PRE- RETIREMENT PAY INFORMATION REQUEST

See enclosed sheet for additional instructions.

INSTRUCTIONS: Do NOT use this form if you are either a fleet reservist / retiree who has been recalled to active service and are now planning re-retirement, or a reserve member currently serving on active duty and are planning to retire under Chapter 67 of Title 10 United States Code upon the attainment of age 60. Your request must be a future date, but the retirement / transfer date must be no more than one year in the future. Instead, you may request a pre-retirement estimate by writing: **Defense Finance and Accounting Service - Cleveland Center, Retired Pay Department (Code JRSD, 1240 East Ninth Street, Cleveland OH 44199-2058**.

1. Prepare original and one copy of this form. Submit the original to: **Defense Finance and Accounting Service - Cleveland Center, Retired Pay Department (Code JRC), 1240 East Ninth Street, Cleveland, OH 44199-2058.** Retain the copy for your records. A letter, computation sheet and retirement booklet will be mailed to you within ten working days from the **Defense Finance and Accounting Service - Cleveland Centers** receipt of the form.

2. Read the instructions attached to this form carefully before completing each part.

3. Unless otherwise stated in the instructions, complete all items.

4. You may submit as many NAVCOMPT 2274's as you want in order to obtain different pay computation sheets. The submission of a NAVCOMPT 2274 will provide a projection of your retired entitlement based only upon the data you provide us.

PART I - IDENTIFICATION DATA

1. SSN	2. NAME (Last, First, MI)	3. RANK/RATE	4. SERVICE TYPE (Check one)
			☐ USN (1) ☐ USNR (2)

5. RETIREMENT TYPE (Check one)

☐ FLEET RESERVE (1) (5a) ☐ NON-DISABILITY (2) (5b) ☐ TEMPORARY DISABILITY (3) (5c) ☐ PERMANENT DISABILITY (4) (5d)

6. RETIREMENT/ TRANSFER DATE			7. EFFECTIVE DATE OF CURRENT RANK/RATE			8. RETIREMENT RANK/RATE	9. PAY ENTRY BASE DATE			10. ACTIVE DUTY BASE DATE			11. SERVICE CREDITABLE FOR RETIREMENT (Includes Constructive Svc)		
MO	DA	YR	MO	DA	YR		MO	DA	YR	MO	DA	YR	MO	DA	YR

12. RETIREMENT LAW (See Instructions) I O U S C

13. WERE YOU CITED FOR EXTRAORDINARY HEROISM? ☐ YES (13a) ☐ NO (13b)

PART II - DISABILITY REQUIREMENT

14. DISABILITY PERCENT ____ %

15. WERE YOU IN THE SERVICE ON 9/24/75? (15a) ☐ YES (15b) ☐ NO (15c) IF NO, COMBAT DISABILITY PERCENTAGE IS ____ %

PART III - SURVIVOR BENEFIT PLAN (SBP)

SBP ELECTION OPTION *(Check one and complete birthdates as applicable)*

☐ (16) SPOUSE ONLY *(No birthdates required)* (1)

☐ (17) CHILD(REN) ONLY *(Provide birthdates for member and youngest child. Complete Blocks 21 and 23.)* (2)

☐ (18) SPOUSE AND CHILD(REN) *(Provide birthdates for member, spouse, and youngest child. Complete Blocks 21 through 23.)* (3)

☐ (19) INSURABLE INTEREST PERSON *(Provide birthdate for member and designee. Complete Blocks 21 and 24.) (4)*

☐ (20) DECLINE SBP COVERAGE *(Continue directly to PART IV)* (5)

21. MEMBER BIRTHDATE			22. SPOUSE BIRTHDATE			23. YOUNGEST CHILD BIRTHDATE			24. INSURABLE INTEREST PERSON BIRTHDATE		
MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR

SBP BASE AMOUNT *(Check one)*

☐ (25) FULL GROSS

☐ (26) REDUCED BASE AMOUNT OF $ ____ .00

SUPPLEMENTAL SPOUSE ELECTION (By making an election of supplemental SBP coverage, you waive your right to have an annuity computed under the Social Security Offset provisions of 10 USC 1451(e).

27. ☐ **I elect supplemental coverage for the spouse portion of my election (Block 16 or 18 is also completed (See Instructions).) An election for supplemental coverage requires that your coverage be based on full gross pay. Therefore, Block 25 must be checked.**

A. ☐ 5% level B. ☐ 10% level C. ☐ 15% level D. ☐ 20% level

PART IV - FEDERAL INCOME TAX

28a. MARITAL STATUS

☐ MARRIED

☐ SINGLE

28b. NUMBER OF EXEMPTIONS

PART V. PERSONAL DATA

29. DATE REQUESTED MO DA YR

30. PHONE NUMBER

Commercial

DSN

31. MEMBER'S SIGNATURE

32. MAILING ADDRESS FOR PAY COMPUTATION INFORMATION *(Must be a U.S. mailing address including APO/FPO, if applicable)*

OTHER ADDRESS INFORMATION (Do not enter name)

NUMBER AND STREET OR ROUTE

CITY STATE ZIP CODE

PRIVACY ACT STATEMENT

This information is requested in accordance with 10 U.S. Code, Subtitle 8; 10 U.S. Code, Chapter 73; 5 U.S. Code 301; and Executive Order 9793, to be used within this activity to establish your retired / retainer pay account. The information may be released to taxing authorities regarding tax payments and/or liabilities, and to other agencies to ensure proper entitlement to and receipt of benefits due from this activity or another agency. You are not required to provide this data. However, furnishing it will ensure more timely and accurate dissemination of retired pay information.

INSTRUCTIONS FOR COMPLETING THE
PRE-RETIREMENT PAY IN FORMATION REQUEST
(NAVCOMPT 2274)

PART I - IDENTIFICATION DATA

BLOCKS 1 AND 2: Enter the information requested.

BLOCK 3: Enter the appropriate rank / rate from the following list:

OFFICER RANK/RATES

ENS	LT	RADML	WO1
ENSE	LTE	RADMU	CWO2
LTJG	LCDR	VADM	CWO3
LTJGE	CDR CAPT	ADM	CWO4

ENLISTED RANK/RATES

SR	PO3	CPOC
SA	PO2	CPOS
SN	PO1	CPOM

(NOTE: In order to qualify for ENSE, LTJGE or LTE you must have at least four years prior active enlisted service).

BLOCK 4: Enter the information requested.

BLOCK 5a through 5d: Check the appropriate retirement type. If you checked 5c or 5d, complete PART II of the form.

BLOCK 6: Enter date in month / day / year format. A retirement / transfer date cannot be greater than one year in the future.

BLOCK 7: Enter effective date of current rank in month / day / year format. Valid time-in grade requirements for retirement are as follows:

RANK	NUMBER OF YEARS
WO1,CWO2	-0-
VADM, ADM	-0-
ENS, ENSE	6 MONTHS
LTJG, LTJGE	6 MONTHS
LT, LTE, LCDR	2 YEARS
CWO3, CWO4	2 YEARS
CDR, CAPT	2 YEARS
RADML, RADM	3 YEARS

BLOCK 8: Enter the appropriate rank / rate from the list in the instruction for Block 3 above only if your retirement rank / rate is different from your current active duty rank / rate.

BLOCK 9: Enter the Pay Entry Base Date in numeric month / day / year format. It must be at least 17 years prior to the retirement date and not more than 45 years prior to the retirement date (requests that contain 45 or more years of service for basic pay purposes must be mailed to the Retired Pay Department for manual pay computation).

BLOCK 10: Ask your disbursing office for help to obtain this date. Enter the Active Duty Base Date (ADBD) in month / day / year format. When the ADBD is subtracted from the retirement date, the resulting active duty service must be equal to or greater than 20 years

BLOCK 11: Ask your disbursing office for help to obtain this information. An entry in this block is required only if you have active service not included in Block 10. Examples of service creditable for retirement include but are not limited to:

FOR ENLISTED MEMBERS: Constructive service earned before December 31, 1977;

FOR OFFICERS: Medical / Dental Corps constructive credit and / or inactive reserve service after May 31, 1958. If you have such reserve service and have not yet had the Bureau of Naval Personnel determine active service credits, it is recommended that you do so at once. Service, when entered, should be in month / day / year format. Note: If you are an officer who has accrued constructive service credit as an enlisted member, that service may not be utilized.

BLOCK 12: If you are a Warrant Officer or Limited Duty Officer with less than 10 years commissioned service, enter 1293 in this field. Otherwise, leave this field blank.

BLOCK 13a/b: If you are a Fleet Reservist, check either Block 13a or 13b, as appropriate. Otherwise, leave these fields blank.

PART II- DISABILITY RETIREMENT

If you checked either Block 5c or 5d, complete Part II. Otherwise, skip to PART III.

BLOCK 14: Enter the disability retirement percentage.

BLOCK 15a/b: Check either Block 15a or 15b as appropriate.

BLOCK 15c: If you check Block 15b and your disability has been determined to be combat-related, enter the percentage.

PART III - SURVIVOR BENEFIT PLAN (SBP)

You should obtain assistance from your career counselor before you make a final decision on your SBP participation.

BLOCKS 16 through 18: Check the applicable block that indicates the type of coverage you desire for your dependents. If you check either Block 17 or 18, your election must be for a valid child dependent. A child is valid for coverage under the following conditions.

a. Under 18 at the time of retirement.
b. Unmarried over 18 but under 22 years of age and attending school on a full-time basis.
c. A child who incurred a disability before age 18, or after 18 under condition b above, and incapable of self-support.

BLOCK 19: Check here if you desire coverage for a person with an insurable interest in you. If you check Block 19, you must complete Block 25 and leave Block 27 blank.

BLOCK 20: Check here if you do not desire coverage under SBP.

BLOCK 21: Enter your birthdate here if Block 17, 18, or 19 is checked. Otherwise, leave blank.

BLOCK 22: Enter spouse birthdate if Block 18 is checked. Otherwise, leave blank.

BLOCK 23: Enter youngest child birthdate if Block 17 or 18 is checked. Otherwise, leave blank.

BLOCK 24: Enter insurable interest birthdate if Block 19 is checked. Otherwise, leave blank.

BLOCK 25: Check here if you desire the coverage to be based upon your full gross retired / retainer pay.

BLOCK 26: Check here if you desire the coverage to be based upon a reduced portion of your retired / retainer pay. The reduced amount may not be less than $300.00. Enter the desired amount in the space provided to the right of Block 26.

BLOCK 27: Check if you desire to elect supplemental coverage in 5% increments for your spouse so that, when your spouse reaches age 62 is paid as an annuitant, you can limit or eliminate the amount of Social Security offset that would reduce the annuity amount. If you check Block 27 and any one of Blocks 27A through 27D, you must have a check in Block 25, since supplemental coverage requires participation based on your full gross pay.

PART IV - FEDERAL INCOME TAX WITHHOLDING INFORMATION

Determine your allowed exemptions, either with the aid of your disbursing office or from instructions available on the IRS Form W-4 and any other IRS publications.

BLOCK 28a: Check the status you desire to claim.

BLOCK 28b: Enter the number of exemptions you are claiming. You must enter a two-position numeric code, ranging from 00 to 99.

PART V- PERSONAL DATA

BLOCK 29: Enter request date in month / day / year format.

BLOCK 30: Enter area code and telephone number and / or your DSN number if known.

BLOCK 31: Sign the form.

BLOCK 32: Enter the address to which you want your pre-retirement information sent. Do not use the OTHER ADDRESS INFORMATION line unless the address is more than two lines long.

U.S. G.P.O. 9/92 *607-537*