

**LETTER OF INTENT (LOI) TO ENROLL  
DURING THE SBP OPEN SEASON**

(December 23, 2022 to January 1, 2024)

**Instructions: Complete the sections below according to your member status.**

Section I (Page 1): All Members

Section II (Page 2): Retirees Receiving Pay - SBP Election

Section III (Page 3): Reserve/Guard Members and Former Members Awaiting Retired Pay - RCSBP Election

All requested information must be completed. Please make sure to sign and date this Letter of Intent and keep a copy for your records. **See Page 4 for how to submit your Letter of Intent.**

After receiving your Letter of Intent, the appropriate agency will provide an estimate for the cost of the coverage you request in this letter. **Members or former members who wish to enroll after notification of the cost must submit an official enrollment form to the appropriate agency. The SBP Open Season enrollment is not effective until the first day of the month after a complete, official "SBP/RCSBP Open Season Enrollment Form" is received by the appropriate agency.**

Estimates are dependent on the information you provide in this letter. **Please note that final calculations made when you submit your official SBP/RCSBP Open Season Enrollment Form could be different if there are changes, if you do not provide all of the necessary information in this letter, or if there is a gap in time between the estimate and the date of official enrollment.**

Before sending your Letter of Intent, please read the information about which elections are allowed during the SBP Open Season on Page 4-5 of this letter.

**LOI Section I - All Members: Complete All Information in This Section**

Member Name (Last First MI): \_\_\_\_\_

Member SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ **OR** Date of Notice of Eligibility (NOE): \_\_\_\_\_

Mailing Address:

Check here to make this your official account mailing address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country (If not USA): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (include area code; add country code if international): \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

⇒ *Retirees receiving pay, go to Section II - SBP Election on Page 2*

⇒ *Reserve/Guard members and former members awaiting retired pay, go to Section III - RCSBP Election on Page 3*

**LOI Section II - SBP Election - Retirees Receiving Pay: Complete All Information in This Section**

**I intend to enroll in the following SBP coverage during the SBP Open Season** (check up to three if unsure about intended coverage):

Spouse Only\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Spouse and Child(ren)\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

List dates of birth for all children\*\*:

\_\_\_\_\_

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Child(ren) Only

List dates of birth for all children\*\*:

\_\_\_\_\_

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Natural Person With Insurable Interest

Insurable Interest date of birth: \_\_\_\_\_

Were you married at retirement? Circle One: Yes No

Did you have one or more dependent children at retirement? Circle One: Yes No

Former Spouse\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Former Spouse and Dependent Child(ren) of that Marriage\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

List dates of birth for children of marriage with former spouse\*\*:

\_\_\_\_\_

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

**I intend to elect coverage based on (check one):**

Full gross retired pay\*\*\*

A reduced base amount of \$ \_\_\_\_\_

Threshold amount

Reduced monthly base amount based on CSB/REDUX

Reduced monthly base amount based on BRS Lump Sum

After receiving a Letter of Intent to Enroll in SBP during the SBP Open Season, the agency responsible will estimate the one-time buy-in premium and inform the member or former member of the amount that the member will be required to pay. Members or former members who wish to enroll in SBP after notification of the amount of their one-time buy-in premium must submit an official "SBP Open Season Enrollment Form" to the appropriate agency, specifying payment arrangements. The enrollment is not effective until the first day of the month after the complete, official "SBP Open Season Enrollment Form" is received by the appropriate agency.

**After completing Section II, go to Page 4 for how to submit your LOI.**

Member Last Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

**LOI Section III - RCSBP Election - Reserve/Guard Members and Former Members Awaiting Retired Pay: Complete All Information in This Section**

**I intend to enroll in the following RCSBP coverage during the SBP Open Season (check up to three if unsure about intended coverage):**

Spouse Only\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Spouse and Child(ren)\*

Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

List dates of birth for all children\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Child(ren) Only

List dates of birth for all children\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

Natural Person With Insurable Interest

Insurable Interest date of birth: \_\_\_\_\_

Were you married at NOE? Circle One: Yes No

Did you have one or more dependent children at NOE? Circle One: Yes No

Former Spouse\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Former Spouse and Dependent Child(ren) of that Marriage\*

Former Spouse date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

List dates of birth for children of marriage to former spouse\*\*:

⇒ If child/children are adopted, include date of adoption in parenthesis next to date of birth

**I intend to elect coverage based on (check one):**

Full gross retired pay\*\*\*

A reduced base amount of \$ \_\_\_\_\_

Threshold amount

**I intend to elect (check one):**

Deferred Annuity Until Age 60 (Option B)

Immediate Annuity (Option C)

After receiving a Letter of Intent to Enroll in RCSBP during the SBP Open Season, the branch of service will inform the member of the additional amount that the member will be required to pay upon reaching eligibility age for the newly established RCSBP coverage. Members who wish to enroll in RCSBP after notification of the additional amount that the member will be required to pay must submit an official "SBP/RCSBP Open Season Enrollment Form" to the member's individual branch of service. The Open Season enrollment is not effective until the first day of the month after a complete, official "SBP/RCSBP Open Season Enrollment Form" is received by the branch of service.

**After completing Section III, go to Page 4 for how to submit your LOI.**

## **How to Submit Your Letter Of Intent (LOI) to Enroll During the SBP Open Season**

### **SBP Election - Retirees Receiving Pay - Send Your Letter of Intent to:**

**For ARMY, NAVY, AIR FORCE, SPACE FORCE, and MARINE CORPS RETIREES RECEIVING PAY:**

To upload your LOI via the askDFAS online upload tool, see this webpage for details:

<https://www.dfas.mil/sbpopenseason23>

Or, mail to Defense Finance and Accounting Service, U.S. Military Retired Pay, 8899 E 56th Street, Indianapolis, IN 46249-1200.

Or, fax toll-free to: 800-469-6559.

**For U.S. COAST GUARD, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA), and U.S. PUBLIC HEALTH SERVICE (USPHS),** mail to: Retiree and Annuitant Services Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS, 66683-3591.

Or, email to: [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil).

### **RCSBP Election - Reserve/Guard Members and Former Members Awaiting Retired Pay - Send Your Letter of Intent to:**

**For ARMY,** email to: [usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil](mailto:usarmy.knox.hrc.mbx.rpmd-ord-sbp-regulatory-and-policy-team@army.mil)

Or, mail to: ATTN RPMD-ROR-GAR, Human Resources Command, 1600 Spearhead Division Avenue Dept 482, Ft Knox, KY 40122-5402

**For NAVY,** mail to: Navy Personnel Command (PERS-912), 5720 Integrity Drive, Millington, TN 38055-9120

**For AIR FORCE,** submit via myPers until 1 May 2023, after 1 May 2023, submit via my myFSS

Or, mail to: HQ ARPC/DPTTB 18420 Silver Creek Ave, Bldg 390 MS 68, Buckley SFB, CO 80011

**For MARINE CORPS,** email to: [smb.manpower.mmsr5@usmc.mil](mailto:smb.manpower.mmsr5@usmc.mil)

Or, mail to: Headquarters, U.S. Marine Corps (MMSR-5) 3280 Russell Rd, Quantico, VA 22134

**For U.S. COAST GUARD,** mail to: Separations Branch Chief, USCG Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.

Or, email to: [ppc-dg-customer-care@uscg.mil](mailto:ppc-dg-customer-care@uscg.mil)

## **Additional Information**

### **OPEN ENROLLMENT PERIOD**

The open season began December 23, 2022, and ends January 1, 2024.

Elections to enroll that are received after the end of the open season on January 1, 2024, cannot be honored.

### **ELECTIONS AUTHORIZED**

An eligible member who, on December 22, 2022, was not participating in SBP or RCSBP may elect SBP for any type of coverage that member would have been eligible to elect and declined, or failed to elect, at their first opportunity. This includes eligible members who previously participated in SBP and discontinued participation.

## LIMITATIONS ON ELECTIONS

- a. Eligible members already participating in SBP or RCSBP as of December 22, 2022 may not change their SBP base amount or add beneficiaries during the open season.
- b. Eligible members participating in SBP or RCSBP as of December 22, 2022 may not discontinue participation in SBP for one category of beneficiary during the open season and subsequently enroll during the open enrollment period for another category of beneficiary. For example, a member participating in child only coverage may discontinue the child coverage but may not subsequently add spouse coverage during the open season.
- c. Members may not elect to cover a beneficiary or select a level of coverage that could not be in effect as the result of an election that could have been made previously by the member. For example, a member who was married upon retirement may not elect insurable interest coverage.

## COVERAGE LIMITATIONS

Eligible members may only designate beneficiaries who satisfy the prescribed legal criteria for the category of coverage as of the date the election is filed.

## ELECTIONS MUST BE VOLUNTARY

An election to participate under the authority of section 643, P.L. 117-263, is voluntary on the part of the eligible member and must be indicated as such in writing. For the election to be valid, a member must be alive and capable of making an informed decision. Members will be presumed to be capable of making an informed decision unless there is clear and convincing evidence to the contrary.

(1) No court order may require an eligible member to make an election during the open season based on the authority to make an election under the provisions of section 643, P.L. 117-263. An election may not be deemed under section 1450(f)(3), title 10, United States Code, as a result of any such court order during or in consequence of the open enrollment period. A member cannot make an election during the open season that serves to nullify the effect of an existing deemed election.

(2) An election by an eligible member to participate in SBP is not subject to the concurrence of a spouse or former spouse of the member.

(3) An eligible member making an election to participate in RCSBP shall indicate, in the event the member dies before becoming 60 years of age, or before attaining age eligibility for retired pay under the provisions of section 12731(f)(2) of title 10, United States Code, whether the annuity shall become effective on:

- (a) The day after the member's date of death; or
- (b) On the 60th anniversary of the member's birth.

---

## Notes:

\*If you married and/or divorced more than one time since your retirement or NOE date, your estimate will require additional information. Please see this webpage for additional instruction: <https://www.dfas.mil/sbpopenseason23>

\*\*If a child is incapacitated, please note with an "I" next to their birth date.

\*\*\* If you elected CSB under REDUX or Lump Sum retired pay under BRS, full gross pay is the amount of retired pay you would have received had you NOT elected CSB or BRS Lump Sum.