Print Form

# RESERVE COMPONENT SURVIVOR BENEFIT PLAN (RCSBP) OPTION - ELECTION CERTIFICATE

**NAVMC 11221 (2-92) (EF)**

**AUTHORITY:** 10 USCA Chapter 73, Subchapter II, Survivor Benefit Plan
**PRINCIPAL PURPOSE:** To allow military personnel to elect to participate in the Survivor Benefit Plan
**ROUTINE USE:** Information will be used by DoD personnel to act upon individual's request for Reserve Component-Survivir Benefit Plan covera ge.
**DISCLOSURE:** If indiviaul fails to return form and elect one of the options, his/her dependents would not be covered under the Reserve

## SECTION I - MEMBER INFORMATION

| 1. MEMBER'S LAST NAME, FIRST, MI | 2. MEMBER'S SSN | 3. GRADE | 4. DATE OF BIRTH |
|---|---|---|---|
| | | | |

| 4a. MAILING ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

## SECTION II - ELIGIBILITY, OPTION AND ELECTION STATUS

5. ARE YOU MARRIED? ☐ YES NO ☐

6. Do you have dependent children ☐ YES NO ☐

7. Check one of the following to indicate the type of coverage you desire:

☐ a. Spouse only.
☐ b. Spouse and children
☐ c. Children only
☐ d. Former spouse only
☐ e. Former spouse and children
☐ f. Natural person with insurable interest (MAY BE ELECTED ONLY IF YOU HAVE NO SPOUSE AND/OR CHILDREN)

8. Check one of the following options:

☐ a. I do not wish to make an election at this time.

☐ b. I elect RCSBP coverage for an annuity to begin on my 60th birthday or the day after the date of my death, whichever is later.

☐ c. I elect RCSBP coverage for an annuity to begin on the day after the date of my death, whether before or after my 60th birthday.

## SECTION III - LEVEL OF COVERAGE STATUS

9a. If you checked 7a, b, c, d, or e, do you elect to provide an annuity based on the full amount of retired pay or on a reduced portion of retired pay?

☐ FULL ☐ REDUCED

**9b. If you want to provide a reduced annuity, show the amount of retired pay (base amount) upon which you want the annuity computed. (CANNOT BE LESS THAN 300.00) DO NOT COMPLETE THIS BLOCK IF YOU ELECT FULL COVERAGE.**

## SECTION IV - SPOUSAL CONCURRENCE

10. SPOUSAL CONCURRENCE: BY MY SIGNATURE BELOW I CONCUR IN MY SPOUSE'S/FORMER SPOUSE'S RCSBP ELECTION AS INDICATED ABOVE. I HAVE RECEIVED INFORMATION THAT EXPLAINS THE OPTIONS AVAILABLE AND THE EFFECTS OF THOSE OPTIONS:

SPOUSE'S/FORMER SPOUSE'S SIGNATURE

## SECTION V - FAMILY INFORMATION FOR SPOUSE OR SPOUSE & CHILDREN ONLY

| 11. NAME OF SPOUSE (LAST NAME, FIRST, MI) | 12. SPOUSE'S SSN | 13. SPOUSE'S DATE OF BIRTH |
|---|---|---|
| | | |

| 14. PLACE OF MARRIAGE (CITY, COUNTY, STATE, COUNTRY) | 15. DATE OF MARRIAGE |
|---|---|
| | |

| 4a. MAILING ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

**17. I HAVE THE FOLLOWING UNMARRIED DEPENDENT CHILDREN UNDER AGE 22 (OR OVER AGE 22 (OR OVER AGE 22 AND INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY INCURRED BEFORE AGE 18, OR AFTER 18 BUT BEFORE AGE 22 WIHLE ATTENDING SCHOOL)).**

| 17a. LAST NAME, FIRST, MI | 17b. SSN | 17c. DATE OF BIRTH | 17d. RELATIONSHIP (NATURAL, STEP, ETC.) |
|---|---|---|---|
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Reset Form

Adobe Designer 8.0

## SECTION VI - INFORMATION CONCERNING FORMER SPOUSE/CHILDREN COVERAGE

**18. IF YOU CHECKED 7d, or e, COMPLETE THIS SECTION WITH INFORMATION PERTAINING TO THE FORMER SPOUSE OR FORMER SPOUSE AND CHILDREN YOU WANT TO RECEIVE AN ANNUITY. YOU MUST ALSO COMPLETE AND ATTACH A STATEMENT SETTING FORTH WHETHER THE ELECTION IS BEING MADE PURSUANT TO A VOLUNTARY WRITTEN AGREEMENT AND IF THE AGREEMENT HAS BEEN INCORPORATED IN OR APPROVED BY A COURT ORDER.**

| 18a . NAME OF FORMER SPOUSE (LAST NAME, FIRST, MI) | 18b. SSN | 18c. DATE OF MARRIAGE |
|---|---|---|
| | | |

| 18d. MAILING ADDRESS | CITY | STATE | ZIP CODE | 18e. DATE OF BIRTH |
|---|---|---|---|---|
| | | | | |

18f. NAME OF CHILD(REN) OF MARRIAGE TO THIS FORMER SPOUSE TO BE INCLUDED IN YOUR ELECTION

| NAMEa | SSN | DATE OF BIRTH | RELATIONSHIP |
|---|---|---|---|
| | | | |
| | | | |
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## SECTION VII - INSURABLE INTEREST COVERAGE

19. IF YOU ARE UNMARRIED AND HAVE NO DEPENDENT CHILDREN, AND YOU CHECKED 7f, COMPLETE THIS SECTION WITH INFORMATION PERTAINING TO THE PERSON YOU WANT TO RECEIVE AN ANNUITY WHO HAS AN INSURABLE INTEREST IN YOU.

| 19a . LAST NAME, FIRST, MI | 19b. SSN | 19c. RELATIONSHIP |
|---|---|---|
| | | |

| 19d. MAILING ADDRESS | CITY | STATE | ZIP CODE | 19e. DATE OF BIRTH |
|---|---|---|---|---|
| | | | | |

## SECTION VIII - SUPPLEMENT SPOUSE/FORMER SPOUSE ELECTION

BY MAKING AN ELECTION OF SUPPLEMENTAL SBP COVERAGE, YOU WAIVE YOUR RIGHT TO HAVE ANY ANNUITY COMPUTED UNDER THE SOCIAL SECURITY OFFSET PROVISIONS OF 10 U.S.C. 14811EI. *(See information sheet.)*

20. I elect supplemental coverage for the Spouse/Former Spouse portion of my Reserve Component Survivor Benefit Plan (RCSBP). NOTE: Your coverage amount must be based on full retired pay in order to make a supplemental election.

CHECK A OR B: A. SPOUSE ☐ B. FORMER SPOUSE ☐

CHECK ONLY ONE: ☐ NONE ☐ 5% LEVEL ☐ 10% LEVEL ☐ 15% LEVEL ☐ 20%LEVEL

## SECTION VI - MEMBER CERTIFICATION

| 21. SIGNATURE OF MEMBER | 22. DATE SIGNED |
|---|---|
| 23. WITNESS'S SIGNATURE CAN NOT BE THE SAME AS BENEFICIARY | 24. DATE SIGNED |

### DISPOSTION OF RCSBP ELECTION CERTIFICATE

**Submit original RCSBP Election Certificate or letter requesting changes to:**

**Headquarters U. S. Marine Corps**
**Manpower and Reserve Affairs (MMSR-6)**
**3280 Russell Road**
**Quantico, VA 22134-5103**