

**Supplemental Instructions
DFAS R&A Pay**

**DD 2828
Physician Certificate for Child Annuitant**

When to use this form:

This form should be submitted to qualify an annuitant to receive SBP as an incapacitated child. If the disability is deemed temporary by the evaluating physician the form will need to be resubmitted every two years.

To complete the Physician Certificate for Child Annuitant (DD 2828), please follow the instructions below. Please note that an incomplete DD 2828 will delay the processing of any monies due on the account. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission.

Instructions by Section

| Section | Instructions | Reminder & Tips |
|----------------|---|----------------------------|
| 1 | Please provide the deceased military retiree's SSN | |
| 2 | Please provide the child annuitant's name | |
| 3 | Please provide the date of birth of the child annuitant | |
| 4 | Please provide the child annuitant's SSN | |
| 5 | Please provide a description of the medical/psychiatric diagnosis | |
| 6 | Please provide the date condition was originally diagnosed | |
| 7 | The physician is to complete the rest of this form. Please ensure they provide the following: a) How many years attended to this patient, years and months b) The last time the physician examined the patient c) In the physician's opinion is the patient (X one or both) 1. Incapable of self support for the period of _____. 2. Incapable of handling his/her finances for the period of _____. d) In the physician's opinion is the child | |

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|----------|---|--|
| | <p>annuity's incapacity (X one)</p> <ol style="list-style-type: none"> 1. Permanent 2. Temporary <p>e) If temporary, expected date of recovery _____</p> <p>f) I am a licensed (X one or both)</p> <ol style="list-style-type: none"> 1. Physician or practitioner authorized to practice in the state of _____. 2. Psychiatrist authorized to practice medicine in the state of _____. | |
| 8 | <p>The Physician must provide their name (last, first, middle initial) and address (including zip code). <u>Then the Physician must sign and date the form.</u></p> | <p>Forms that are not signed by the Physician <u>cannot</u> be processed.</p> |

Please return all documents to:

Defense Finance and Accounting Service

U.S. Military Annuitant Pay

8899 E 56th Street

Indianapolis IN 46249-1300

Please direct questions to the address above or call our customer service representatives at 800-321-1080, between 8:00 a.m. and 5:00 p.m. Eastern Time, Monday through Friday.