

APPENDIX A

SERVICE MEMBER'S GROUP LIFE INSURANCE PREMIUM REIMBURSEMENT APPLICATION

Proponent is OTAG, Prescribing Directive is MNBF

APPLICANT'S INFORMATION

(*Required fields)

*LAST NAME: _____

*FIRST NAME: _____

*MIDDLE INITIAL: _____

*LAST 4 OF SSN: XXX-XX-_____

*ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

*CITY: _____

*STATE: _____

*ZIP CODE: _____

*PHONE: _____

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.

FOR VERIFICATION PLEASE ATTACH:

- 1) COPY OF ORDERS OR SAD EMPLOYMENT LETTER
- 2) COPY OF LEAVE AND EARNING STATEMENTS FOR MONTHS OF QUALIFYING SERVICE
- 3) APPENDIX B IF YOU ARE A MEMBER OF STATE ACTIVE DUTY OR NY NAVAL MILITIA

THIS APPLICATION IS SUBMITTED IN ACCORDANCE WITH MNBF FPM VP-009 AND MILITARY LAW, SECTION 210, SUBDIVISION 9. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SERVICE MEMBER'S SIGNATURE OF CERTIFICATION

DATE

SERVICE MEMBER'S PRINTED NAME

FOR DESIGNATED APPROPRIATE OFFICE USE ONLY

THIS APPLICATION HAS BEEN REVIEWED AND IS CERTIFIED FOR REIMBURSEMENT OF SGLI PREMIUMS IN ACCORDANCE WITH MNBF FPM VP-009 AND MILITARY LAW, SECTION 210, SUBDIVISION 9.

CERTIFICATION AUTHORITY AND DIRECTORATE

DATE