compute your 1405 date?"

- Total Points = your total retirement points (to calculate your projected points at retirement follow the steps below)
 - Find the number of days from the day after the "Thru Date" to your retirement date. The following website has a great "date to date" calculator that does the math for you! <https://www.timeanddate.com/date/duration.html>
Example: 9 Jun 2020 to 1 Mar 2022 = 630 days (Projected points earned)
 - Find your current retirement points underneath the header "Retire"
Example: Current Retirement Points: 7113
 - Add your current retirement points to your projected points earned
Example: 9 Jun 2020 to 1 Mar 2022 = 630 days (Projected points earned)
$$\begin{array}{r} +7113 \text{ (Current retirement points)} \\ \hline 7743 \text{ (Total Points)} \end{array}$$
 - Enter this number into the "Total Points" block in the calculator
Example: 7743 (Total Points)
- Total Active Duty Points = all active duty days that you have through your entire military career
 - Find your current active duty points underneath the header "AD"
Example: Current Active Duty Points: 6785
 - Add your current active duty points to your projected points earned
Example: 9 Jun 2020 to 1 Mar 2022 = 630 days (Projected points earned)
$$\begin{array}{r} +6785 \text{ (Current active duty points)} \\ \hline 7415 \text{ (Total Active Duty Points)} \end{array}$$
 - Enter this number into the "Total Active Duty Points" block in the calculator
Example: 7415 (Total Active Duty Points)
- Inactive duty for Training Points (IDT) = your inactive point you have earned over your military career. This will auto-populate and you cannot change it.

EXAMPLE

Service History									
From Date	Thru Date	AD	IDT	ECI	IDS	MBR	Total	Retire	Sat. Svc.
Total points accrued through 08 JUN 2020: 6785 0238 0070 0000 330 07423 07113 220000									

Step 8: Enter your "Projected Retirement Date" under the "Retirement Projections" section. As an AGR this will always be the 1st of a month.

Step 9: Select the "Calculate" button

Step 10: This page will display your estimated monthly retirement pay. Also, if you select the "Show" link below you can get more details on the data that was used to calculate your High-3 monthly average the data that was used to calculate your estimate (from previous page)

The most common retirement pay systems are listed below:

- **Final Pay:** If you entered active or reserve military service before September 8, 1980, your retired pay will be based on your final basic pay.
- **High-3:** If you entered active or reserve military service after September 7, 1980, your retired pay base is the average of the highest 36 months of basic pay. If you served less than three years, your base will be the average monthly active duty basic pay during your period of service.
- **Blended Retirement System (BRS)** - If you enter the Uniformed Services on or after Jan. 1, 2018, you are automatically enrolled in BRS, and this is your military retirement plan. If you were an active-duty service member with fewer than 12 years of service as of Dec. 31, 2017, or a member of the National Guard or Reserve in a paid status who had accrued fewer than 4,320 retirement points as of Dec. 31, 2017, you were grandfathered under the legacy retirement system, but able to opt into BRS. The opt-in period for the majority of service members closed Dec. 31, 2018.

References:

<https://www.myairforcebenefits.us.af.mil/Benefit-Calculators/Retirement>

Section 8 - Leave Planning

8-1: Taking Leave

Leave balances can be found on your LES, in your LeaveWeb account or by contacting your local Comptroller Flight. Make sure you are considering any leave you have taken/requested as the effective date of these documents.

PTDY and Terminal Leave must be submitted in LeaveWeb (routed to your Commander) separately. PTDY must be taken before terminal leave. If PTDY is being taken in conjunction w/Terminal LV, you must annotate "Rule Number 2" & check block "In conjunction with Terminal leave"

Permissive Temporary Duty (PTDY) – Non-chargeable leave of absence used for retirement relocation activities such as job or residence search. Losing commanders may approve up to 20 days for Continental US (CONUS)-based members and up to 30 days, unless to do so would interfere with the military mission. PTDY occurs within 180 days of the retirement date and may be taken in increments up to the maximum permitted, but not successive Mondays through Fridays & in conjunction with terminal leave. Members can request PTDY in lieu of excess leave, but not both, if eligible.

Terminal Leave – Chargeable leave taken in conjunction with retirement from active duty. Member's last day of leave coincides with the last day of active duty. Unit commanders approve terminal leave but may disapprove for military necessity or in the best interest of the Air Force.

8-2: Selling Back Leave

Any leave remaining on your pay record at your retirement will automatically be sold back in your final pay with no action/documentation required. You are limited to selling 60 total days in a career.

LV sell is calculated as follows:

- $(\text{Base Pay} / 30) (\# \text{ of LV days being sold}) = \text{payment before taxes}$
- $(\text{payment before taxes})(.78) = \text{payment after federal taxes}$
(NOTE: States taxes will also be deducted if applicable.)

References:

AFI 36-3003, *Military Leave Program*

Section 9 - Relocating

9-1: Veteran's Administration Home Loans

VA direct and VA-backed Veterans home loans can help Veterans, service members, and their survivors to buy, build, improve, or refinance a home. You'll still need to have the required credit and income for the loan amount you want to borrow. But a Veterans home loan may offer better terms than with a traditional loan from a private bank, mortgage company, or credit union.

Purchase loan

Lenders offer competitive interest rates on VA-backed purchase loans. This can help you buy, build, or improve a home—especially if you don't want to make a down payment. Lenders offer competitive interest rates on VA-backed purchase loans. This can help you buy, build, or improve a home—especially if you don't want to make a down payment. To find out if you qualify and how to apply go to <https://www.va.gov/housing-assistance/home-loans/loan-types/purchase-loan/>.

A VA-backed purchase loan often offers:

- (1) No down payment as long as the sales price isn't higher than the home's appraised value (the value set for the home after an expert reviews the property).
- (2) Better terms and interest rates than other loans from private banks, mortgage companies, or credit unions (also called lenders).
- (3) The ability to borrow up to the Fannie Mae/Freddie Mac conforming loan limit on a no-down-payment loan in most areas—and more in some high-cost counties. You can borrow more than this amount if you want to make a down payment.
- (4) No need for private mortgage insurance (PMI) or mortgage insurance premiums (MIP).
 - PMI is a type of insurance that protects the lender if you end up not being able to pay your mortgage. It's usually required on conventional loans if you make a down payment of less than 20% of the total mortgage amount.
 - MIP is what the Federal Housing Administration (FHA) requires you to pay to self-insure an FHA loan against future loss.
- (5) Fewer closing costs, which may be paid by the seller.
- (6) No penalty fee if you pay the loan off early.

If you qualify for a VA-backed purchase loan, you can use the loan to:

- (1) Buy a single-family home, up to 4 units.
- (2) Buy a condo in a VA-approved project.
- (3) Buy a home and improve it.
- (4) Buy a manufactured home or lot.
- (5) Build a new home.
- (6) Make changes or add new features (like solar power) to make your home more energy efficient.

You can also:

- (1) Get a VA-backed home loan to buy your first home.

- (2) Use your VA loan benefit again if you sell or refinance a home you bought with a VA-backed home loan.
- (3) Assume a VA-backed home loan (which means that instead of opening a new mortgage loan, the buyer takes over the seller's loan).

Fees

You may need to pay the VA funding fee. This one-time fee helps to lower the cost of the loan for U.S. taxpayers since the VA home loan program doesn't require down payments or monthly mortgage insurance. Your lender will also charge interest on the loan in addition to closing fees.

Native American Direct Loan

If you're a Veteran, and either you or your spouse is Native American, our Native American Direct Loan (NADL) program may help you get a loan to buy, build, or improve a home on federal trust land. You may also get a loan to refinance an existing NADL and reduce your interest rate. Find out if you qualify for an NADL—and how to apply at <https://www.va.gov/housing-assistance/home-loans/loan-types/native-american-direct-loan/>.

Eligibility

You may be eligible for an NADL if you're a Native American Veteran or a non-Native American Veteran married to a Native American, and you meet all of the requirements listed below.

All of these must be true:

- (1) Your tribal government has an agreement or Memorandum of Understanding (MOU) with us detailing how the program will work on its trust lands, and
- (2) You have a valid VA home loan Certificate of Eligibility (COE), and
- (3) You meet our credit standards, and
- (4) You have proof that you make enough money to cover the mortgage payments and other costs of owning a home, and
- (5) You'll live in the home you're using the NADL to buy, build, or improve.

Interest rate reduction refinance loan

If you have an existing VA-backed home loan and you want to reduce your monthly mortgage payments—or make your payments more stable—an interest rate reduction refinance loan (IRRRL) may be right for you. Refinancing lets you replace your current loan with a new one under different terms. Find out if you're eligible—and how to apply at <https://www.va.gov/housing-assistance/home-loans/loan-types/interest-rate-reduction-loan/>.

Eligibility

You may be eligible for an IRRRL if you meet all of the requirements listed below. All of these must be true. You:

- (1) Already have a VA-backed home loan, and
- (2) Are using the IRRRL to refinance your existing VA-backed home loan, and
- (3) Can certify that you currently live in or used to live in the home covered by the loan

Note: If you have a second mortgage on the home, the holder must agree to make your new VA-backed loan the first mortgage.

Cash-out refinance loan

A VA-backed cash-out refinance loan lets you replace your current loan with a new one under different terms. If you want to take cash out of your home equity or refinance a non-VA loan into a VA-backed loan, a VA-backed cash-out refinance loan may be right for you. To find out if you're eligible and how to apply go to <https://www.va.gov/housing-assistance/home-loans/loan-types/cash-out-loan/>.

Eligibility

You may be eligible for this type of loan if you meet all of the requirements listed below. All of these must be true. You:

- (1) Qualify for a VA-backed home loan Certificate of Eligibility, and
- (2) Meet VA's and your lender's standards for credit, income, and any other requirements, and
- (3) Will live in the home you're refinancing with the loan.

How to Buy a Home with a VA-Backed Loan

Go to <https://www.va.gov/housing-assistance/home-loans/home-buying-process/> for step-by-step instructions and guides to other topics.

VA Property Management Service Contract

The Department of Veterans Affairs (VA) acquires properties as a result of terminations on VA-guaranteed and VA-financed loans. These acquired properties are marketed for sale through a property management services contract that was recently awarded to Vendor Resource Management (VRM).

The properties are listed by local listing agents through local Multi Listing Service (MLS). Properties for sale may also be viewed at <https://www.vrmproperties.com/>. If you are interested in buying a VA-acquired property when it is listed for sale by Vendor Resource Management, please contact a local real estate broker of your choice to see the property.

Veteran's Administration Disability Housing Grants for Veterans

The VA offers housing grants for Veterans and service members with certain service-connected disabilities so they can buy or change a home to meet their needs and live more independently. Changing a home might involve installing ramps or widening doorways. Find out if you're eligible and how to apply at <https://www.va.gov/housing-assistance/disability-housing-grants/>.

Specially Adapted Housing (SAH) Grants

You may be able to get an SAH grant if you're using the grant money to buy, build, or change your permanent home (a home you plan to live in for a long time) and you meet both of the requirements listed below.

Eligibility

Both of these must be true. You:

- (1) Own or will own the home, **and**

(2) Have a qualifying service-connected disability.

- Qualifying service-connected disabilities include: The loss or loss of use of more than one limb, the loss or loss of use of a lower leg along with the residuals (lasting effects) of an organic (natural) disease or injury, blindness in both eyes (with 20/200 visual acuity or less), certain severe burns, the loss, or loss of use, of one lower extremity (foot or leg) after September 11, 2001, which makes it so you can't balance or walk without the help of braces, crutches, canes, or a wheelchair.

Funding

If you qualify for an SAH grant, you can get up to **\$109,986** for FY 2023. This is the current total maximum amount allowed for SAH grants.

Special Home Adaptation (SHA) Grants

You may be able to get an SHA grant if you're using the grant money to buy, build, or change your permanent home (a home you plan to live in for a long time).

Eligibility

Both of these must be true:

- (1) You or a family member own or will own the home, and
- (2) You have a qualifying service-connected disability.
 - Qualifying service-connected disabilities include: The loss or loss of use of both hands, certain severe burns, certain respiratory or breathing injuries.

Funding

If you qualify for an SHA grant, you can get up to **\$22,036** for FY 2023. This is the current total maximum amount allowed for SHA grants. If you qualify for an SHA grant, you can get up to **\$22,036** for FY 2023. This is the current total maximum amount allowed for SHA grants. If you qualify for an SAH grant, you can get up to **\$44,299** through the TRA grant program for FY 2023.

If you qualify for an SHA grant, you can get up to **\$7,910** through the TRA grant program for FY 2023.

Temporary Residence Adaptation (TRA) Grants

You may be able to get a Temporary Residence Adaptation (TRA) grant if you meet both of the requirements listed below.

Eligibility

Both of these must be true. You:

- (1) Qualify for an SAH or SHA grant (see above), **and**
- (2) Are living temporarily in a family member's home that needs changes to meet your needs. (To use a TRA grant, you don't have to own the house.)

Funding

If you qualify for an SAH grant, you can get up to \$40,637 through the TRA grant program for FY 2021.

If you qualify for an SHA grant, you can get up to \$7,256 through the TRA grant program for FY 2021.

9-2: Federal Home Loan Bank System (Cincinnati)

Welcome Home Program (WHP)

The Federal Home Loan Bank of Cincinnati (FHLB Cincinnati) offers grants for honorably discharged veterans, surviving spouses of military personnel, and active-duty military homebuyers and an additional amount for all other homebuyers to assist with down payment and closing costs for income eligible homebuyers through the Welcome Home Program (WHP). Homebuyers must apply and qualify for a mortgage loan with one of our member financial institutions to utilize the grant. Member financial institutions can start applying for funds during the application period which typically opens the first week in March and ends when all funds are reserved.

Carol M. Peterson Housing Fund

Provides grants up to \$15,000 to help low- and moderate-income elderly and/or special needs households make accessibility modifications and emergency repairs to their homes. Members apply for these grants online through the Members Only website. Funds are awarded on a first-come, first-served basis. The application period typically begins the first week in June and ends when all funds are reserved.

Fannie Mae® HomePath®

HomePath® is the name we use to market and sell Fannie Mae's real estate owned (REO) properties. While we work with lenders to help homeowners avoid foreclosures, sometimes they're unavoidable. When a Fannie Mae home loan goes into foreclosure, we acquire the property, which becomes known as real estate owned. Our goal is to sell the property in a timely manner to maintain the vitality and stability of the neighborhood. That's where HomePath comes in. Fannie Mae REO homes are listed for sale on [HomePath.com](https://www.fanniemae.com/homepath), complete with photos, detailed descriptions, and resources like financing options to help homebuyers navigate the purchase process.

The First Look Program - If you're planning to live in a HomePath home as your primary residence, you get an exclusive "first look" at properties, typically during the first 20 days the property is listed on the site. (Nevada is 30 days.) During the First Look™ period, homebuyers can make an offer and purchase a HomePath home without competition from real estate investors. Look for the First Look logo on the listings and details page to see which properties are still in the First Look period.

For more information find the HomePath Buyer's Guide at <https://www.knowyouroptions.com/buy/what-are-homepath-homes>.

9-3: Home Ownership Guides

Fannie Mae® Know Your Options

Discover comprehensive information about renting, selling, buying, refinancing, and avoiding foreclosure. They also provide valuable tools, such as mortgage calculators and

their Fannie Mae Loan Lookup Tool. Visit www.knowyouroptions.com/ to get more information.

My Home by Freddie Mac®

Your step-by-step guide to home. No matter what your needs, access to quality, unbiased information is your right. Follow along as we provide essential information and resources to guide you at every stage of your home journey. Such as getting help, buying a home, owning a home, refinancing your home, selling your home & renting a home. Go to <https://myhome.freddiemac.com/>.

Freddie Mac CreditSmart®

Education has power, and it's in your hands with the CreditSmart® suite of financial and homeownership education resources. Whether you're renting a home, are on the path to homeownership or saving for the future, CreditSmart has something for you. For more information go to <https://creditsmart.freddiemac.com/paths/military/>.

The CreditSmart Military Financial Readiness Guide was created specifically for service members and veterans to learn how to manage money, learn about the VA loan program or prepare financials for deployment. You can find the guide at <https://creditsmart.freddiemac.com/paths/military/>.

9-4: Real Estate Agents

National Association of Realtor's® Military Relocation Professional (MRP) Certification

This certification focuses on educating real estate professionals about working with current and former military service members to find the housing solutions that best suit their needs and take full advantage of military benefits and support.

A REALTOR® with the MRP certification understands that when military staff and their families relocate, the services of a real estate professional who understands their needs and timetables makes the transfer easier, faster, and less stressful. The MRP certification focuses on educating real estate professionals about working with current and former military service members which helps their clients find the housing solutions that best suit their needs and take full advantage of military benefits and support that are available.

Service members and veterans who hire REALTORS® with NAR's MRP certification will have increased confidence that the REALTOR® will understand their specific real estate requirements and processes as well as understand available finance benefits and support.

9-5: Moving – Personal Property Entitlements

Local Point of Contact
Wright Patterson Air Force Base TMO Office
Office Phone Number: 937-257-2153
Office Fax Number: 937-257-3477
Organizational Email Address: wpafbtkmo@us.af.mil

Air Force (AF) Retiree Entitlement Information Paper from WPAFB-TMO

So you have decided to retire and start a new chapter in your life. Congratulations and thank you for your honorable service! As you prepare for your transition, we have identified a few important tips for you regarding your personal property entitlements.

Transportation Entitlement

You as a retiree have 1 year from the effective date you are relieved from active duty to make a personal property move to your home of selection (HOS). Your application for shipment must be accomplished before expiration of the 1 year time limit.

Storage Entitlements

During your final counseling on your retirement move, you will be introduced to two storage options. Non-temporary storage (NTS) is used at origin and is HIGHLY recommended when you do not have a destination address, or you have not selected your final home. Storage-In-Transit (SIT) is used at your destination (Home of Selection). It is usually limited to a 90-day period and can result in excess cost to you, if your property is not released from storage before its expiration date.

IT IS HIGHLY RECOMMENDED THAT YOU DO NOT SHIP YOUR PERSONAL PROPERTY TO YOUR DESIRED HOME OF SELECTION UNTIL YOU HAVE A DELIVERY ADDRESS!

- (1) **NTS (permanent storage)** - Items must be placed in a commercial storage facility near the location where your property was picked up. Placing your property in NTS affords you more flexibility versus shipping your property immediately to a destination. NTS provides you up to a year to determine your final destination, find employment, purchase or make ready your home, get family settled, enroll children in school etc. Using NTS will help you avoid excess costs by preventing pre-mature shipment of your personal property to a location that may end up not being your final destination. Once your NTS is released from origin for final shipment, it is required to be delivered at destination as further storage is not automatic.
- (2) **SIT (temporary storage)** - This is the most expensive of the two storage options, and VERY costly to you, if not used as designed. SIT is normally placed at a storage facility in or near your desired Home of Selection after shipment. Joint Travel Regulations authorize 90 days of SIT with Transportation Officer (TO) approval. Obtaining SIT beyond 90 days is extremely difficult and authorized only in very rare cases; when justified, supported with documentation, and approved by the destination TO. If additional SIT is not approved by destination TO, storage will be converted to your expense at a premium cost strictly negotiated between you and the transportation service provider (moving company), NOT THE GOVERNMENT. You will also be liable for insurance costs. Upon conversion you will be entitled to a local delivery (validated by the TO) out of SIT at government expense. Delivery beyond the local area will subject you to potential excess cost.

Entitlement Extension

If an unexpected event beyond your control prevents you from moving to your HOS within the 1-year specified time limit, you may request a travel and transportation entitlement extension. The Secretarial process MAY allow you; if approved, extensions in 1-year increments for a period NTE six years from the date you are relieved from active duty. Your local TO will provide you with a copy of the mandatory AF Form 2473 to sign, assist you with information on your transportation and storage entitlements, and provide instructions for requesting an extension to your entitlements. Extension information is located at http://www.move.mil/dod/before_you_begin/retirement_and_separation.cfm. Also you may contact the PPA HQ Extension Section at hqppa.ecaf-ext@us.af.mil for extension requirements, or PPA HQ Customer Service Center at ppahq.ppec.customerservice@us.af.mil for entitlement information and policy.

Applying for your Personal Property Entitlements

To apply for your benefits reach out to your local contact (listed above) for assistance and to submit the following documents:

- (1) Retirement Order
- (2) DD Form 1299, Application for Shipment and/or Storage of Personal Property
- (3) DD Form 1797, Personal Property Counseling Checklist
- (4) PPM Calculation Sheet
- (5) AF Form 2473, Home of Selection Travel and Transportation Entitlements (only if proceeding to HOS)

Resources:

<https://creditsmart.freddiemac.com/paths/military>

<https://myhome.freddiemac.com>

www.fhlbcin.com

www.knowyouroptions.com/buy/what-are-homepath-homes

www.nar.realtor/education/designations-and-certifications/military-relocation-professional-mrp

www.va.gov/housing-assistance

AFI 24-501, *Personal Property Moving and Storage*

Joint Travel Regulation (JTR)

PERSONALLY PROCURED MOVE CALCULATION WORK SHEET

NAME: _____ RANK: _____ SSN: _____

BRANCH OF SERVICE: _____ DEPENDENTS: ☐ YES ☐ NO DUTY PHONE: _____

HOME OR CELL PHONE: _____ STATE OF LEGAL RESIDENCE: _____

PERSONAL EMAIL ADDRESS: _____

PROVIDE A PERMANENT ADDRESS:

STREET: _____ APT# _____ CITY: _____ STATE: _____ ZIP: _____

ORIGIN ADDRESS:

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

DESTINATION BASE OR ADDRESS:

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

WILL YOU WANT AN ADVANCE AGAINST YOUR FINAL SETTLEMENT IF AUTHORIZED? ☐ YES ☐ NO

*BASE YOUR ESTIMATED WEIGHT ON 1,000 POUNDS PER FULL ROOM. INCLUDE THE ITEMS IN YOUR ATTIC, GARAGE OR BASEMENT BUT, NOT INCLUDING THE KITCHEN OR BATHROOM. ADD 250 POUNDS PER MAJOR APPLIANCE SUCH AS WASHER, DRYER, STOVE, REFRIGERATOR ETC. IF YOU ARE DOING A PARTIAL PPM, INCLUDE ONLY THE ITEMS THAT YOU WILL PERSONALLY BE MOVING.

ESTIMATED WEIGHT: _____ ESTIMATED START DATE: _____

ESTIMATED PROFESSIONAL GEAR: _____ ESTIMATED SPOUSAL PROFESSIONAL GEAR: _____ MAX 500 LBS

NOTE: YOU MUST INCLUDE AN ITEMIZED LIST OF YOUR PROFESSIONAL GEAR

ARE YOU:

☐ HIRING A MOVING COMPANY ☐ MOVING THE PROPERTY YOURSELF ☐ FULL PPM ☐ PARTIAL PPM (GOV & PPM)

ARE YOU MOVING A: ☐ BOAT ☐ MOTORCYCLE/ATV ☐ PERSONALLY OWNED TRAILER

PLEASE CHECK ONE SELECTION AND INITIAL IF THIS IS YOUR FIRST MOVE, MOVING AS POA OR MOVING ON RETIREMENT OR SEPARATION ORDERS

___ I REQUEST AN INPERSON COUNSELING ___

___ I REQUEST A PHONE COUNSELING ___

___ I DECLINE COUNSELING ___ *"I waive the counseling on all parts of my move, which includes Household Goods, Unaccompanied Baggage, Non-temporary Storage, Privately Owned Vehicles, Boats, Mobile Homes, Weapons and Loss/Damage Claims Options. I fully understand my entitlements and take full responsibility for any consequences caused by my waiving counseling."*

SIGNATURE (REQUIRED) _____

Section 10 - Replacement Hand-Off

One of the best things that you can do to alleviate some of the stress of the retirement process is to ensure that you are prepared to hand-off your day-to-day responsibilities to the person who will be replacing you. Unfortunately, that is not always an option so putting together a list of your responsibilities and writing out training step for your replacement is the next best things and will ensure that the hard work you have put in will continue. It is also recommended to create a list of your points of contact and who manages the programs you are responsible for.

Below are examples of you could list out tasks and projects that will continue once you have started your Permissive or Terminal leave.

BUSINESS AS USUAL (REOCCURRING RESPONSIBILITIES)

Task	Timing	Point of Contact & Contact Info	Replacement
Audit transaction report for errors	Weekly	MSgt Joe Smith DSN XXX-XXXX joe.smith.1@us.af.mil	TSgt Jane Guard

SPECIAL PROJECTS

Task	Due Date	Point of Contact & Contact Info	Replacement
Annual Control Board	31 Mar 2022	MSgt Aubrey Nidel DSN XXX-XXXX aubrey.nidel.1@us.af.mil	SSgt Scott West

ANNUAL CONTROL BOARD - WEEKLY TIMELINE (DUE: _____)

Task	Completion Date
TASK 1 - Describe	
Step 1 – Describe	Week 1
Step 2 - Describe	26 Nov 2021

ADDITIONAL DUTY (REOCCURRING RESPONSIBILITIES)

Task	Timing	Point of Contact & Contact Info	Replacement
Audit weekend transaction report (GTC)	Weekly	MSgt John Green DSN XXX-XXXX john.green.4@us.af.mil	TSgt Becky Dell

ADDITIONAL DUTY SPECIAL PROJECTS

Task	Due Date	Point of Contact & Contact Info	Replacement
Annual Family Care Plan (FCP) certification	28 Feb 2023	SMSgt Rick Traver DSN XXX-XXXX richard.traver.1@us.af.mil	SSgt Dana Carter

ANNUAL FCP CERTIFICATION - WEEKLY TIMELINE (DUE: _____)

Task	Completion Date
TASK 1 - Describe	
Step 1 – Describe	Before Nov drill
Step 2 - Describe	

Appendix 1 - References

Websites

Air Force Education Benefits	https://afvec.us.af.mil
Air Force Legal Assistance	https://aflegalassistance.law.af.mil/lass/lass.html
Air Force Publications	www.e-publishing.af.mil/Product-Index
Air Force Retirement Calculator	https://www.myairforcebenefits.us.af.mil/Benefit-Calculators/Retirement
Beneficiary Web Enrollment (BWE)	https://www.dmdc.osd.mil/appj/bwe/indexAction.do
Bureau of Labor Statistics (for labor market info)	www.bls.gov
Community College of the Air Force	www.airuniversity.af.mil/Barnes/CCAF
Defense Finance & Accounting Service (DFAS) Retired Military	www.dfas.mil/retiredmilitary
DoD Publications	www.esd.whs.mil/DD
DOD Voluntary Education Programs	https://dantes.doded.mil
eBenefits	www.ebenefits.va.gov/ebenefits/homepage
Federal Employee Dental & Vision Insurance Program (FEDVIP) Enrollment	https://www.benefeds.com/eligibility
Federal Long-Term Care Insurance Program	https://www.ltcfeds.com/program-details/design-plan
GI Bill Education Benefits	www.va.gov/education
Hire Veterans (Employers recognized for hiring veterans)	www.hirevets.gov
Humana Military (Tricare East Region)	humanamilitary.com

ID Card Office Online (DEERS)	https://idco.dmdc.osd.mil/idco
Joint Travel Regulation	https://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf
Linkedin (professional social network platform)	www.linkedin.com
Medicare	https://www.medicare.gov
MilConnect	https://milconnect-pki.dmdc.osd.mil/milconnect
MyPay (DoD Finance Website)	https://mypay.dfas.mil
MyPers (AF Personnel Website)	https://mypers.af.mil
NGB Publications	www.ngbpmc.ng.mil
Ohio Department of Veterans Services	https://dvs.ohio.gov
Service-Disabled Veterans Life Insurance	https://www.insurance.va.gov/portal
Small Business Administration (SBA) Veteran's Program	www.sba.gov/bootstobusiness
Social Security Administration	www.ssa.gov
State Department of Veterans Affairs Office Locator	https://www.va.gov/statedva.htm
State Sponsored Life Insurance (Ohio)	http://ngaoh.org/insurance
Transition Assistance Program (TAP) virtual curriculum	https://milconnect-pki.dmdc.osd.mil/ (select DoD TAP under Correspondence tab)
Tricare	www.tricare.mil
Tricare For Life	https://www.tricare4u.com/wps/portal/tdb/tricare4u

U.S. Department of Labor portal for Veterans	www.dol.gov/agencies/vets
USA Jobs, source for federal job announcements	www.usajobs.gov
Verification of Military Training & Education (VMET)	https://milconnect-pki.dmdc.osd.mil/ (select DoD TAP under Correspondence tab)
Veteran's Administration	www.va.gov
Veteran's Burial Benefits	www.va.gov/burials-memorials/eligibility
Veterans Administration (VA) Forms	www.va.gov/find-forms
Veterans Administration (VA) National Cemeteries	https://www.cem.va.gov/cems/listcem.asp
Veterans Administration (VA) Disability Ratings	www.va.gov/disability
Veterans Administration (VA) Medical Center locator	https://www.va.gov/find-locations
Veterans Group Life Insurance (VGLI)	www.va.gov/life-insurance/options-eligibility/vgli

Regulations & Policies

AFI 24-501	Personal Property Moving and Storage
AFI 24-501	Personal Property Moving and Storage
AFI 36-3003	Military Leave Program
AFI 36-3203	Service Retirements
AFI 36-3209	Retirement Procedures for Air National Guard and Air Force Reserve Members
AFMAN 36-3006	Survivor Benefit Plan (SBP) (Active, Guard, Reserve, And Retired)
ANGI 36-101	Air National Guard Active Guard/Reserve (AGR) Program
JTR	Joint Travel Regulation (JTR)

Appendix 2 - Where to Update Your Contact Information

DFAS	https://mypay.dfas.mil
eBenefits	www.ebenefits.va.gov/ebenefits/homepage
MilConnect	https://milconnect-pki.dmdc.osd.mil/milconnect
VA Education	Call 1-888-442-4551

Appendix 3 - Account Login Information

Account	User Name	Notes:
MyPay		
MyPers		
DS Logon		
HealthBenefits		
eBenefits		
myPers (ARPC)		