(Updated 20261105)

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

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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 War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

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

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

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

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

INSTRUCTIONS

GENERAL.

1. Read these instructions carefully before completing the form. Please print legibly.

2. You must advise the finance center (see Item 3 below for address) of any changes to marital status, your correspondence address, or changes to your financial institution.

3. Mail your election (it is strongly recommended that you send via certified or registered mail) to the appropriate Uniformed Service designated agency. The Uniformed Services' designated agents are:

(a) ARMY, NAVY, AIR FORCE and MARINE CORPS: Defense Finance and Accounting Service Garnishment Law Directorate, Post Office Box 998002, Cleveland OH 44199-8002

(b) COAST GUARD: Commanding Officer (LGL), USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591

(c) PUBLIC HEALTH SERVICE: Commissioned Corps Headquarters, Compensation Branch, 1101 Wooten Parkway, Suite 300, Rockville, MD 20852

(d) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION: Same as U.S. Coast Guard.

4. This form must be submitted within one year of the date of the court order or written agreement authorizing former spouse coverage.

SECTION I - MEMBER IDENTIFICATION

1. MEMBER NAME *(Last, First, Middle Initial)*	3a. BRANCH OF SERVICE	b. *(X one)*
	☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ NOAA ☐ Coast Guard ☐ USPHS	☐ Active ☐ Reserve ☐ National Guard
2. SSN or DoDID		

4. IS MEMBER RETIRED? ☐ YES ☐ NO	5. IF KNOWN, ENTER DATE OF MEMBER'S RETIREMENT *(YYYYMMDD)*

SECTION II - FORMER SPOUSE IDENTIFICATION

6a. FORMER SPOUSE NAME (as it appears on court order) *(Last, First, Middle Initial)*	7. SSN or DoDID
6b.CURRENT NAME *(Last, First, Middle Initial)*	8. ADDRESS *(Include ZIP Code)*

9. DATE OF BIRTH *(YYYYMMDD)*	10.TELEPHONE NUMBER	11. EMAIL ADDRESS

12. MARRIAGE HISTORY

a. DATE MARRIED TO MEMBER *(Listed in Item 1 above) (YYYYMMDD)*	b. DATE OF DIVORCE *(YYYYMMDD)*	c. ARE YOU CURRENTLY MARRIED?	d. IF YES, DATE OF CURRENT MARRIAGE *(YYYYMMDD)*
		☐ YES ☐ NO	

MEMBER NAME *(Last, First, Middle Initial)*	**SSN or DODID**

SECTION III - AUTHORITY TO REQUEST DEEMED SBP ELECTION

13. IS ELECTION MADE PURSUANT TO REQUIREMENTS OF A COURT ORDER *(If 'Yes', attach a copy of the associated divorce agreement and court order)*?	☐ **YES** ☐ **NO**
14. IS ELECTION BEING MADE PURSUANT TO WRITTEN AGREEMENT AS PART OF OR INCIDENT TO A PROCEEDING OF DIVORCE, DISSOLUTION, OR ANNULMENT THAT HAS BEEN INCORPORATED IN, RATIFIED, OR APPROVED BY A COURT ORDER? *(If `Yes', attach a copy of the written agreement and court order).*	☐ **YES** ☐ **NO**

NOTE: IF YOU ANSWERED `NO' TO BOTH ITEM 13 AND ITEM 14, ABOVE, **STOP**, YOU ARE **NOT** ELIGIBLE TO REQUEST A DEEMED SBP ELECTION.

SECTION IV - DEPENDENT CHILDREN INFORMATION

15. WAS CHILD COVERAGE ALSO COURT-ORDERED OR REQUIRED BY A WRITTEN AGREEMENT? *(If you answered 'NO' to item 15, do not complete item 16).*	☐ **YES** ☐ **NO**

16. LIST DEPENDENT CHILDREN REQUIRED TO BE COVERED BY COURT ORDER/WRITTEN AGREEMENT. *(If a court awarded former spouse and child(ren) coverage, list all of the children of your marriage to the member. In block d., list that child's relationship to the member and with you. For example, 'my daughter and his stepson')*

a. NAME *(Last, First, Middle Initial)*	**b. DATE OF BIRTH***(YYYYMMDD)*	**c. SSN**	**d. RELATIONSHIP** *(Son, daughter, stepson, etc.)*	**e. DISABLED?** *(If 'YES', provide additional information in Item 17. REMARKS)*

17. REMARKS *(Use this space to further explain any item if necessary. Reference by item number.)*

SECTION V - FORMER SPOUSE SIGNATURE

18. SIGNATURE	**19. DATE SIGNED** *(YYYYMMDD)*