



**New York State Division of Military and Naval Affairs  
Office of Budget and Finance  
Accounting Bulletins**

<b>Bulletin Number:</b>	B146		
<b>Date Issued:</b>	9/6/12	<b>Bulletin issued by:</b>	Tom Halabuda
<b>Bulletin Name:</b>	SFY 2012 - SGLI Payment Process		

1. The following are a list of items to be reviewed when processing SGLI reimbursements for the period of October 1, 2011 to September 30, 2012:
  - a. Verify the name, social security number, and address of the applicant on the SGLI Premium Reimbursement Form 1-2.
  - b. The voucher's Merchandise, Invoice and Receive Date (MIR) Date will be established based on the date the voucher is received by MNBF.
  - c. For the 2012 (October 1, 2011- September 30, 2012) Federal Fiscal year the reimbursement rate will not exceed \$27.00 per month.
  - d. SGLI Premium Reimbursement Form 1-2 must be signed by the Service Member and Certification Authority and Directorate.
  - e. Once a SGLI Premium Reimbursement Form 1-2 is received and signed, the SGLI component groups must complete a New York State Standard Voucher AC 92 for submittal to MNBF.
  - f. Department coding for the AC 92 is indicated as follows:

1260351	SGLI Air Guard
1260364	SGLI Army Guard
1260363	SGLI SAD
1260365	SGLI Counter Drug
1260367	SGLI Naval Militia
  - g. Military Orders dates must be verified to the application dates that will be listed on the AC 92.
  - h. SGLI payroll deductions will be verified against copies of the individual 'My Pay' LES payroll stubs. "My Pay" LES will only be accepted as proof of deduction.
  - i. SGLI payments will not be reimbursed by the State for Overseas Military Orders while in a combat zone. Those SGLI deductions will be reimbursed by the Federal government for this period.
2. If SGLI payment packages are not complete, documentation will be returned to the SGLI component groups with an explanation regarding missing or unsigned items.

3. The following are due dates and process dates:
  - a. SGLI Documents are due to the SGLI component groups by October 31, 2012

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  - b. Completed documents from the SGLI component groups are due to MNBF by December 1, 2012. (Component Groups may also submit completed documentation to MNBF from October 1, 2012 till December 1, 2012)
  - c. Payments will be processed as received by MNBF. Overall payments for the period of October 1, 2011- September 30, 2012 will be processed no later than December 21, 2012.
  
4. If you have any questions, please feel free to contact Mrs. Bernadette Baumann at (518) 786 4513 or by email at [Bernadette.Baumann@us.army.mil](mailto:Bernadette.Baumann@us.army.mil) or Mrs. Jane Friess- Sherwood at (518) 786-4512 or by email at [Jane.m.sherwood@us.army.mil](mailto:Jane.m.sherwood@us.army.mil).

# Division of Military & Naval Affairs

## SGLI Reimbursements

### SGLI Time Frames

October 1 - October 31, 2012	SGLI Application to POC
October 1 - November 30, 2012	MNBF will accept applications
December 15, 2012	No applications will be processed after this date
December 21, 2012	For Income Tax, all checks must be issued by State Comptroller

**MNBF will process payments when completed application is presented to MNBF-VP**

**For Income Tax purposes all payments must be processed and check issued by December 31st**

### Requirements for payments

SGLI Application DMNA Form 1-2 & approved by POC	Page 1 & 2
Payroll checks showing SGLI deductions (LES) - "My Pay"	
Military Orders	
Standard Voucher AC92	

### MNBF Contacts

Bernadette Baumann	518-786-4513
<u>Bernadette Baumann@us.army.mil</u>	
Jane Friess Sherwood	518-786-4512
jane.m.sherwood@us.army.mil	

# Division of Military & Naval Affairs

## SFY 12-13 SGLI Reimbursements

As of September 6, 2012

SGLI Component group	Department	Office	Contact	Phone
State Active Duty	1260363	MNHS	Tina Lehning	4715
			Jeff Harwood	4524
Air AGR/Air Title 10 (Full Time)	1260351	MNHF	Brian Roberts	4736
Army AGR & NBG Title 10	1260364	MNHF	Lydia MontiForte	4926
			David Martinsen	4791
Title 32 & Augmentees	1260364	MNHF	Lydia MontiForte	4926
			David Martinsen	4791
Army ADSW	1260364	MNOT	David Piwowaeski	4479
Army Title 10	1260364	MNP	Katie Kurtz	518-270-1542 BB - 518-527-3713
Air ADSW Title 10 (Part Time)	1260351	MNAF	Kristpher Geis	4919
Naval Militia	1260367	MNNM	Kathy Keller	4583
			Don McKnight	6021
Counterdrug	1260365	MNCD	Adam Rinaldi Duncan Newberry Kristen Roberts	3437
Army J3 Title 10/32	1260364	J3-DO	Lydia MontiForte	4926
			David Martinsen	4791

## Division of Military & Naval Affairs

### SGLI POC Information

<b>POC</b>	
<b>Name</b>	_____
<b>Phone Number</b>	_____
<b>E-mail</b>	_____
<b>Office</b>	_____

<b>Alternate POC</b>	
<b>Name</b>	_____
<b>Phone Number</b>	_____
<b>E-mail</b>	_____
<b>Office</b>	_____

SEE INSTRUCTION ON REVERSE SIDE BEFORE COMPLETING

STATE  
OF  
NEWYORK

# STANDARD VOUCHER

Voucher No.

Originating Agency DIVISION OF MILITARY & NAVAL AFFAIRS		Orig. Agency Code 01070	Interest Eligible (Y/N) N	P-Contract
Payment Date (MM) (DD) (YY)	OSC Use Only		Liability Date (MM) (DD) (YY) 09/30/12	
Payee Social Security #	Additional	Zip Code	Route	Payee Amount \$0.00
Payee Name (LAST NAME, FIRST NAME)			IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic   Indicator-Dept.   Indicator-Statewide
Address (Limit to 30 spaces)			Ref/Inv. No. (Limit to 20 spaces) SGLI REIMBURSEMENT	
Address (Limit to 30 spaces)			Ref/Inv. Date (MM) (DD) (YY) 09/30/12	
City (limit to 20 spaces)	(Limit to 2 spaces)	State	Zip Code	

Servicemembers' Group Life Insurance Premium Reimbursement Program

Amount

Service Period from 10/01/11 to 09/30/12				
SGLI Insurance Value \$ 400,000.00		Prem. Cost /Month \$27.00		
<b>LESS Federal Insurance Contribution</b>		Prem. Cost /Month		
	<b>Military Days</b>	<b>Calender Days</b>	<b>Reimbursement Rate</b>	
Oct		31	\$ 27.00	\$0.00
Nov		30	\$ 27.00	\$0.00
Dec		31	\$ 27.00	\$0.00
Jan		31	\$ 27.00	\$0.00
Feb		28	\$ 27.00	\$0.00
Mar		31	\$ 27.00	\$0.00
Apr		30	\$ 27.00	\$0.00
May		31	\$ 27.00	\$0.00
June		30	\$ 27.00	\$0.00
July		31	\$ 27.00	\$0.00
Aug		31	\$ 27.00	\$0.00
Sep		30	\$ 27.00	\$0.00
				<b>Grand Total \$0.00</b>
				<b>Net \$0.00</b>

FOR AGENCY USE ONLY EXPENDITURE

Department Codes

Invoice Number	Program	38752	Speed Codes	
	Department			
	Account	60301		1260351 SGLI Air
	Fund	10000		1260364 SGLI Army
	Budget Reference	2012-13		1260363 SGLI SAD
Single Payment ID 0100000014	Amount	\$0.00	1260365 SGLI Counter Drug	
			1260367 SGLI Naval Militia	

- Copies  OSC  
 Dept  
 Agency

Check if Continuation form is attached

SEE INSTRUCTION ON REVERSE SIDE BEFORE COMPLETING

STATE  
OF  
NEW YORK

# STANDARD VOUCHER

Voucher No.

Originating Agency DIVISION OF MILITARY & NAVAL AFFAIRS		Orig. Agency Code 01070		Interest Eligible (Y/N) N		P-Contract	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY) 09/30/12			
Payee Social Security # 111-22-3333		Additional Zip Code		Route		Payee Amount \$90.00	
Payee Name (LAST NAME, FIRST) JONES, WILLIAM				IRS Code N		MIR Date (MM) (DD) (YY)	
Payee Name (Limit to 30 spaces)				Stat. Type		Indicator-Dept. Indicator-Statewide	
Address (Limit to 30 spaces) 330 Old Niskayuna Rd				Ref/Inv. No. (Limit to 20 spaces) SGLI REIMBURSEMENT			
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) 09/30/12			
City (limit to 20 spaces) ALBANY		(Limit to 2 spaces)		State NY		Zip Code 12111	

Service members' Group Life Insurance Premium Reimbursement Program

Amount

Service Period from 10/01/11 to 09/30/12

SGLI Insurance Value \$ 400,000.00 Prem. Cost /Month \$27.00

LESS Federal Insurance Contribution Prem. Cost /Month

	Military Days	Calendar Days	Reimbursement Rate	
Oct	-	31	\$27.00	\$0.00
Nov	-	30	\$27.00	\$0.00
Dec	-	31	\$27.00	\$0.00
Jan	-	31	\$27.00	\$0.00
Feb	-	28	\$27.00	\$0.00
Mar	-	31	\$27.00	\$0.00
Apr	-	30	\$27.00	\$0.00
May	-	31	\$27.00	\$0.00
June	10	30	\$27.00	\$9.00
July	31	31	\$27.00	\$27.00
Aug	31	31	\$27.00	\$27.00
Sep	30	30	\$27.00	\$27.00

Grand Total \$90.00

Net \$90.00

FOR AGENCY USE ONLY EXPENDITURE

Department Codes

Invoice Number XXXX	Program	38752	1260351 SGLI Air 1260364 SGLI Army 1260363 SGLI SAD 1260365 SGLI Counter Drug 1260367 SGLI Naval Militia
	Department		
	Account	60301	
	Fund	10000	
	Budget Reference	2012-13	
Single Payment ID 010000014	Amount	\$90.00	

Copies  OSC  
 Dept  
 Agency

Check if Continuation form is attached

**SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)  
PREMIUM REIMBURSEMENT APPLICATION**

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

APPLICANT'S NAME

\*SOCIAL SECURITY NUMBER - -

\*HOME OF RECORD (HOR)

(STREET) (CITY) (STATE) (ZIP)

\*CONTACT NUMBER ( ) -

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ORDER # DUTY STATUS

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

THROUGH

PREMIUMS PAID

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ORDER # DUTY STATUS

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

THROUGH

PREMIUMS PAID

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ORDER # DUTY STATUS

PERIOD OF DUTY ELIGIBLE FOR REIMBURSEMENT

THROUGH

PREMIUMS PAID

**SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)  
PREMIUM REIMBURSEMENT APPLICATION**

(continued)

MAIL PAYMENT TO HOR   
(CHECK HERE)

OR AS STATED BELOW

(STREET)

(CITY)

(STATE)

(ZIP)

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 optional.

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 DMNA's ability to process your claim.

Uses of this information could entail verifying your social security number with financial institutions on your behalf.

\_\_\_\_\_  
SERVICEMEMBER'S SIGNATURE OF CERTIFICATION

\_\_\_\_\_  
DATE

**FOR 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