

APPENDIX A

**SERVICE MEMBERS' GROUP LIFE INSURANCE (SGLI)
PREMIUM REIMBURSEMENT APPLICATION**

(Proponent is MNB, prescribing directive is DMNA Reg 1-2)

APPLICANT'S NAME _____

*SOCIAL SECURITY NUMBER _____ - _____ - _____

*MAILING ADDRESS _____

(STREET)

(CITY)

(STATE)

(ZIP)

*CONTACT NUMBER (_____) _____ - _____

ORDER # _____ DUTY STATUS _____

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

_____ THROUGH _____

PREMIUMS PAID _____

ORDER # _____ DUTY STATUS _____

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

_____ THROUGH _____

PREMIUMS PAID _____

ORDER # _____ DUTY STATUS _____

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

_____ THROUGH _____

PREMIUMS PAID _____

**SERVICE MEMBERS' GROUP LIFE INSURANCE (SGLI)
PREMIUM REIMBURSEMENT APPLICATION**
(continued)

FOR VERIFICATION PLEASE ATTACH:

- 1) COPY OF ORDERS
- 2) VERIFICATION OF PREMIUMS PAID (I.E., COPY OF LEAVE AND EARNING STATEMENTS FOR MONTHS OF QUALIFYING SERVICE)

THE ABOVE APPLICATION IS SUBMITTED IN ACCORDANCE WITH DMNA REGULATION 1-2. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE.

*Authority for maintaining this information comes from the United States Office for Personnel Management (OPM).
Furnishing this information is mandatory.

The primary use of this information is to distinguish you from other members with the same name as well as match data maintained at the State Level on your earnings.

Publications containing this data are protected from disclosure by any means of communication to any person or agency. This means individuals or agencies outside of DMNA or DMNA employees and activities outside of collecting unit. These provisions are provided to you in accordance with the Privacy Act of 1974 and the New York State Privacy Protection Law.

Failure to disclose this information may degrade or prevent DMNA's ability to process your claim.
Uses of this information could include verifying your social security number with financial institutions on your behalf.

SERVICE MEMBER'S SIGNATURE OF CERTIFICATION:

DATE:

FOR DESIGNATED APPROPRIATE OFFICE USE ONLY:

THE ABOVE APPLICATION HAS BEEN REVIEWED AND IS CERTIFIED FOR REIMBURSEMENT OF SGLI PREMIUMS IN ACCORDANCE WITH DMNA REG 1-2 AND MILITARY LAW, SECTION 210, SUBDIVISION 9.

CERTIFICATION AUTHORITY AND DIRECTORATE:

DATE:
