

AUTHORIZATION FOR RETIRED MILITARY MEMBER SURVIVOR BENEFIT PLAN (SBP) MONTHLY PREMIUM DEDUCTION BY DEPARTMENT OF VETERANS AFFAIRS (VA)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397; 10 U.S.C. Sections 1438 and 1452(d).

PRINCIPAL PURPOSE(S): The purpose of this form is to obtain the retired military member's authorization to deduct the monthly premium costs for SBP from the member's monthly disability compensation due from the VA. Payments deducted will be sent to the Department of Finance and Accounting Service (DFAS) by the VA. SBP monthly premium payments/deductions are authorized under the authority of 10 U.S.C., Section 1438 or 1452 (d).

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the DFAS to the VA relating to payments for SBP premiums, to the spouses or former spouses who are designated either by the member or by a court order or filing order under 10 U.S.C. Sections 1448(a) or 1450(f)(3) to be the recipient of the retiree's SBP annuity, so they can determine if coverage is in effect or has been implemented. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in a significant delay in the processing of your request to deduct the SBP monthly premium from your VA disability compensation.

INSTRUCTIONS

This form must be completed to begin SBP monthly premium deductions from your Department of Veterans Affairs disability compensation. Complete the information required below and ensure you sign and date your form.

Submit to DFAS using the askDFAS online upload tool: <https://www.dfas.mil/askdfas> or by mail to: Defense Finance and Accounting Service, U.S. Military Retired Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200 or by fax to: 800-469-6559.

To complete this form correctly, you will need to provide the amount of your SBP monthly premium. Your current SBP coverage and amount of your monthly premium is on your most recent Retiree Account Statement (RAS). See your most recent RAS by logging in to myPay at <https://mypay.dfas.mil>. If you are unable to log in to myPay and do not have a current RAS, you can submit a question via our askDFAS Ask a Question online tool: <https://www.dfas.mil/askdfas>.

SECTION I - MEMBER INFORMATION

1. NAME

a. Last

b. First

c. Middle Initial

2. Social Security Number (SSN)

3. MAILING ADDRESS

a. Street Address

b. City

c. State/Province

d. Zip Code/Postal Code

e. Country

SECTION II - SBP DEDUCTION AUTHORIZATION FROM VA COMPENSATION

4. ☐ I hereby authorize the VA to deduct monthly SBP premiums in the **amount of \$** _____ each month from VA disability compensation due me. I understand when there is a cost-of-living adjustment (COLA) increase for SBP, the SBP premium will increase accordingly. When there is an increase, DFAS will notify the VA of the new SBP monthly premium deduction amount and the month in which the increase becomes effective.

5. RETIRED MEMBER'S SIGNATURE

6. DATE