

[Date]

Retired Pay Office  
DFAS- CL  
Attn: Code FRABA  
P.O Box 99191  
Cleveland, OH 44199-1126

**Re:** Deemed Election for SBP coverage  
[Case Name]; Case Number [xxx]  
Retiree: [Name]; SSN [###-##-####]; DOB [date]

To Whom it May Concern:

This is a request for a "deemed election" for the Survivor Benefit Plan (SPB) coverage. The *Decree of Divorce* is dated [Date], and was granted by the [Name and Jurisdiction of Court], a court of competent jurisdiction. The said irrevocable election was approved, and I am within the one-year time frame. To my knowledge, [Member] has not notified this office of said election.

In accordance with 10 U.S.C. 1450(f), I request that this Finance Center deem that an election was made by [name of Member], SSN [###-##-####]; that I, [name of Former Spouse], SSN: [###-##-####], be the beneficiary of [Member]'s survivor benefit annuity, as the former spouse, at the maximum sum available.

Please advise in writing, to the above address, when you have completed your action. Should you need further assistance in initiating this change, please do not hesitate to contact my attorney, [Name of Counsel, and address if not on stationary] directly at the above address or phone number.

Thank you for your professional cooperation and assistance in this matter.

Sincerely yours,

[Name of Former Spouse, below *her* signature]

CERTIFIED MAIL -  
RETURN RECEIPT REQUESTED