

CUI (when filled in)

SURVIVOR BENEFIT PLAN (SBP) ELECTION STATEMENT FOR FORMER SPOUSE COVERAGE <i>(Please read Privacy Act Statement, ADN, and instructions on back BEFORE completing this form.)</i>				OMB No. 0704-0569 OMB approval expires 08/31/2026		
SECTION I - ELECTION OF COVERAGE - RETIRED MEMBERS ONLY RETIRED MEMBERS changing from spouse or spouse and child(ren) coverage to former spouse or former spouse and child(ren) coverage. RETIRING MEMBERS must complete required section of DD Form 2656 to elect coverage for former spouse or former spouse and child(ren).						
1. DUE TO DIVORCE, CHANGE MY SBP COVERAGE TO (X one)						
<input type="checkbox"/> FORMER SPOUSE		<input type="checkbox"/> FORMER SPOUSE AND CHILD(REN)*		*NOTE: If an election included child(ren), list in Item 10 ONLY the child(ren) resulting from the marriage of the member and the former spouse. Include the date of birth and SSN for each child.		
SECTION II - RETIRED AND RETIRING MEMBERS					YES	NO
2. ARE YOU CURRENTLY MARRIED? (X one)						
3. IS THIS ELECTION BEING MADE PURSUANT TO THE REQUIREMENTS OF A COURT ORDER? (X one)						
4. IS THIS ELECTION BEING MADE PURSUANT TO A WRITTEN AGREEMENT PREVIOUSLY ENTERED INTO VOLUNTARILY AS PART OF OR INCIDENT TO A PROCEEDING OF DIVORCE, DISSOLUTION OR ANNULMENT? (X one)						
5. IF "YES" TO ITEM 4, WAS SUCH A VOLUNTARY WRITTEN AGREEMENT INCORPORATED IN, RATIFIED, OR APPROVED BY A COURT ORDER? (X one)						
6. DATE OF BIRTH OF FORMER SPOUSE (YYYYMMDD)		7. DATE MARRIED TO FORMER SPOUSE (YYYYMMDD)		8. DATE DIVORCED FROM FORMER SPOUSE (YYYYMMDD)		
				9. HAS FORMER SPOUSE REMARRIED? (If "YES", give date - YYYYMMDD) <input type="checkbox"/> NO <input type="checkbox"/> YES		
10. DEPENDENT CHILDREN <i>(To be completed only by retired members electing former spouse and child(ren) coverage. Continue in Item 11, "Remarks," if necessary.)</i>						
a. NAME <i>(Last, First, Middle Initial)</i>		b. DATE OF BIRTH <i>(YYYYMMDD)</i>	c. SSN		d. RELATIONSHIP <i>(Son, daughter, etc.)</i>	e. DISABLED? <i>(Yes/No)</i>
11. REMARKS						
SECTION III - CERTIFICATIONS - RETIRED AND RETIRING MEMBERS AND FORMER SPOUSES						
12. MEMBER			13. FORMER SPOUSE TO BE COVERED			
a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN	a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN	
c. SIGNATURE			c. SIGNATURE			
d. ADDRESS			d. ADDRESS			
(1) Street <i>(Include apartment number)</i>			(1) Street <i>(Include apartment number)</i>			
(2) City	(3) State	(4) Zip Code	(2) City	(3) State	(4) Zip Code	
14. MEMBER'S WITNESS			15. FORMER SPOUSE'S WITNESS			
a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN	a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN	
c. SIGNATURE			c. SIGNATURE			
d. ADDRESS			d. ADDRESS			
(1) Street <i>(Include apartment number)</i>			(1) Street <i>(Include apartment number)</i>			
(2) City	(3) State	(4) Zip Code	(2) City	(3) State	(4) Zip Code	

PRIVACY ACT STATEMENT

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

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

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

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

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

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

INSTRUCTIONS**GENERAL.**

Type or print all information in ink.

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

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

ALL MEMBERS AND FORMER SPOUSES must complete Section III.

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

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

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

SECTION I.

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

SECTION II.

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

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

ITEMS 6 and 7. Self-explanatory.

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

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

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

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

SECTION III.

ITEMS 12 through 15. Self-explanatory.