

Instructions for the DD Form 2789 Remission/Waiver of Indebtedness Application:

Please note: If you do not agree with the validity of your debt, a waiver request cannot be processed. You must first agree that the debt is valid. This is not admission to or agreement that you should be responsible for the repayment of the debt. It merely means that you agree that you received an erroneous payment or an overpayment. Once you agree with the validity of the debt you may file for waiver at that time. Please visit <http://www.dfas.mil/waiversandremissions.html> for guidance with completing and submitting your waiver.

To complete the DD Form 2789, please follow instructions below. Please note that an incomplete DD Form 2789 will delay the processing of the Remission/Waiver consideration. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission. For sections 10 through 16, if you need additional space for this information, you can attach a typed and a signed document. All fields must be filled out. If some fields do not apply to you, please put Not Applicable (N/A).

Instructions by section:

1.	Type of claim (Remission/Waiver) (Required)	<p>Place an “X in appropriate box. All service members may apply for Remission. (Army, Navy, AF, and USMC). Please refer to http://www.dfas.mil/waiversandremissions.html for the Remission process.</p> <p>USMC-please refer to http://www.dfas.mil/waiversandremissions.html to reference address.</p> <p>The debt had to occur while on Active Duty, not National Guard Bureau, or Reserve Duty.</p> <p>AF/USMC-use DD Form 2789. Please refer to http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2789.pdf and send the DD Form 2789 to your agency.</p> <p>Army-use DA Form 3508. Please refer to http://armypubs.army.mil/eforms/pdf/a3508.pdf and send the DA Form 3508 to the Army (HRC).</p>
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Page 1:Section I-Civilian/Military/Retiree/Annuitant Information

	Section	Instructions
2.	Name (Required)	
3.	Rank/Grade (status at the time of debt) (Required)	Civilians: Grade Military: Rank Retirees: Retired rank/rate Annuitants: Not applicable
4.	Social Security Number (Required)	Debtor’s Social Security Number
5.	Agency/Service (Required)	Civilian: Check “Other” and specify what Agency at the time of debt Military: Mark branch of Service Retirees: Mark branch of Service Annuitants: Mark “Other” and specify “Annuitant”
6.	Status at the time of debt (Required) Please “X” the applicable box and provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), or service computation date (SCD), as appropriate.	Active: Fill in “EOE”. Guard/Reserve: Fill in “EOE”. Retired: Fill in “DOR”. Separated: Fill in “DOS”. DOD Civilian: Fill in “SCD”. Annuitant: Only need to “X” the box, no date needed.
7.	Current mailing address (Required)	Current mailing address

8.	Place of assignment or Employment	Civilian: Employing Agency Military: Employing Agency/Assignment Retirees: Not applicable (Mark N/A) Annuitants: Not applicable (Mark N/A)
9a.	Work Telephone (Required)	Work telephone number (if applicable)
9b.	Home Telephone (Required if no work phone)	Home and/or cell telephone number
9c.	E-Mail Address	E-Mail address
10	Type of Debt or Pay and Allowance Erroneously Paid	Brief description of debt as stated in debt notification letter
11.	Gross Debt Amount (Required)	Gross debt amount provided on debt notification letter
12.	State the date and how you first became aware of the erroneous payment (Required)	Date debt notification letter (or other correspondence, if applicable) was received. Attach copy of notification letter or other correspondence.
13.	If you were aware of the debt or erroneous payment, explain the actions you took to correct the situation (Required)	Explain any actions taken to correct the debt or prevent debt from occurring. If needed, explanation can continue on additional pages. Any additional explanations and documentation (emails, letters, etc.) showing your attempts should be signed and submitted with the completed form.
14.	Reason for requesting a Remission/Waiver and why you feel it should be approved (Required)	Explain why you think your Remission/Waiver request should be approved. Submit any additional documentation with the completed form.
15.	For Annuitants, provide name, SSN, and date of deceased Military member/sponsor (Required)	Retirees: Not Applicable (Mark N/A) Annuitants: State deceased spouse/sponsor's full name, SSN, and date of death.
16.	Attach copies of all pertinent documents (Required)	Attach any supporting documentation from parts #12 through #14
17a.	If Military or Civilian, did you receive Leave and Earnings Statement(s)? (Required)	Retirees and Annuitants: Not Applicable
17b.	If Military or Civilian, did you request them on My Pay? (Required)	Retirees and Annuitants: Not Applicable
17c.	If Retiree or Annuitant, did you receive a Retiree Account Statement? (Required)	Retirees and Annuitants: Mark "Yes" if you received an Account Statement regarding the debt. Mark "No" if you did not receive an Account Statement regarding the debt. If "Yes", attach a copy of the statement covering before, during, and after notification.
17d.	If Retiree or Annuitant, did you review them? (Required)	Retirees and Annuitants: Mark "Yes" if you reviewed the Account Statement. Mark "No" if you did not review the Account Statement.
18.	Have you filed for a Correction of Military Records? (Required)	Military and Retirees: Mark "Yes" if you have filed for a Correction to Military Record. (Please provide all documentation from the Board of Corrections concerning their findings). Mark "No" if you have not filed for a Correction to Military Record. Annuitants can request a change through Annuity Pay Office.
19a.	Signature (Handwritten) (Required)	Sign form if you certify that your statements on this form are true and correct to the best of your knowledge. An unsigned form is considered invalid, cannot be processed and will be returned.
19b.	Job Title/Career Field	Civilian and Military: Career Field Retirees: Mark "Retired" Annuitants: Mark "Annuitant"
19c.	Date signed (Required)	Mark date form was completed and signed. An undated form is considered invalid, cannot be processed and will be returned.

Page 2:Section II Active duty/Reserves/Federal Civilian Employees

20.	Commander's Endorsement	Please have your commanding officer provide a statement giving his or her opinion on the Remission/Waiver request. Required for Navy active duty and reserves. Optional recommended for active duty Army, Air Force, and Marine Corp.
21.	Recommendation	
22a.	Commander's Signature	Signature needs to be handwritten

22b.	Date Signed	.
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Section II-Report of Investigation—to be completed and signed by appropriate payroll/travel office/civilian payroll, or finance office. (not applicable for retirees, annuitants, or out of service military members.)

23a.	Gross Debt Amount	Amount of Gross Debt
23b.	Type(s) of Payments	List type of payments included in debt
23c.	Date(s) of Payment(s)	List the dates of payments received.
23d1.	Has the debt been validated?	Check yes or no
23d2.	Has the debt been posted to the debtor's records?	Check yes or no
23d3.	Remission: Has the collection action been suspended?	Check yes or no
23d4.	Waiver: Has finance office suspended collection IAW DODFMR Vol 5, Ch-31?	Check yes or no
23d5.	Date the debt was discovered.	
23d6.	Amount uncollected as of date the Commander's signature.	
24a.	Entitlement	Provide type(s) of entitlement included in debt, broken down monthly.
24b.	Dates	Provide exact dates of the indebtedness. The debt must be broken down by month.
24c.	Was Paid	Provide the amount member was paid, broken down by month.
24d.	Should have been paid	Provide the amount the member should have been paid, broken down by month.
24e.	Difference	Provide the difference amount between what the member was paid, and should have been paid. The difference amount must be broken down by month.
25.	Detailed statement of how and why error occurred.	Provide detailed explanation for how and why the error occurred.
26.	Is there any indication of fraud, misrepresentation, fault, or lack of good faith on the part of the claimant?	Check yes or no, if yes, please provide a detailed explanation.
27.	Statement as to whether or not the claimant knew or should have been aware of receiving an erroneous payment?	Provide a detailed statement which indicates whether the claimant knew or should have known he or she was receiving erroneous payments.
28.	Remarks	Provide any additional statements, facts, or remarks.
29.	Recommendation	Provide recommendation for waiver request. Please indicate approve, partial, or deny.
30a.	Designated Financial Agent Handwritten Signature	Provide hand written signature of designated financial agent.
30b.	Title	Provide title of signature of designated financial agent.
30c.	Date Signed	Provide date of signature of designated financial agent.
31a.	Complete Unit mailing Address	Provide complete mailing address of Unit.
31b.	Point of Contact Name	Provide point of contact for questions regarding the Waiver/Remission request.
31c.	Telephone	Provide telephone number for the point of contact.
31d.	Fax number	
31e.	ADSN/DSSN/UIC	Provide applicable ADSN, DSSN, UIC.
31f.	E-Mail Address	Provide e-mail address for point of contact.