



How to Successfully fill out a Contract Packet





AGENDA



1. Enrollment / Contract Checklist
2. Form 104-R (Planned Academic Worksheet) – Aug 2024
3. Form 136-R (Briefing on Government Benefits for ROTC Cadets) – Jun 2024
4. Form 139-R (Cadet Application and Enrollment Record) – Oct 2023
5. Form 137-R (Authorization for Access to Student Records) – Jun 2024
6. SF 1199A (Direct Deposit Form) – Apr 2021
7. SGLV-8286 (Serviceman’s Group Life Insurance Form) – Mar 2023
8. W-4 (Current Year) – 2024
9. DA Form 3425 (Medical Fitness Statement) – Apr 2023
10. DD Form 93 (Record of Emergency Data) – Feb 2023
11. DD Form 2005 (Privacy Act Statement-Health Care Records) – Jun 2016
12. DD Form 2058 (State or Legal Resident Certificate) – Jan 2018

PURPOSE

DECISION

INFORMATION

GUIDANCE



Enrollment / Contract Checklist



Enrollment/Contracting Checklist

Name: _____

Enrollment-Required forms: (Advisor)

Waiver(s) required: _____

1. ___ CC Form 139R (Enrollment Form)
2. ___ CC Form 136-R (Briefing on Government Benefits for ROTC Cadets)
3. ___ CC Form 137-R (Authorization/Declination for access to student records)
4. ___ DA 3425 (Medical Fitness Statement) **unless DODMERB qualified.**
5. ___ Birth Certificate or Statement of Citizenship (Please provide **original** to make copy of)
6. ___ Social Security Card (Please provide **original** to make copy of)

Contracting- Additional required forms: (HRA/ROO)

1. ___ CC Form 104R (Planned Academic Program Worksheet; filled out by you and signed by your academic advisor) and Instructions
2. ___ SF 1199A (Direct Deposit Form; **bottom portion filled out and signed by your bank**)
3. ___ DD Form 93 (Record of Emergency Data)
4. ___ SGLV-8286 (Serviceman's Group Life Insurance Form)
5. ___ W-4 (**current year**)
6. ___ DD Form 2005 (Privacy Act Statement-Health Care Records)
7. ___ DD Form 2058 (State or Legal Resident Certificate)

Contracting-Additional documents required when applicable: (HRA/ROO)

1. ___ Transcripts (High school and/or College)
2. ___ SAT/ACT scores (4 yr.scholarship winner only)
3. ___ DD 214 (Member 4 or Service 2 copy only)
4. ___ DD 220 (Certificate of BCT completion) if attended Basic **ONLY**
5. ___ DD Form 4/1, 4/2 (Enlistment/Reenlistment Document; Currently in Guard or Reserve)
6. ___ DODMERB physical qualification **within 24 months of qualification**
7. ___ ACFT (Army Combat Fitness Test) including HT/WT; administered by ROTC Cadre
8. ___ SMP contract-NGB 594-1 (National Guard) or DA 4824-R (Reserve)
9. ___ CC 203-R for GRFD scholarship requests
10. ___ Security Clearance **started:** Yes ___ No ___
11. ___ 167R-Scholarship acceptance Yes ___ No ___ and Type _____

NOTES:

1. If the Cadet **is SMP (ARNG or USAR)** - for their contract packet they'll need to include:
 - a. DD4 (enlistment paperwork)
 - b. DD93 (from unit)
 - c. SGLV8286 or SOES (from unit or go to milconnect.com)
 - d. NGB 594 (ARNG) or DA 4824 (USAR)
 - e. SF1199a (from unit)
 - f. W4 (from unit)

** All forms should be in cadets iPERMS
2. If the cadet has completed DoDMERB - Ms. Marcia will be able to pull those documents.
 - a. This includes the DD2492 and DA 3425
3. If the Cadet is SMP (ARNG or USAR) they'll need to ask recruiter or unit for MEPs documents, if they haven't completed DoDMERB.
4. The transcript does NOT have to be an official document; a screenshot will be accepted.
5. **ALL FORMS NEED TO BE THE CURRENT VERSION**
6. **ALL forms are required for the cadets' packet, no exemptions.**



Enrollment Documents

- Form 136-R (Briefing on Government Benefits for ROTC Cadets)
- Form 137-R (Authorization/Declination for access to student records)
- Form 139-R (Enrollment Form)
- Form 2453-R (Statement of Health Attestation)

Bring Original (We will make a copy and return original)

- Birth Certificate
- Social Security Card

***Do not email. Bring the original to your Cadre.**



Form 136-R



BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS (ROTC Cadet Cmd PAM 145-4)

BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS

Revision Date: 06/1/24

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that-

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.
2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.
3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.
4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.
5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:
 - a. U.S. Public Health Service hospitals or physicians where available.
 - b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

DATE

CADET SIGNATURE

Printed Name of Cadet

NOTES:

- Read entire form carefully
 - ROTC CC PAM 145-4 for more information
- Date: DDMMYY
- Sign with signature
- Print your full name



Form 137-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS <small>For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC</small>	
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
Authority	20 USC 1232g, and Public Law 93-380
Principal Purpose	To authorize/decline the release of any and all official records maintained by the ROTC Department to personnel in the Department of Defense and/or parents. To provide authorization/declination to release information contained in official records.
Routine Uses	
Disclosure	Disclosure is voluntary.
PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS	
Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I	
_____ hereby authorize the release of any and	
<small>(Cadet's Name)</small>	
all official records maintained by the _____	
<small>(Name of School)</small>	
or it's ROTC Department to personnel in the Department of Defense and/or my parents,	

<small>(Name of Parents)</small>	
I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. This consent remains effective until my relationship with the ROTC program is terminated.	
Signature of Cadet _____	Date _____
PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS	
Although informing my parents of the academic/ROTC progress made by me may assist in my quest to become a commissioned officer, I decline to allow release of official records maintained by	
_____ ROTC Department to my	
<small>(Name of School)</small>	
parents. <small>(Exception: Parents who still claim student as a dependent for IRS purposes)</small> If I change my mind in the future, I will inform the ROTC Department in writing.	
Signature of Cadet _____	Date _____

CC FORM 137, JUN 2024 PREVIOUS EDITIONS ARE OBSOLETE

NOTES:

PART I

- ROTC CC PAM 145-4 for more information
- Read the form carefully
- Write your name, school and parents/guardians name
- Sign with signature
- Date: DDMMYY

PART II

- If you **DECLINE**
- Write your school name
- Sign with signature
- Date: DDMMYY



Form 139-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301
Principal Purpose(s) To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.
Routine Uses To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the Cadet.
Disclosure Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

PART I - GENERAL INFORMATION

Reset Form

1. NAME Last [] 1a. NAME First [] 1b. NAME MI []

2. SSN [] 3. COLLEGE ID # [] 4. E-MAIL []

5. LOCAL ADDRESS [] 5a. CITY [] 5b. STATE [] 5c. ZIP CODE [] 6. PHONE []

7. PERMANENT ADDRESS [] 7a. CITY [] 7b. STATE [] 7c. ZIP CODE [] 8. PHONE []

9. DOB [] 10. POB [] 11. RELIGIOUS PREF [] 12. BLOOD TYPE [] 13. ACT [] 14. SAT []

15. SEX [] 16. HEIGHT [] 17. WEIGHT [] 18. MARITAL STATUS [] 19. DEPENDENTS [] 19a. Number of Dependents []

20. ETHNICITY (Check One) Hispanic or Latino Non-Hispanic or Non-Latino 20a. RACE American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Multiracial

21. CITIZENSHIP (Check One) U.S. Citizen U.S. Born Naturalized Born Overseas with U.S. Parents Dual Citizenship (See USACC PAM 145-4, 5-17)
 Non U.S. Citizen Immigrant Alien Nonimmigrant Alien Refugee

22. Do you have any condition that could interfere with you participating in a normal college physical education course? [] 22a. If "yes" explain []

23. Have you ever received Medical Disability payments from any source? [] 23a. If "yes" explain []

24. NEXT OF KIN [] 24a. ADDRESS [] 24b. PHONE []

PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL [] 25a. FICE CODE [] 26. SCHOOL OF ATTENDANCE [] 26a. FICE CODE []

27. RESIDENCY STATUS [] 28. ACADEMIC CLASS [] 29. PROJECTED GRADUATION DATE [] 30. ACADEMIC MAJOR []

31. ACADEMIC MINOR [] 32. CREDITS TOWARD DEGREE [] 33. CREDITS REQUIRED FOR DEGREE [] 34. CGPA (COLLEGE) []

35. OTHER COLLEGES ATTENDED [] 35a. YEAR(S) ATTENDED [] 36. HIGH SCHOOL ATTENDED []

36a. GRADUATION DATE [] 37. ROTC SCHOLARSHIP RECIPIENT [] 37a. If "yes" what type? []

38. OTHER SCHOLARSHIPS [] 39. JROTC EXPERIENCE []

PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

NOT APPLICABLE (Go to PART IV) 40. CURRENT SERVICE: Are you currently in the Armed Forces? [] 40a. If "yes" which Branch? []

40b. SMP UNIT [] 40c. Is your spouse currently a member of the Armed Forces? []

41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program? [] 41a. Were you ever disenrolled from any ROTC Program? [] 41b. Were you ever enrolled in a Service Academy? []

41c. Were you ever discharged from the Armed Forces? [] 41d. If "yes", what type of discharge? [] 41e. If "yes" what was the RE Code? []

41f. Months of Active Service [] 41g. Have you ever been discharged for medical reasons? [] 41h. If "yes", explain: [] 41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program? []

NOTES:

PART I

- Lines 1-24b must be filled out.
 - Local address: if you are living on campus, at an apartment, with a friend.
 - Permanent address: home of record. (Where do you receive all mail)
 - Next of Kin: family member you would like to have as an emergency contact

PART II

- Lines 25-39 must be filled out.
 - ROTC Host School: University of Illinois at Chicago; FICE Code: 001776
 - School of attendance – where do you currently go to school. FICE code can be found at tsbpa.state.tx.us
 - Residency status – on campus or off campus

PART III

- Either check the block "Not Applicable" or fill out lines 40-41i
- If you are in the ARNG or USAR you'll need to fill this part out



Form 139-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CADET APPLICATION AND ENROLLMENT RECORD

Last Name []
SSN []

PART IV - STUDENT STATEMENTS

42. RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

I have read and understand the above statement concerning data required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form.

43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine of \$300 or less (excluding court fees). No waiver required except when the applicant has accumulated six or more such offenses during any 12-month period. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

Check One: The above statement is true. The above statement is not true - Explain: []

44. SUBSTANCE ABUSE

Check One: I have never used an illegal substance or drug.
 I have used illegal substances or drugs only on an experimental or limited basis. When: [] How Often: []
 I have been a recent or frequent user of illegal substances or drugs. When: [] How Often: []

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

45. RELIGIOUS ACCOMMODATION

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

I have read and understand the above statement concerning accommodation of my religious practices. I do I do not wish to submit a religious accommodation

46. CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "Opposition to participating in any form of war or the bearing of arms due to sincerely held morals, ethical or religious beliefs, or a combination of such beliefs."

Check One: I am not a conscientious objector. I am a conscientious objector. Explain: []

47. EXTREMIST GROUPS

Have you ever had, or currently have, any association with an extremist/hate organization or gang? Yes No

Intentionally Left Blank

"All information given on this form is correct to the best of my knowledge." SIGNATURE OF CADET []

48. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both foreign and domestic; that I will bear true faith and allegiance to the same, and that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God."

SIGNATURE OF CADET [] DATE []

NOTES:

PART IV

- Last name and SSN needs to be inputted at the top right of the page
- Lines 42-46 need to be actioned, if applicable
 - Read each line carefully
- Leave the blank part "BLANK"
- Cadet will sign is the first signature block and again on line 47 with the date (DDMMYY)



Form 139-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CADET APPLICATION ENROLLMENT RECORD

Last Name

SSN

PART V - BASIC COURSE ENROLLMENT ELIGIBILITY CHECKLIST*

ALL NONCONTRACTED CADETS MUST MEET THE FOLLOWING CRITERIA TO ENROLL IN THE BASIC COURSE:

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5.

49. ACADEMIC STATUS
- Eligible: Registered for and attending full time (in accordance with university policy - usually 12 or more credit hours) a regular course of instruction resulting in an accredited undergraduate or graduate degree at an host, extension, or crosstown school.
 - Ineligible (Waiver denied): Not registered for and attending full time a regular course of instruction at an host, extension, or crosstown school.
50. CONSCIENTIOUS OBJECTION
- Eligible: (a) U.S. Citizen and is not a conscientious objector. (b) Enrolled alien student (exempt by statute). (c) Students required by their school to take military training.
 - Ineligible: Student is a U.S. Citizen and a conscientious objector at a school, which does not require its students to take military training. (NOTE: Prior to enrollment students who have previously been conscientious objectors must furnish a letter stating they no longer have convictions that preclude bearing arms and participating in full military service with the U.S. Army).
51. CHARACTER
- Eligible: Good moral character. No domestic violence conviction.
 - Ineligible: Nonwaiverable. Domestic violence misdemeanor or felony conviction.
52. TATTOOS
- Eligible: Student does not have any tattoos specifically prohibited by Army policy (see ineligible below).
 - Ineligible: (a) Any tattoo/brand on the face, neck or head (permanent facial makeup that conforms to AR 670-1 makeup standards is permitted). (b) Other tattoos/brands that are visible and detract from a soldierly appearance while wearing the Class A uniform. (c) Other tattoos/brands that are prejudicial to good order and discipline.
53. CITIZENSHIP
- Eligible: U.S. Citizen (Must be verified per instructions). (Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.)
 - Eligible: (a) Immigrant Alien (b) Refugee (NOTE: Aliens are ineligible for scholarship and SMP (exception for US Nationals), even if approved for enrollment in the Basic Course).
 - Ineligible: Nonimmigrant Aliens. May ONLY PARTICIPATE in the basic course. Must be from OSD Service Academies approved country list (NATO countries included) in order to participate beyond the basic course
54. MEDICAL
- Eligible: DA Form 3425 has been completed and signed by a qualified medical physician (or equivalent statement from university health care provider) showing no medical condition/physical impairment that precludes enrollment in the basic course.
 - Ineligible (Waiver denied or nonwaiverable): Qualified medical physician refuses to complete and sign DA Form 3425 for the student.

* NOTE: ENROLLMENT ELIGIBILITY OFFICER WILL CHECK THE INFORMATION IN PARTS I - III AND THE STUDENT'S STATEMENTS IN PART IV AND ADVISE THE STUDENT IF A WAIVER IS REQUIRED PRIOR TO CONTRACTING I.E., AGE, RE-CODE, DEPENDENCY, CIVIL CONVICTION, SUBSTANCE ABUSE, ETC. (Waiver approval is not guaranteed).

PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST

ALL NONSCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII)

55. PREVIOUS CRITERIA
- Eligible: Student meets criteria 49-54 on the Basic Course Enrollment Eligibility Checklist (Part V).
 - Waiver Required: Pending waiver for criteria in Part V above. Waiver Granted (Eligible): Date
 - Ineligible (Waiver denied or nonwaiverable).
56. CIVIL CONVICTION
- Eligible: (a) No civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: alcohol-related driving offenses) resulting in a fine of less than \$300. (b) Not guilty verdict or successful appeal of a conviction.
 - Waiver Required (Prior to Contracting): Any civil conviction, adverse adjudication, or court-martial conviction other than minor traffic violations (Exception: Alcohol-related driving offenses) resulting in a fine of less than \$300. Any conviction resulting in other adverse dispositions (punishment other than a fine) requires a waiver. Convictions where the record is expunged, sealed, set aside, dismissed, or original finding or pleas changed still require a waiver.
 - Waiver Granted (Eligible): Date
 - Ineligible (Waiver denied): (a) Pending charges for violating any civil law; (b) On supervised and/or conditional probation.
57. DEPENDENCY
- Eligible: (a) Single student with no dependents. (b) Married student with no more than three (3) dependents, to include spouse. (c) Single student whose children have been placed by court order in the custody of an adult relative/legal guardian and the student is not required to pay child support.
 - Waiver Required (Prior to Contracting): (a) More than three (3) dependents (spouse plus more than 2 children under 18 years old). (b) Single parent whose children have been placed by court order in the custody of an adult relative/legal guardian when the student is required to pay child support. (c) Spouse is also in Army ROTC and there are children under 18 years old. (d) Spouse is in a military component of any Armed Service (other than Inactive Ready Reserve) when student has a child under 18 years old.
 - Waiver Granted (Eligible): Date
 - Ineligible (Waiver denied or nonwaiverable): Single parents who have legal custody of their children who are under 18 years old.

NOTES:

PART V

- Last name and SSN needs to be inputted at the top right of the page
- Everyone fills out this part
- Lines 48-53 need to be actioned
 - Read each line carefully
 - If you are NOT considered "ineligible" then you are "eligible"
 - If you are requiring a waiver and haven't received it, then leave portion blank and ask for further guidance

PART VI

- If you are NONSCHOLARSHIP contracting, then you will action lines 54-56
 - Read each line carefully
 - If you are NOT considered "ineligible" then you are "eligible"
 - If you are requiring a waiver and haven't received it, then leave portion blank and ask for further guidance



Form 139-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CADET APPLICATION ENROLLMENT RECORD

Last Name

SSN

PART VI - NONSCHOLARSHIP CONTRACTING ELIGIBILITY CHECKLIST (CONTINUED)

ALL NON-SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. (Scholarship students must also meet scholarship eligibility requirements in Part VII.)

58. SUBSTANCE ABUSE

Eligible: Never used chemical substances or drugs

Waiver Required: Self admitted use of chemical substances or drugs.

Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable) Chemical substance or drug abuse requiring professional care, which is medically disqualifying.

59. LOYALTY OATH

Eligible: Cadet signed loyalty oath.

Ineligible: Refuses to sign loyalty oath.

60. PRIOR SERVICE

Eligible: (a) No prior service. (b) Honorably discharged from the Armed Services with a qualifying RE code of 1 on DD Form 214. (c) Currently in the Army Reserve or National Guard (see NOTE below).

Waiver Required: (a) Honorably discharged with an RE code other than 1 on DD Form 214. Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable): (a) Honorably discharged with a disqualifying RE code on the DD Form 214. (b) More than ten (10) years Active Duty, without an exception to policy from CC. (c) Any type of discharge other than "honorable". (d) Current or former commissioned officer, or has a certificate of eligibility for appointment as a commissioned officer. (e) On Active Duty at time of contracting. A soldier on transition leave is ineligible until actual separation.

NOTE: Contracted cadets cannot be in the USAR or ARNG (to include IRR) outside of the SMP program. Upon contracting, current members of the USAR or ARNG must either sign an SMP contract (and remain a member of the USAR or ARNG) or sever ties with their USAR or ARNG unit.

61. CITIZENSHIP

Eligible: U.S. Citizen. (Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.)

Ineligible (Nonwaiverable): Non-U.S. Citizen to include U.S. Nationals.

62. PLACEMENT CREDIT

Eligible: Student is enrolling in the Alternate Entry Program, the Accelerated Cadet Commissioning Training Program, OR the student has received credit for MS I & MS II by any combination of the following (as set forth in USACC Reg 145-3 and AR 145-1, Table 3-1): (a) Completed Basic Course. (b) Successfully completed Basic Camp. (c) Completed Basic Training in one of the Armed Services. (d) Credit for Senior ROTC training (Army, Navy, Air Force, Marine, or Coast Guard). The first year of any SROTC = credit for MS I. Any additional years of SROTC = credit for the Basic Course. (e) Participation in a service academy. One year = credit for MS I. Two years = credit for the Basic Course. (f) JROTC experience. One = no credit. Two years = PMS may award up to MS I credit. Three years = PMS may award up to full Basic Course credit.

Ineligible (Waiver denied/Nonimmigrant Aliens)

63. ACADEMIC STATUS

Eligible: (a) All students must be enrolled full time AND academically aligned AND have a cumulative college GPA (if any) of 2.0 on a 4.0 scale or equivalent. (b) MJC freshman also require at least a 2.0 cumulative high school GPA AND SAT score of 850 or ACT of 17.

Waiver Required: Graduate student with less than full time enrollment (waiverable). Waiver Granted (Eligible): Date

Ineligible (Waiver denied): (a) Student is not academically aligned (Exceptions to policy may be considered); (b) Cumulative college GPA is less than 2.0 (nonwaiverable).

64. PHYSICAL FITNESS

Eligible: Pass the Army Combat Fitness Test (ACFT) Standards IAW ATP 7-22.01.

Ineligible (Nonwaiverable): Failure to meet eligibility criteria.

65. MEDICAL

Eligible: Student shows as fully medically qualified on DD Form 2808 and is approved by DoDMERB physical with a certified stamp.

Waiver Required: Student is medically disqualified by a DoDMERB or MEPS physical, if applicable. Waiver Granted (Eligible): Date

Ineligible (Waiver denied, nonwaiverable).

66. AGE

Eligible: Student is at least 17 years of age at time of contracting and will be less than age 30 at time of commissioning.

Waiver Required (Prior to Contracting): Brigade Commanders can waive ages 30-32 at the time of commissioning. USACC, CG is waiver approval authority for ages 33-39 at the time of commissioning. HQDA G1 may approve over 39 years of age at the time of commissioning. Waiver Granted (Eligible): Date

Ineligible (Waiver denied or nonwaiverable): Student is younger than 17 at time of contracting.

NOTES

PART VI

- Last name and SSN needs to be inputted at the top right of the page
- If you are **NONSCHOLARSHIP** contracting, then you will action lines 57-65
 - Read each line carefully
 - If you are NOT considered "ineligible" then you are "eligible"
 - If you are requiring a waiver and haven't received it, then leave portion blank and ask for further guidance



Form 139-R

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CADET APPLICATION ENROLLMENT RECORD

Last Name

SSN

PART VII - SCHOLARSHIP ELIGIBILITY CHECKLIST

ALL SCHOLARSHIP CADETS MUST MEET THE FOLLOWING CRITERIA TO CONTRACT:

Enrollment Eligibility Officer: Verify the criteria below and sign the certification on page 5. Scholarship students must also meet scholarship eligibility requirements. NOTE: Green to Gold scholarship applicants must meet additional criteria in order to apply. Refer to the current USACC Reg 145-6 for details.

67. PREVIOUS CRITERIA	Eligible: (a) Four-year and three-year scholarship winners must meet criteria 56-62 on the Advanced Course Eligibility Checklist (Part VI). (b) Two-year scholarship winners must meet criteria 56-63 on the Advanced Course Eligibility Checklist (Part VI). (NOTE: Alternate Entry Option students are ineligible for scholarship). Ineligible: Ineligible for contracting unless student is fully qualified.
68. MEDICAL	Eligible: Student shows as fully medically qualified on DD Form 2808 and is approved by DoDMERB with a certified stamp. Waiver Required: Student is medically disqualified by DoDMERB or MEPS physical, if applicable. Ineligible (Waiver denied or nonwaiverable). Waiver Granted (Eligible): Date <input type="text"/>
69. MAJOR	Eligible: Student is majoring in one of the majors listed in USACC Pam 145-1. Waiver Required: Student is not majoring in one of the majors listed in USACC Pam 145-1. Waiver Granted (Eligible): Date <input type="text"/> Ineligible (Waiver denied).
70. AGE	Eligible: Student must be 17 years of age within the first semester following award of the scholarship (cannot contract until reaches age 17) and be under 31 years of age on 31 December of the calendar year of commissioning. Ineligible (Statutory-Nonwaiverable): Student exceeds the statutory maximum age requirement IAW USACC Reg 145-1.
71. ACADEMIC STATUS	Eligible: Student must meet ALL THREE of the following criteria: (a) Academically aligned. (b) Most recent Term and Cumulative college GPA of 2.5 on a 4.0 scale, OR student has no college GPA yet, but has a cumulative high school GPA of 2.5 on a 4.0 scale. (c) Full time student (in accordance with university policy - usually 12 or more credit hours). HS GPA <input type="text"/> OR College GPA <input type="text"/> Waiver Required: (a) Student has a cumulative college GPA of less than 2.5 on a 4.0 scale. Rounding is not permitted. (b) Student has no cumulative college GPA yet, but has a cumulative high school GPA of less than 2.5 on a 4.0 scale. (c) Graduate student who is enrolled less than full time. Waiver Granted (Eligible): Date <input type="text"/> Ineligible (Waiver denied or nonwaiverable).
72. ACT/SAT	Eligible: (a) Two-year and three-year scholarship recipient: no requirement; (b) Two-year MJC, three-year advance designee, or four-year scholarship recipients are required to take the SAT or ACT; however, no minimum score is required; (c) If a 3-year advance designee or four-year scholarship recipient has an established college GPA, then the SAT or ACT is not required; (d) 2-year MJC scholarship recipients must meet SMP requirements 19 ACT/850 SAT or PSAT. SCORE: SAT Verbal <input type="text"/> SAT Math <input type="text"/> ACT Composite <input type="text"/> Waiver Required: Two-year MJC scholarship recipient who does not meet SMP requirements but has 110 GT score (waiver granted by Recruiting Brigade Commander, not USACC.) SCORE: SAT Verbal <input type="text"/> SAT Math <input type="text"/> ACT Composite <input type="text"/> Waiver Granted (Eligible): Date <input type="text"/> Ineligible (Waiver denied or nonwaiverable): Two-year MJC scholarship recipient who is not eligible for waiver.
73. ACADEMIC CREDITS	Eligible: At the time the scholarship begins, (a) 2-year scholarship recipients must have at least 4 semester/6 quarters remaining, (b) 2.5-year scholarship recipients must have at least 5 semesters/7-6 quarters remaining, (c) 3-year scholarship recipients must have 6 semesters/9 quarters remaining, or (d) 3.5-year recipients must have 7 semesters/10-11 quarters remaining. Waiver Required: If the student does not meet the criteria above. Waiver Granted (Eligible): Date <input type="text"/> Ineligible (Waiver denied).
74. PHYSICAL FITNESS	Eligible: Pass the Army Combat Fitness Test (ACFT) IAW ATP 7-22.01 NOTE: For scholarship applicants, an ACFT must be passed NLT 15 Dec (or NLT 1 May for mid-year entries) prior to contracting. Ineligible (Nonwaiverable): Failure to meet eligibility criteria.
75. CITIZENSHIP	U.S. Citizen or U.S. National. Scholarship applicants must be U.S. Citizens or U.S. Nationals prior to contracting as a scholarship Cadet. "U.S. Nationals" are persons born in American Samoa and Swains Island. ROTC Cadets must obtain U.S. Citizenship to be eligible for appointment as a commissioned officer.

PART VIII - ENROLLMENT OFFICER CERTIFICATION

Certify by signature as many as applicable:

BASIC COURSE: Student is eligible (fully or by waiver) for entry into the Basic Course. Name/Rank: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
NONSCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a nonscholarship. Name/Rank: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>
SCHOLARSHIP: Student is eligible (fully or by waiver) to contract as a scholarship recipient. Name/Rank: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>

NOTES: PART VII

- Last name and SSN needs to be inputted at the top right of the page
- If you are **SCHOLARSHIP** contracting, then you will action lines 66-74
 - Read each line carefully
 - If you are NOT considered "ineligible" then you are "eligible"
 - If you are requiring a waiver and haven't received it, then leave portion blank and ask for further guidance

PART VIII

- CADRE you will need to sign 2 lines
 - Print rank/name and sign with DDMMYY
 - Basic Course + Non-Scholarship
 - Basic Course + Scholarship



Form 139-R



CADET APPLICATION AND ENROLLMENT RECORD Instructions and Notes (USACC Pam 145-4)

The purpose of the Cadet Application and Enrollment Record (CC Form 139-R) is threefold:

1. To record necessary information for entering a Cadet into the CCIMM database.
2. To create a legal record of Cadet enrollment.
3. To guide the Enrollment Eligibility Officer through the process of determining eligibility for enrollment and contracting.

A student is not enrolled in Army ROTC until he/she has completed and signed this form and the Enrollment Eligibility Officer certifies by signature that the student is eligible for entry into the Basic Course. A Cadet will not be contracted until he/she has completed and signed this form and the Enrollment Eligibility Officer certifies by signature that the Cadet is eligible for contracting.

Contracting any student is subject to the approval of the PMS, even when all other eligibility criteria are met.

Cadre will verify that the information on this form is current and accurate during each required periodic counseling with the Cadet.

Reproduction of this form on cardstock for durability is recommended. You may fill in permanent information in ink and changeable items in pencil.

If a waiver is required, refer to the current "Approval Authority/Flow of Cadet Actions" matrix and CC Pam 145-4, or other published guidance for current processing of waivers.

This form will be retained in the Cadet's personnel record as a permanent document and retained with the Cadet Record Brief for five years following the Cadet's appointment or disenrollment.

Notes and references:

Part I-III Height and weight is approximate. Fully discuss with the student any physical conditions they identify in Part I.

Part IV Signing the Loyalty Oath is optional for noncontracted students enrolling in the Basic Course. Foreign students do not sign the Loyalty Oath.

Part V Basic Course Enrollment Eligibility (Noncontracted Cadets): See notes/instructions for Part V.

- (1) Academic Status: AR 145-1, Ch 4; CC Pam 145-4.
- (2) Conscientious Objection: AR 145-1, Ch 4; CC Pam 145-4.
- (3) Character: AR 145-1, Ch 4; CC Pam 145-4.
- (4) Tattoos: AR 670-1, dtd 1 Jan 2021, para 3-3.
- (5) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Form N-550, Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) Form N-560 Certificate of Citizenship, (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 4; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing foreign students for enrollment refer to AR 145-1, Ch 4, and CC Pam 145-4). Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.
- (6) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4.

Part VI Nonscholarship Contracting Eligibility: See notes/instructions for Part VI.

- (1) Basic Course Eligibility Requirements: Cadet must meet basic course eligibility requirements - (1) - (6).
- (2) Civil Conviction: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4; and AR 601-210, Ch 4.
- (3) Dependency: AR 145-1, Ch 4; CC Pam 145-4. In questions of custody, only court orders are acceptable. Powers of Attorney have no binding legal effect in such cases. Cadre will not counsel or advise sole parent applicants to turn over legal custody; they may only advise on eligibility standards IAW Army policy.
- (4) Substance Abuse: AR 145-1, Ch 4; CC Pam 145-4.
- (5) Loyalty Oath: Statutory: DoD 1215.8; AR 145-1, Ch 5; CC Pam 145-4. Foreign students specifically exempted by law.
- (6) Prior Service: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4; AR 601-210, contains RE codes and their eligibility status.
- (7) Citizenship: Must be verified. The following documents may be used in verifying U.S. Citizenship: (a) Birth Certificate, (b) Certificate of Naturalization, (c) Certificate of Naturalization of parents, (d) INS Form N-560 (Certificate of Citizenship), (e) Department of State Form 1350 (Certificate of Birth Abroad of a Citizen of the U.S.A.), (f) FS Form 240 (Report of Birth, Child Born Abroad of American Parent or Parents), (g) FS Form 545 (Certification of Birth Abroad of a Citizen of the U.S.A.), (h) Unexpired fully valid US Passport issued in the name of the applicant. AR 145-1, Ch 4; CC Reg 145-1 (for scholarship; CC Pam 145-4 (for processing foreign students for enrollment refer to AR 145-1, Ch 4, and CC Pam 145-4). Dual citizens must express in writing their willingness to renounce foreign citizenship if/when required.
- (8) Placement Credit: AR 145-1; CC Reg 145-1.
- (9) Academic Alignment: CC Pam 145-4.
- (10) Fitness: AR 145-1; CC Reg 145-1; CC Pam 145-4; Cadet scholarship and non-scholarship contracts.
- (11) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (12) Age: Statutory: AR 145-1, Ch 4; CC Reg 145-1; CC Pam 145-4.

Part VII Scholarship Contracting Eligibility: See notes/instructions for Parts VI and VII.

- (1) Basic Contracting Eligibility Requirements: Cadet must meet basic contracting eligibility requirements in Part VI.
- (2) Medical: AR 145-1, Ch 4; CC Pam 145-4; AR 40-501, Ch 2. Height and weight standards for prior service Cadets are found in AR 600-9. Height and weight standards for non-prior service Cadets are found in AR 40-501 and CC Pam 145-4. Female students who are pregnant are ineligible to contract, but regain eligibility at the end of the pregnancy. Pregnancy after enrollment is not a disqualifier.
- (3) Major: CC Pam 145-1, Appendix E.
- (4) Age: Statutory: AR 145-1, Ch 4; CC Reg 145-1.
- (5) GPA: CC Reg 145-1.
- (6) SAT/ACT: CC Reg 145-1.
- (7) Academic Credits: CC Reg 145-1.
- (8) Physical Fitness: AR 145-1; CC Reg 145-1; CC Pam 145-4; Cadet scholarship and non-scholarship contracts.

Instructions with references if you have any questions or concerns



Form 2543-R



STATEMENT OF HEALTH ATTESTATION

NAME	Cadet ID Number
<input type="text"/>	<input type="text"/>

SCHOOL	DATE
<input type="text"/>	<input type="text"/>

The most recent medical examination I underwent in conjunction with enrollment in Army ROTC, or Attendance at Cadet Summer Training, or on my own at a Military Entrance Processing Station/Military Treatment Facility was on or about:

<input type="text"/>	<input type="text"/>
Date (Month/Year)	Location/Facility (DoDMERB/CST/MEPS/MTF)

And to the best of my knowledge and belief there has been no change in my medical status since the accomplishment of this medical examination or since I last completed a USACC Form 2453-R except as noted below: ***(List ANY changes to medical condition(s); include any emergency room visits, surgeries, hospitalizations, treatment or counseling from mental health professional, unresolved medical condition(s) lasting longer than 45 days, medication usage lasting longer than 30 days, or insert "No change", as appropriate.)

Failure to disclose of any changes to your medical condition(s) since you last contracting/commissioning physical, or subsequent USACC Form 2453-R may result in repayment and recoupment of scholarship.

***Note to USACC programs: Any listed changes above require a medical determination sent to your Brigade Action Officer for the Cadet Command Surgeon's Office to review. Exceptions to this include any type of birth control including placement/removal procedures, upper respiratory, urinary, gastrointestinal, and skin conditions that resolve within 45 days.

<input type="text"/>	<input type="text"/>
Signature (Professor of Military Science)	Signature (Army ROTC Student/Cadet)

Notes

- Fill in your **name** and **Cadet ID number** in the designated fields.
- Indicate the date and location of your most recent medical examination (e.g., Cadet Summer Training, DoDMERB, MEPS, or a Military Treatment Facility).

Statement of Medical Status:

- If your medical status has not changed since your last medical examination or previously completed Form 2453-R, write **"No change."**
- If your medical status **has changed**, list any updates such as:
 - Emergency room visits.
 - Surgeries or hospitalizations.
 - Treatment or counseling by a mental health professional.
 - Unresolved medical conditions lasting longer than 45 days.
 - Medications taken for more than 30 days.

Signature Section:

- Sign and date the form in the space labeled **"Signature (Army ROTC Student/Cadet)"**.
- Submit the form to your **Professor of Military Science (PMS)** for their signature.

Submit the Completed Form:

- Ensure the form is signed by both you and your PMS before submission.
- Return the form to the appropriate ROTC administrative office.

Important Note:

- Failing to disclose medical changes may lead to **repayment of scholarships** or other penalties.



Contracting Documents

- Form 104-R (Planned Academic Worksheet)
- SF 1199A (Direct Deposit Form)
- SGLV-8286 (Serviceman's Group Life Insurance Form)
- W-4 (Current Year)
- DA 3425 (Medical Fitness Statement)
- DD Form 93 (Record of Emergency Data)
- DD Form 2005 (Privacy Act Statement-Health Care Records)
- DD Form 2058 (State or Legal Resident Certificate)
- DD Form 2808 (Report of Medical Examination)

Bring Copy

- Passing ACFT Scorecard (ACFT must be conducted with ROTC Cadre)
- Passing HT/WT Card (Height/Weight must be conducted with ROTC Cadre)
- College Transcripts



Form 104-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



PLANNED ACADEMIC PROGRAM WORKSHEET				OMB Control Number: 0702-XXXX OMB Expiration Date: XX/XX/XXXX																																																																																																																									
For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS																																																																																																																													
The public reporting burden for this collection of information, 0702-XXXX, is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0055). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING ROTC PROGRAM.																																																																																																																													
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10. STUDENT INITIALS & DATE:																																																																																																																													
(Have the student initial and date beside each term they have completed to indicate they have been counseled.)		TERM 1: _____	TERM 4: _____	TERM 7: _____	TERM 10: _____																																																																																																																								
		TERM 2: _____	TERM 5: _____	TERM 8: _____	TERM 11: _____																																																																																																																								
		TERM 3: _____	TERM 6: _____	TERM 9: _____	TERM 12: _____																																																																																																																								

NOTES:
 Refer to the example
 Everything must be filled out up to current Term (semester)
 Ensure accuracy of all grades and submit a copy of your transcripts with 104-R.



Form 104-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS

OMB Control Number: 0702-XXXX
OMB Expiration Date: XX/XX/XXXX

11. TERM, YEAR, COURSE NUMBER (No.), COURSE TITLE, COURSE CREDIT HOURS (Hrs), ACHIEVED GRADES (Grd), AND DISTANCE LEARNING (DL). (CONTINUED)

g. Term: Fall Year: 2027		h. Term: Spring Year: 2028		i. Term: _____ Year: _____										
No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.
Class #	Class Name	3			Class #	Class Name	3			Class #	Class Name			
Class #	Class Name	3			Class #	Class Name	3			Class #	Class Name			
Class #	Class Name	3			Class #	Class Name	3			Class #	Class Name			
Class #	Class Name	3			Class #	Class Name	3			Class #	Class Name			
Class #	Class Name	3			Class #	Class Name	3			Class #	Class Name			
Total Term Hours: 15 0					Total Term Hours: 15 0					Total Term Hours: 0 0				
j. Term: _____ Year: _____		k. Term: _____ Year: _____		l. Term: _____ Year: _____										
No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours: 0 0					Total Term Hours: 0 0					Total Term Hours: 0 0				
m. Term: _____ Year: _____		n. Term: _____ Year: _____		o. Term: _____ Year: _____										
No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.	No.	Course Title	Hrs.	DL?	Grd.
Total Term Hours: 0 0					Total Term Hours: 0 0					Total Term Hours: 0 0				

- NOTES:**
- Refer to the example
 - Everything must be filled out up to current Term (semester)
 - Your last term filled out will be your completion year
 - You will need to sign the form
 - Your advisor will need to sign the form

12. REVIEW: All of the above courses are required (as minimum) for the completion of the degree: Yes No (if no, list exceptions on reverse of this form).

Completion should result in a (Degree Type) Bachelors (Academic Discipline) Computer Science Completion Date (Month, Year) _____

13. SIGNATURE OF STUDENT: _____

14. DATE: (MM/DD/YYYY) _____

15. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS OR ROTC ADVISOR (OR OTHER INSTITUTION CERTIFYING OFFICIAL): _____

16. DATE: (MM/DD/YYYY) _____



Form 104-R

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS

OMB Control Number: 0702-XXXX

OMB Expiration Date: XX/XX/XXXX

STATEMENT OF UNDERSTANDING

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet Snuffy, Joe is about to under take a formally structured program approved by CHICAGO STATE UNIVERSITY
(FULL NAME, Last, First, MI) (Name of University or College)

designed to meet the requirments of a Bachelors degree; that the degree to be attained is the culmination of an
(Type of Degree)

undergraduate college program of at least four years or graduate degree program of no more than two years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree. If the Cadet is an ROTC Scholarship participant, the scholarship will be in force for the number of semesters indicated in Block 5.

IAW USACC Pam 145-4, the worksheet must be reviewed annually (at a minimum) for each contracted Cadet and revised, as necessary. The worksheet must be authenticated by an appropriate school academic official (academic advisor/counselor) when completed or revised. The PMS will review the worksheet with the Cadet each school term to monitor alignment/mission set and academic progress. This review will be noted on Cadet counseling records.

Any changes to this degree plan, adding/dropping classes, or change of major must first be discussed/approved with the PMS.

[Signature box]

(Date) (MM/DD/YYYY)

(CADET SIGNATURE)

[Signature box]

(Date) (MM/DD/YYYY)

(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

NOTES:

Refer to the example

- Fill in the required information and sign the form
- Once completed, send to Cadre for review
- The last signature retrieved will be the PMS



SF 1199A

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



Standard Form 1199A (Rev. April 2021) Prescribed by Treasury Department Treasury Dept. Cir. 1076 OMB No. 1530-0006

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

<p>A NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE</p>	<p>D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>E DEPOSITOR ACCOUNT NUMBER</p>				
<p>B NAME OF PERSON(S) ENTITLED TO PAYMENT</p>	<p>F TYPE OF PAYMENT (Check only one)</p> <p>Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other <input type="checkbox"/> (specify)</p>				
<p>C CLAIM OR PAYROLL ID NUMBER</p> <p>Prefix Suffix</p>	<p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">TYPE</th> <th style="width: 50%;">AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	TYPE	AMOUNT		
TYPE	AMOUNT				
<p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p>JOINT ACCOUNT HOLDERS' CERTIFICATION</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY 1199-207

- ## NOTES:
- ### SECTION I
- Lines A-B and D-F will need to be filled out.
 - If you share a joint account with someone, they'll need to sign this form
 - F – type of payment “Military ROTC”
 - Sign and date (DDMMMYY) the top line under “PAYEE”
- ### SECTION II
- SKIP
- ### SECTION III
- Provide the name and address of your financial institution (bank)
 - Routing number is mandatory
 - Account title – if you don't have a specific name, just put checking or savings
 - You will need to provide this form to your financial institution and have them to confirm your account**
 - They will need to print their name, sign, provide a phone number and date the form



SGLV-8286

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



Prudential
Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance (SGLI) for the Uniformed Services of the United States. All coverage and beneficiary elections for members with full-time SGLI coverage should be maintained in SOES. This form should only be used in special circumstances as defined by the Uniformed Services.

1. About You

Print Name (First, Middle, Last) Rank, title or grade Social Security Number
 Duty Location Branch of Service Current Amount of SGLI
 Married Single If married, spouse's name Spouse's Date of Birth

2. About Your Coverage *This form replaces all prior designations.*

I am completing this form to: (Check all that apply)

Name or update my SGLI beneficiary. You must complete sections 3 & 5.
 Increase or restore my SGLI coverage to \$ _____. You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < \$100,000.)
 Reduce my SGLI coverage to \$ _____. You must complete sections 3 & 5.
 Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5 only.

SGLI coverage is available in increments of \$50,000 up to a maximum of \$500,000. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries *Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.*

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) - The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1. _____	□□□□□□□□	_____	_____	_____
2. _____	□□□□□□□□	_____	_____	_____
3. _____	□□□□□□□□	_____	_____	_____
4. _____	□□□□□□□□	_____	_____	_____

GL 2010.094 Ed. 03/2023 SGLV 8286 Page 1 of 5

NOTE:

- Fill out your information
 - Duty Location: address of your ROTC building
 - Branch: Army
 - Rank: Cadet
 - SGLI Amount: recommend \$500,000
 - Check the first block
 - Add your Primary beneficiaries
 - Who will receive your insurance
 - Make sure you add the percentage and if it will be a lump sum or monthly payment
 - Secondary beneficiaries is optional
- ** If the cadet is in the USAR or ARNG they'll need to provide form from iPERMS or go onto milconnect.com and update beneficiaries. Once they have updated, a new form will be uploaded into their iPERMS between 24-48hrs**



SGLV-8286

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



Secondary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (%) – The sum of shares must equal 100%. Each share must be greater than 0%.	Payment Option (Lump sum* or 36 equal monthly payments)
1.				
2.				
3.				
4.				

Have more beneficiaries? Check this box if 1) You have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2) You are attaching additional documentation to complete your beneficiary designation noted above.

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health Complete this section ONLY if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY) Your weight Your height Your gender Female Male

Have you had, been treated for, or had known indications of:

	Yes	No
a. A heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
c. A neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
e. Cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you ever been diagnosed as having a disease of the immune system?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you have any known physical impairments, deformities, or ill health not covered above?	<input type="checkbox"/>	<input type="checkbox"/>

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

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5. Your Signature You must complete this section.

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) at the same time, but the combined amount cannot be more than \$500,000. VGLI is renewable post-separation coverage available to Service Members who separate with SGLI coverage.
- Reducing SGLI coverage can affect the amount of my family coverage (FSGLI) and VGLI coverage (see instructions on page 4).
- By declining or canceling SGLI coverage, I am also declining family coverage (FSGLI) and Traumatic Injury Protection (TSGLI). I am also not eligible for any post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniform services	I am married, or get married after completing this form, and have not declined SGLI.	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Service Member Signature _____ Social Security Number _____ Date Signed (MM, DD, YYYY) _____

Address _____

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk _____	Representative _____
Rank, title or grade _____	Approve <input type="checkbox"/>
Contact telephone/email _____	Disapprove <input type="checkbox"/>
Date _____	Date _____
Address _____	

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NOTES:

4. About your Health – ONLY if you're restoring or increasing coverage

- Fill out information and identify any known health conditions
- Make sure to explain any "yes" answers

5. Your Signature

- Sign, provide SSN, MM DD YYYY and your permanent address

**** Do not fill out bottom chart**



SGLV-8286

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



Information for the Service Member

About your SGLI Coverage

Service members' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and decline coverage upon entry into service	your spouse shall be notified in writing, by the Branch of Service, of this election.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse shall be notified in writing, by the Branch of Service, that he/she or your child is not the named beneficiary, unless: - your spouse has been previously notified, OR - your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse shall be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S or attach additional documentation to complete your beneficiary designation.
name minors as beneficiaries	<ul style="list-style-type: none"> OSGLI will pay the insurance benefit to the court-appointed guardian of the minor's estate if the beneficiary is a minor at time of claim, or you can establish a trust for the benefit of the minor and name the trustee of the trust as beneficiary. naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	OSGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Do not send Trust documents to OSGLI until the time of claim.)
have no surviving primary beneficiaries	OSGLI will pay the insurance benefit to the secondary beneficiaries, if any.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	OSGLI will pay the insurance benefit in the following order: <ol style="list-style-type: none"> Widow or widower Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) Parent(s) in equal shares or all to surviving parent A duly appointed executor or administrator of your estate Other next of kin

Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account SM , by check, or Electronic Funds Transfer (EFT). *Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> write "36" under the Payment Option. your beneficiary cannot change this payment option.
have a choice	write the phrase "lump sum" under Payment Option or leave blank.

More information about the form and instructions

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member ...	The Personnel Clerk shall advise the service member ...	Then the Personnel Clerk should ...
has just entered the service	he or she is automatically insured for \$500,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, About Your Health.	<ul style="list-style-type: none"> approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> of the following, and furnish the member general information concerning: <ul style="list-style-type: none"> the purpose and role of life insurance in financial planning. the difference between term life insurance and whole life insurance. the availability of commercial life insurance. the relationship between SGLI and VGLI. declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage and Traumatic Injury Protection (TSGLI). The member will be ineligible to apply for VGLI. reducing SGLI may also impact FSGLI spouse coverage and will reduce the amount of VGLI available at separation. 	<ul style="list-style-type: none"> forward the form to payroll to change SGLI premium deductions. if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse shall be notified in writing, by the Branch of Service, of the member's election based on Title 38, USC 1967 (f).
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if the member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
is married or gets married after completing this form and is not married to another member of the uniformed services	<ul style="list-style-type: none"> spouse SGLI automatically covers spouse. he or she must register their spouse in DEERS for payroll to deduct premiums. if the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary designation.	attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. if the member is married, the member's spouse will be notified in writing, by the Branch of Service, that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> the spouse has been previously notified, OR the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	<ul style="list-style-type: none"> have the member sign SGLV 8286 to certify that he/she understands that: <ul style="list-style-type: none"> he/she is free to name anyone as beneficiary. if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI
PO Box 41618
Philadelphia, PA 19176-1618

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to



W4 – Employee's Withholding Form

Form W-4 Employee's Withholding Certificate OMB No. 1545-0074
 Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS. **2024**

Department of the Treasury Internal Revenue Service

Step 1: Enter Personal Information

(a) First name and middle initial Last name (b) Social security number

Address

City or town, state, and ZIP code

(c) Single or Married filing separately
 Married filing jointly or Qualifying surviving spouse
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period 4(c) \$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) Date

Employers Only

Employer's name and address First date of employment Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2024)

NOTES:

- Form needs to be current year
- Step 1**
- Fill out information
- Complete Steps 2-4 ONLY is they apply to you; otherwise skip to Step 5
- Put zeros on each line of steps 3-4
- Sign and date (DDMMYY)

NOTES:

- Page 3 – step 2(b) is only for multiple jobs
- Page 3 – step 4(b) is for deductions

Form W-4 (2024) Page 3

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 1 \$

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$

c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$

2 Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



DA Form 3425

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



<p align="center">MEDICAL FITNESS STATEMENT FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC</p> <p align="center">For use of this form, see AR 145-1; the proponent agency is DCS, G-1.</p>	<p>DATE (YYYYMMDD)</p> <p align="center">_____</p>
<p>I have examined _____ and find no medical <i>(First Name - Middle Initial - Last Name)</i></p> <p>condition or physical impairment that precludes their participation in the basic course, Army ROTC, a program not more physically strenuous than a normal college physical education program.</p>	
<p>SIGNATURE OF PHYSICIAN</p> <p>_____</p>	

NOTE:

1. Update current date YYYY/MM/DD
2. Input name in print after I have examined.
3. Have the doctor, physician's assistant, or nurse practitioner sign and, if available, stamp the form.



DD 93

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form

CUI (when filled in)																																														
RECORD OF EMERGENCY DATA																																														
OMB No. 0704-0649 Expires 02/28/2026																																														
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), Paperwork Project, Washington, DC 20301-4051.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.</p>																																														
PRIVACY ACT STATEMENT																																														
<p>AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 695, Designation of persons having interest in status of a missing member; 10 U.S.C. 1475, Death gratuity: death of members on active duty or inactive duty training and of certain other persons; 10 U.S.C. 1476, Death gratuity: death after discharge or release from duty or training; 10 U.S.C. 1477, Death gratuity: eligible survivors; 10 U.S.C. 1478, Death gratuity: amount; 10 U.S.C. 1479, Death gratuity: designation of determinations, payments; 10 U.S.C. 1480, Death gratuity: miscellaneous provisions; 10 U.S.C. 1481, Recovery, care, and disposition of remains: decedents covered; 10 U.S.C. 1482, Expenses incident to death; 10 U.S.C. 2771, Final settlement of accounts: deceased members; 38 U.S.C. 1970, Beneficiaries: payment of insurance; DoDI 1304.02, Accession Processing Data Collection Forms; and DoDI 1300.16, DoD Personnel Casualty Matters, Policies, and Procedures.</p> <p>PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, mission or intamed. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member.</p> <p>ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522(a)(5) of the Privacy Act of 1974, as amended. To federal, state, local, and foreign (within Status of Forces agreements) law enforcement agencies or their authorized representatives in connection with litigation, law enforcement, or other matters under the jurisdiction of such agencies. Additional Routine uses are listed in the following applicable system of records notices: Army: https://dodid.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/View/Article/570651/a660-8-104b-ahro/ Navy: https://dodid.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/View/Article/570610/m1070-3/ Marine Corp: https://dodid.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/View/Article/570610/m1070-4/ Air Force: https://dodid.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/View/Article/570610/m1070-5/ Coast Guard: https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records DoD-wide: https://www.federalregister.gov/documents/2022/12/16/2022-27145/privacy-act-of-1974-system-of-records</p> <p>DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.</p>																																														
<p style="text-align: center;">INSTRUCTIONS TO SERVICE MEMBER</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé); and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</p>	<p style="text-align: center;">INSTRUCTIONS TO CIVILIANS</p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</p>																																													
<p>IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.</p>																																														
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- NOTES:**
SECTION I
- Lines 1-3b need to be filled out
 - Duty Station: location of ROTC building
 - Line 4a-5d: SKIP if you aren't married OR do not have any children
 - Line 6a-7a: add you parents or guardians information
 - Line 8a: SKIP if it doesn't refer to your situation. If it does, please provide information
 - Line 9a: add if you would like someone other than your next of kin or immediate family to be notified
- ** If the cadet is in the USAR or ARNG they'll need to provide form from iPERMS.**



DD 93

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CUI (when filled in)			
9a. STEP PARENT TWO (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBERS (Home, Mobile, Other)	
10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH		b. NOTIFY INSTEAD	
11a. DESIGNATED PERSON(S) (Military: Duty Status - Whereabouts Unknown; Civilian: Excused Absence-Whereabouts Unknown)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
12. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			
SECTION 2 - BENEFITS RELATED INFORMATION			
13a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE	
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
16. CONTINUATION/REMARKS			
17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. DATE SIGNED (YYYYMMDD)	

DD FORM 93, FEB 2023
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Page 2 of 4

NOTES:

SECTION II

- Lines 11a-d need to be filled out
 - 11a: beneficiary(ies) information (refer to SGLV)
 - 11b: how are you related
 - 11c: full address and phone number of beneficiary
 - Percentage of what each person will receive (refer to SGLV)
 - Line 12a-c: SKIP, unless you would list anyone to receive this payment
 - Line 13a-b: PADD of your remains should you become a casualty. Has to be spouse, blood relative or adoptive relative of the decedent.
 - Line 14: SKIP; unless you have remarks
 - Line 15: provide signature and date YYYYMMDD
- ** If the cadet is in the USAR or ARNG they'll need to provide form from iPERMS.**



DD 93

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



CUI (when filled in)

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 16, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 16" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter DoD Identification Number (located on DoD Identification Card) or SSN if DoD Identification Card is not issued yet. Upon issuance of DoD Identification Card, you will need to submit a new DD Form 93 with your DoD Identification Number to protect your personally identifiable information.

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 3c. Select marital status.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 4c. List home, mobile, and other phone numbers as appropriate.

ITEM 4d. Provide the preferred language spoken by the spouse.

ITEM 4e. Select from the dropdown menu the DoD affiliation of the spouse, if applicable.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEMS 6a. and 7a. Parent Name. Last name, first name and middle initial.

ITEMS 6b. and 7b. Address and Telephone Number of Parent. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than biological or adoptive parent is listed, indicate relationship.

ITEMS 8a. and 9a. Parent Name (if applicable). Last name, first name and middle initial.

ITEMS 8b. and 9b. Address and Telephone Number of Step Parent (if applicable). If deceased, so state. Include civilian title or military rank and service if applicable.

ITEM 10a. Do Not Notify Person Due to Their Ill Health. Last name, first name, and middle initial. If more than one person, indicate in ITEM 16, "Continuation/Remarks."

ITEM 10b. Notify Instead. Last name, first name, and middle initial and address of person(s) to be notified in lieu of person(s) listed on this form if they are not already listed on form. If ITEM 10a. is not applicable, leave blank.

ITEM 11a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655.

ITEM 11b. Address and telephone number of Designated Person(s).

ITEM 12. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 13a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

Page 3 of 4

More information about the form and instructions

CUI (when filled in)

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

(1) To the surviving spouse of the person, if any;
 (2) To any surviving children of the person and the descendants of any deceased children by representation;
 (3) To the surviving parents or the survivor of them;
 (4) To the duly appointed executor or administrator of the estate of the person;
 (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 13b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 13c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 13d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 14a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid in each in item 14c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 14b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 14c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 15a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you die. Persons typically selected as a PADD include: surviving spouse, blood relative of legal age, or adoptive relatives. **NOT APPLICABLE to civilians.**

ITEM 15b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 16. Continuation/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: communication barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 17. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 18. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 19. Date the member or civilian signs the form if not already indicated in the electronic signature block. This item must be completed as an ink entry.

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DD Form 2005

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS		
<i>This form is not an authorization or consent to use or disclose your health information.</i>		
1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN): 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.		
2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.		
3. ROUTINE USES: Information in your records may be disclosed to: <ul style="list-style-type: none"> • Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care; • Government agencies to determine your eligibility for benefits and entitlements; • Government and nongovernment third parties to recover the cost of MHS provided care; • Public health authorities to document and review occupational and environmental exposure data; and • Government and nongovernment organizations to perform DoD-approved research. <p>Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.</p> <p>Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.</p>		
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied. This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.		
5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE (YYYYMMDD)

NOTES:

- Fully read parts 1-4
- Once you concur sign the form, provide your SSN or DOD ID Number and date (YYYYMMDD)



DD 2058

*Write in BLOCK (capital) letters, IF they aren't able to digitally fill out this form



STATE OF LEGAL RESIDENCE CERTIFICATE	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.</p> <p>PURPOSE: Information is required for determining the correct State of legal residence/domicile for purposes of withholding State income taxes from military pay.</p> <p>ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: http://dpcid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/. M01040-3, Marine Corps Manpower Management Information System Records, located at http://dpcid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/.</p> <p>DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.</p>	
1. NAME (Last, First, Middle Initial)	2. DOD ID NUMBER
3. LEGAL RESIDENCE/DOMICILE (City or county and State)	
INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE	
<p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.</u> In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>	
I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.	
I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.	
5. CURRENT MAILING ADDRESS (include Zip Code)	6. DATE (YYMMDD)

DD FORM 2058, JAN 2018

PREVIOUS EDITION IS OBSOLETE.

AEM Designer

NOTES:

- Read entire form carefully
- Provide your legal residence (permanent address, HOR, where your mail goes to)
- Fill out your name, SSN, city/county and state
- Provide your signature
- Current mailing address and date (DDMMYY)



Contracting Documents (National Guard and Reserve Cadets)

- DD Form 4 (Enlistment Document)
- DA Form 4824 (Addendum for Participation in The Reserve Officers Training Corps Simultaneous Membership Program)
- NGB 594-1 (Army National Guard Simultaneous Membership Program Agreement)

Notes

- Use DD Form 4 from your [iPerms](#)
- Use DD Form 93 from your [IPSS-A account](#)
- Use SGLV-8286 from your [milConnect account](#)
- Passing ACFT Scorecard (ACFT must be conducted with ROTC Cadre)
- Passing HT/WT Card (Height/Weight must be conducted with ROTC Cadre)
- Joint Service Transcript (JST) Credits should not be added to your Form 104-R



Reminder



- Do not forget to add the following documents to the packet
 - Birth Certificate
 - Social Security Card
 - Transcript
 - DA 705
 - 5500/5501 (if applicable)
 - MEPS documents
 - NGB 594 or USAR DA 4824 (from recruiter or unit)
 - DD4 (enlistment document)
- Best practices
 - On the checklist, within the blank portion, provide a note on the status of each document missing.
- Once packet is completed turn into Cadre to have forms validated before they are turned into Ms. Marcia for processing