

RESERVE COMPONENT SURVIVOR BENEFIT PLAN COMPUTATION WORKSHEET

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 1447, 1448, 1449, 1450, 1451, and 1452 and Executive Order 9397.

PURPOSE: To allow eligible personnel to compute cost versus benefit in order to complete ARPC Form 123.

DISCLOSURE: Voluntary, however, failure to furnish personnel information may result in non-enrollment.

YOUR UNIT SHOULD BE ABLE TO ANSWER MOST OF YOUR QUESTIONS AND PROVIDE YOU WITH COMPUTER-GENERATED COST ESTIMATES. IF THEY CANNOT ANSWER YOUR QUESTIONS, FEEL FREE TO CONTACT THE ENTITLEMENTS BRANCH AT ARPC TOLL-FREE NUMBER 1-800-525-0102, EXTENSION 227, OR WRITE TO THE ENTITLEMENTS BRANCH AT HQ ARPC/DPSSE, 6760 E IRVINGTON PL #4000, DENVER CO 80280-4000.

NAME (Last, First, MI)

SSN

RANK

HIGHEST GRADE SATISFACTORILY HELD

MEMBER'S CURRENT NUMBER OF POINTS

ADDRESS

MEMBER'S DATE OF BIRTH (YYYYMMDD)

DATE OF BIRTH (YYYYMMDD)

SPOUSE _____

FORMER SPOUSE _____

YOUNGEST CHILD'S DATE OF BIRTH (YYYYMMDD)

INSURABLE INTEREST'S DATE OF BIRTH (YYYYMMDD)

CHECK OPTION(S) YOU WISH TO HAVE COMPUTED

	OPTION B FULL COVERAGE		SPOUSE OR SPOUSE AND CHILD
	OPTION C FULL COVERAGE		CHILDREN
	OPTION B REDUCED COVERAGE \$ _____ BASE AMOUNT		INSURABLE INTEREST
	OPTION C REDUCED COVERAGE \$ _____ BASE AMOUNT		FORMER SPOUSE OR FORMER SPOUSE AND CHILD

SUPPLEMENTAL SURVIVOR BENEFIT PLAN INCREMENTS (OPTIONAL)

 5%

 10%

 15%

 20%