

REQUEST FOR WAIVER OF SPOUSE CONCURRENCE IN SURVIVOR BENEFIT PLAN (SBP) ELECTION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III; DoDI 1332.42, Survivor Benefit Plan; DoD Financial Management Regulation 7000.14-R, Volume 7B and Executive Order 9397 (SSN), as amended.

PURPOSE: To maintain pay and personnel information for use in the computation of military retired pay survivor annuity pay and to make payments to spouses, former spouses and other dependents who are victims of abuse.

ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), to Internal Revenue Service, Department of Veterans Affairs (DVA), to individuals authorized to receive retired and annuitant payments on behalf of retirees and annuitants, Air Force Assistance Fund, American Red Cross, to former spouses under 10 U.S.C.1450(f)(3) and spouses under 10 U.S.C. 1448(a) regarding Survivor Benefit Plan coverage, to receive approved requests for those determined to be victims of abuse. DoD "Blanket Routine Uses" apply.

DISCLOSURE: VOLUNTARY. Without furnishing information the request for waiver cannot be processed.

SORN(s): T7347b, *Defense Military Retiree and Annuity Pay System.*

The spouse's written concurrence is required in any election that does not include maximum coverage for the spouse. As an exception, the spouse's concurrence is not required in those cases in which the member establishes to the satisfaction of the Secretary of the Air Force that the spouse's whereabouts cannot be determined or, due to exceptional circumstances, requiring the member to seek the spouse's concurrence would be otherwise inappropriate. This request for waiver of the spouse concurrence requirement must be submitted to HQ AFPC/DPPTTR, 550 C Street West, Suite 11, Randolph AFB, TX 78150-4713, when the SBP election is made. Submission of request later than 60 days prior to the effective date of retirement may result in the member's retired pay account being improperly established.

MEMBER INFORMATION

I, _____, request the Air Force waive the requirement for spouse concurrence in my SBP election which is reflected on the attached copy of DD Form 2656, **Data for Payment of Retired Personnel.**
 (Grade, Name)

My spouse, _____, is unable to provide written concurrence because: *(Complete Item a or b, below)*
 (Name)

- a. My spouse is physically or mentally incapable of executing a concurrence statement. The attached statement(s) from my spouse's physician or legal documentation by a court of competent jurisdiction verify that status.
- b. The whereabouts of my spouse is unknown and has been unknown for at least 90 days. My last contact with my spouse occurred on _____ at _____
 (Date) (Location -- Include Zip Code if known)

If you checked item b above, you must also complete (1) or (2), below

- (1) I have filed a missing persons report with the proper authorities and a copy is attached; or,
- (2) I did not file a missing persons report. *(Explain why you did not file a missing persons report. Also, explain the dates and circumstances of your spouse's disappearance and your efforts to locate your spouse. You must include persons/agencies contacted and the dates of contacts. Failure to provide complete information will delay the action on your request.)* Continue on a blank sheet of paper, if necessary.*

** (If you checked item b(2), above, you must include **two notarized statements** from disinterested parties such as neighbors, civil authorities, or clergymen to substantiate your claim. The notarized affidavits should explain the relationship between the persons signing them and you and/or your spouse.)*

I understand that if action on this request is not final or if the request is denied before my retirement, maximum SBP coverage for spouse only or spouse and children, whichever applies, will be implemented for me and the appropriate premium deducted from my retirement pay. If this request is approved subsequent to my retirement, I understand I will be refunded any premiums deducted prior to approval.

I understand that if the statements contained in this request are later found to be untrue, spouse coverage will be established on the full amount of my retired pay, with costs and interest collected retroactive to my date of retirement, unless my spouse consents otherwise. I understand that any false statement or misrepresentations thereto is a violation of the law and is punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

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| TYPED OR PRINTED FIRST NAME, MIDDLE INITIAL, LAST NAME OR REQUESTER | | GRADE | RETIREMENT DATE |
| SIGNATURE OF REQUESTER | | DATE | SSN |
| SBP COUNSELOR'S NAME | MILITARY ADDRESS | | PHONE NUMBER |
| SIGNATURE OF APPROVING OFFICIAL | | DATE | |