

**CLAIM FOR RETROACTIVE STOP LOSS PAYMENT**  
(Read Privacy Act Statement and Instructions before completing form.)

OMB No. 0704-0464  
OMB approval expires

The public reporting burden for this collection of information is estimated to average 30 minutes 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, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0464). 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 BY FIRST CLASS MAIL, EMAIL OR FAX TO THE SERVICE UNDER WHICH YOU SERVED WHILE ON ACTIVE DUTY AT THE ADDRESS LISTED ON THE FOLLOWING PAGE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Public Law 111-32, Section 310; E.O. 9397.

**PRINCIPAL PURPOSE(S):** Solicitation of information contained herein may be used as a basis for retroactive stop loss pay determinations. Your information will be used by the Services, for verification of eligibility and then by the Defense Finance and Accounting Service for payment of Retroactive Stop Loss payments. The Military Departments describe how your information will be maintained in their Privacy Act System of Record Notice.

**ROUTINE USE(S):** The DoD "Blanket Routine Uses" apply.

**NEEDS DD 67**

**DISCLOSURE:** Voluntary; however, failure to provide information requested on this form may result in the government's inability to provide benefits under the stop loss pay program. Your Social Security Number is being requested pursuant to E.O. 9397. The SSN and other identifying information are needed to pay the proper person, ensure entitlement to benefits, and for tax purposes.

**INSTRUCTIONS**

**PURPOSE.**

This form collects information for Military Department programs for Retroactive Stop Loss Special Pay as authorized and appropriated in Section 310 of Public Law 111-32. This program compensates Service members, including members of the Reserve components, as well as former and retired members under the jurisdiction of the Secretary who, at any time during the period beginning on September 11, 2001, and ending on September 30, 2009, served on active duty while the Service member's enlistment or period of obligated service was extended, or whose eligibility for retirement was suspended pursuant to any provision of law authorizing the President to extend any period of obligated service, or suspend eligibility for retirement, of a Service member in time of war or of national emergency declared by Congress or the President. Only Service members who were honorably discharged from the Service and were under Stop Loss Authority while on Active Duty are eligible to apply for this special payment program. Service members who voluntarily reenlisted or extended their service or suspended their retirement and received a bonus for such reenlistment or extension of service are not eligible to receive the Retroactive Stop Loss Special Pay.

**GENERAL BACKGROUND STATEMENT.**

Under the "Supplemental Appropriations Act, 2009", Public Law 111-32, the Military Departments are authorized to collect the information needed to certify the claimant's eligibility to collect payment while under Stop Loss Authority. The Military Departments need this information to accurately determine the time, amount, and taxability of the claim submitted for payment. If the claim is denied, the claimant can contact the Service they served in to submit their appeal. Final determination on granting benefits under this program is the responsibility of the Military Departments. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made. If you made claim to Stop Loss payment under any other Public Law over the last two years, then you are not eligible to make a claim for the same time period under this Public Law.

**CLAIMANT.**

If discharged, the Service member must have been honorably discharged. Veterans: The claimant is the veteran or an eligible recipient of the veteran's estate of a deceased veteran. If claimant is incompetent, please include conservator documentation with this form. In addition, if payment is being made to the veteran's estate, proper supporting documentation must also be submitted with this form. Non-submission of this documentation will delay payment.

**DOCUMENTATION.**

In addition to this form, submit documentation as listed below. The Military Departments may request additional documentation as necessary.

1. DD Form 214, Certificate of Release or Discharge from Active Duty and/or DD Form 215, Correction to DD Form 214.
2. Personnel record or enlistment or reenlistment document recording original expiration of service date.
3. Approved retirement memorandum or orders establishing retirement prior to actual date of retirement as stipulated on DD Form 214 or DD Form 215.
4. Approved resignation memorandum or transition orders establishing a separation date prior to actual date of separation as stipulated in DD Form 214 or DD Form 215.
5. Signed documentation or affidavit from knowledgeable officials from the individual's chain of command acknowledging separation/deployment, etc.

Attachments included (X one)  YES  NO

## CLAIM FOR RETROACTIVE STOP LOSS PAYMENT

**THIS PROGRAM ENDS ON OCTOBER 21, 2010 AND THIS CLAIM MUST BE FILED BY OCTOBER 21, 2010.** Please type or print legibly.  
**RETURN YOUR CLAIM TO THE SERVICE UNDER WHICH YOU SERVED WHILE ON ACTIVE DUTY:**

**DEPARTMENT OF THE AIR FORCE:**

Active, retired and former Air Force members:  
<http://www.afpc.randolph.af.mil/stoploss>  
 E-mail: [afpc.dpsos.stoploss@randolph.af.mil](mailto:afpc.dpsos.stoploss@randolph.af.mil)  
 Fax: (210) 565-4599 or DSN: 665-4599  
 Mail: AFPC/DPSOS (Stop Loss Section)  
 550 C. Street West, Suite 3  
 Randolph AFB, TX 78150-4713

Reserve component members:  
 E-mail: [arpc.contactcenter@arpc.denver.af.mil](mailto:arpc.contactcenter@arpc.denver.af.mil)  
 Fax: (478) 327-2215 or DSN 497-2215  
 Mail: HQ ARPC/DPS (Stop Loss Section)  
 6760 E. Irvington Place  
 Denver, CO 80280

**DEPARTMENT OF THE ARMY:**

It is preferred that applicants submit on-line applications to the U.S. Army Stop Loss Program Office, via the web-based, on-line system at <https://www.stoplosspay.army.mil>. Alternatively, hard copy signed and dated applications may be mailed to:  
 E-mail: [retrostoplosspay@conus.army.mil](mailto:retrostoplosspay@conus.army.mil)  
 Mail: 5109 Leesburg Pike, Suite 302  
 Falls Church, VA 22041  
 Telephone: (877) 736-5554 toll free

**U.S. MARINE CORPS:**

It is preferred that applicants submit on-line applications to the Marine Corps Stop Loss Program Office (SLPO), via the web-based, on-line Stop Loss Case Management System (SLCMS) at the following URL: <https://www.manpower.usmc.mil/slcms>. Alternatively, hard copy signed and dated applications may be mailed to:  
 Headquarters U.S. Marine Corps  
 Manpower and Reserve Affairs MID/SLPO  
 3280 Russell Rd.  
 Quantico VA 22134-5103  
 SLPO Organizational Mailbox: [stoploss@usmc.mil](mailto:stoploss@usmc.mil)  
 SLPO toll free phone number: 1-877-242-2830

**DEPARTMENT OF THE NAVY:**

Commander  
 Navy Personnel Command  
 PERS 832  
 5720 Integrity Drive  
 Millington, TN 38055-8320  
 Telephone: (901) 874-4427, DSN: 882-4427  
 Email: [NXAG\\_N132C@navy.mil](mailto:NXAG_N132C@navy.mil)

**1. MILITARY MEMBER**

a. NAME (Last, First, Middle Initial)

NEEDS

b. SSN (Last 4 digits)

**2. CLAIMANT (If other than Member)**

a. NAME (Last, First, Middle Initial)

DD 67

b. SSN (Last 4 digits)

**3. SERVICE AT TIME OF ACTIVE DUTY (X one)**

ARMY                       NAVY  
 AIR FORCE                 MARINE CORPS

**4. SERVICE STATUS AT START OF STOP LOSS (X one)**

ACTIVE DUTY     ANG     IRR     RESERVE  
 OTHER SERVICE (Specify)

**5. APPLICANT CURRENT STATUS (X one)**

LIVING                       DECEASED\*                       INCAPACITATED

**6. APPLICANT SERVICE STATUS (X one)**

RETIRED                       SEPARATED                       ACTIVE DUTY

\* If deceased, attach documentation establishing the beneficiary.

**7. CLAIMED STOP LOSS PERIOD\*\***

a. FROM (YYYYMMDD)                      b. TO (YYYYMMDD)

\*\*Dates on eligible Active Duty during covered stop loss time periods. If more than one claim, list each claim separately on one attachment to this application and submit.

**8. CLAIMANT'S MAILING ADDRESS/CONTACT INFORMATION**

a. STREET/APARTMENT NUMBER	b. CITY	c. STATE	d. 5-DIGIT ZIP CODE
e. COUNTRY CODE <i>(If overseas)</i>	f. TELEPHONE NUMBER <i>(Include area code)</i>	g. EMAIL ADDRESS	
		h. STATE OF LEGAL RESIDENCE	

**9. PAYMENT DISBURSEMENT (X one)**

a. DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER:  
 (1) SAVINGS                       (2) CHECKING                       b. CHECK

**10. FINANCIAL INFORMATION**

a. BANK NAME	b. ACCOUNT NUMBER	c. BANK ROUTING NUMBER
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**11. CLAIMANT AUTHORIZATION**

I hereby authorize the Military Department under which I served while on Active Duty and other authorized Federal agencies to obtain any information required including, but not limited to, Internal Revenue Service (IRS), DFAS, etc. This authorization is valid for one year from the date this form was signed. I understand I have a right to challenge the accuracy and completeness of any information contained in the report pertaining to my case. I also understand that this information will be treated as privileged and confidential information. Case files are handled under the procedures for safeguarding records.

I hereby release any individual, including records custodians, any component of the U.S. Government supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

a. CLAIMANT SIGNATURE (Hard copy signature is MANDATORY)	b. DATE SIGNED (YYYYMMDD)
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