

CHILD ANNUITANT'S SCHOOL CERTIFICATION

OMB No. 0730-0001
OMB approval expires:
March 31, 2020

The public reporting burden for this collection of information is estimated to average 1 hour 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 the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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 FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Defense Finance and Accounting Service, US Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 1435, Eligible Beneficiaries and Section 1447, Definitions; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): The Defense Finance and Accounting Services (DFAS) uses this information to determine the continued eligibility of child annuitants who are receiving annuity payments from the Survivor Benefit Plan (SBP) or Reserve Component Survivor Benefit Plan (RCSBP). Once the child annuitant reaches age 18, it must be verified that the child is attending school full-time in order for DFAS to continue making the annuity payments. The SORN covered by this system is T7347b (<http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/>). The PIA is located at <http://www.dfas.mil/foia/privacyimpactassessments.html>.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Internal Revenue Service, the Department of Veterans Affairs, or trustees or guardians of survivors (children). It may also be disclosed for any of the "Blanket Routine Uses" published at <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

DISCLOSURE: Voluntary; however, if DFAS does not receive this information, the annuity payments will stop.

SECTION I - IDENTIFICATION INFORMATION

1. MEMBER'S SSN	2. MEMBER'S NAME (Last, First, Middle)
3. ANNUITANT'S SSN	4. ANNUITANT'S NAME (Last, First, Middle)

5. IF UNDER AGE OF MAJORITY, NAME OF LEGAL REPRESENTATIVE

SECTION II - STUDENT'S CERTIFICATION (To be completed by child annuitant)

A separate certification will be required for each term/semester in which the school year is divided. Payments to students continue during an interval between school terms/semesters that does not exceed 150 days if they demonstrate to the satisfaction of the DFAS Center that they have a bona fide intention of resuming or continuing a full-time course of study or training. Failure to provide a completed certification form may result in a suspension of the annuity.

Please complete this section and have Section III and Section IV (on back) completed by a school official. **NOTE: School official may not certify attendance any earlier than 30 days prior to the end of the school semester.** Return all sections of this form to Defense Finance and Accounting Service, US Military Annuitant Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1300.

6. DATE OF BIRTH (YYYYMMDD)	7. ARE YOU MARRIED? (X one. If YES, attach copy of marriage certificate.)
	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. ARE YOU CURRENTLY ATTENDING SCHOOL FULL TIME? (X one. NOTE: If on semester break, X "NO".)	
	<input type="checkbox"/> YES (Complete Items 9 and 10 or 9 and 11.) <input type="checkbox"/> NO (Go to Item 12.)

9.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	10. IF HIGH SCHOOL, EXPECTED DATE OF COMPLETION (YYYYMMDD)		
c. TELEPHONE NO. (Include Area Code)		11. IF OTHER THAN HIGH SCHOOL:		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)</td> <td style="width: 50%; border: none;">b. DATE TERM/SEMESTER ENDS (YYYYMMDD)</td> </tr> </table>	a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDS (YYYYMMDD)
a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDS (YYYYMMDD)			
		<i>(Go to Item 15)</i>		

12. IF NOT CURRENTLY ATTENDING SCHOOL FULL TIME:	13. IF HIGH SCHOOL, DATE OF COMPLETION (YYYYMMDD)		
a. NAME OF LAST SCHOOL ATTENDED	14. IF OTHER THAN HIGH SCHOOL:		
b. ADDRESS (Include ZIP Code)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)</td> <td style="width: 50%; border: none;">b. DATE TERM/SEMESTER ENDED (YYYYMMDD)</td> </tr> </table>	a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDED (YYYYMMDD)
a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDED (YYYYMMDD)		
c. TELEPHONE NO. (Include Area Code)	<i>(Go to Item 15)</i>		

15. DO YOU PLAN TO ATTEND SCHOOL FULL TIME DURING THE NEXT 150 DAYS? (X one)	
	<input type="checkbox"/> YES (Complete Items 16 through 19.) <input type="checkbox"/> NO (Complete Items 18 and 19.)

16.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	17a. DATE TERM/SEMESTER WILL BEGIN (YYYYMMDD)	b. DATE TERM/SEMESTER WILL END (YYYYMMDD)
c. TELEPHONE NO. (Include Area Code)			

18. SIGNATURE OF ANNUITANT OR LEGAL REPRESENTATIVE	REMEMBER TO OBTAIN SCHOOL OFFICIAL'S CERTIFICATION <i>(on back)</i>	19. DATE SIGNED
---	---	------------------------

SECTION III - SCHOOL OFFICIAL'S CERTIFICATION OF CURRENT ATTENDANCE *(This section MUST be completed by a school official.)*
(NOTE: School official may not certify attendance earlier than 30 days prior to the end of the school semester.)

20. IS THE STUDENT ENROLLED IN A FULL-TIME COURSE OF RESIDENT STUDY OR TRAINING? *(Correspondence course does not qualify. A full-time course of study is a student enrolled on a full-time basis for the entire semester or quarter. If child is not attending full-time, mark "NO".)*

<input type="checkbox"/> YES <i>(Sections III and IV must be completed)</i>	<input type="checkbox"/> NO <i>(See Section IV for past attendance)</i>
--	--

21. DATE PRESENT SCHOOL TERM	22. TYPE OF EDUCATIONAL INSTITUTION <i>(X one)</i>
a. BEGINS <i>(YYYYMMDD)</i>	<input type="checkbox"/> HIGH SCHOOL
b. ENDS <i>(YYYYMMDD)</i>	<input type="checkbox"/> OTHER THAN HIGH SCHOOL

SECTION IV - SCHOOL OFFICIAL'S CERTIFICATION OF PAST ATTENDANCE *(This section MUST be completed by a school official.)*

23. STUDENT ATTENDED HIGH SCHOOL. GRADUATION DATE *(YYYYMMDD):*

24. STUDENT ATTENDED SCHOOL OTHER THAN HIGH SCHOOL FULL-TIME FOR THE ENTIRE TERM THAT ENDED APPROXIMATELY *(YYYYMMDD):*

25. STUDENT DID NOT ATTEND SCHOOL. TO THE BEST OF YOUR KNOWLEDGE THE LAST DAY THE STUDENT ATTENDED SCHOOL FULL-TIME WAS *(YYYYMMDD):*

26. SCHOOL OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. TELEPHONE NUMBER <i>(Include Area Code)</i>
d. SIGNATURE		e. DATE SIGNED

27. REMARKS