

(DFAS-HGA/CL)

Month DD, YYYY
MEMBER LAST, MEMBER FIRST
1234

REQUESTER NAME
REQUESTER ADDRESS
CITY ST ZIP

Dear Sir/Madam:

We have received your application for payment of a portion of the retired/retainer pay of the above-named member under the Uniformed Services Former Spouses' Protection Act (10 U.S.C. § 1408). Your application cannot be approved for the following reason(s):

[INSERT REJECT PARAGRAPH(S). A BLANK LINE IS REQUIRED AFTER EACH REJECT PARAGRAPH.]

Your application package (application, certified court order and supporting documentation) will be retained on file for 90 days. The requested information must be received within 90 days, or the entire application package must be resubmitted with the requested information.

If your divorce decree specifies that you are to be designated as a former spouse beneficiary for the Survivor Benefit Plan (SBP), you must make a 'deemed election' for SBP coverage within one year of the date of your divorce or other court order requiring SBP coverage for you directly to the DFAS Garnishment Operations, PO Box 998002, Cleveland, OH 44199-8002. The request must be submitted using a DD Form 2656-10. To obtain a copy of the form and other useful SBP information through the internet, visit the DFAS website at: <http://www.dtic.mil/whs/directives/infomgt/forms/efoms/dd2656-10.pdf>.

You must include the member's social security number on all correspondence to this office. If you have any questions, you may contact us through the DFAS WEB page at www.dfas.mil/garnishment.html or call the Customer Service Section at 1-888-DFAS411 (332-7411). However, please note that this office must limit its response to inquiries regarding the status of your case and thus we cannot provide legal guidance in pursuing your case. For legal assistance, please contact your attorney or legal representative.

Sincerely,

[User Name]
[User Title]

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LETTER TO REQUESTER: ADD REJECT - TC 05, 06, and/or 07
REJECT REASONS 1,2,3,4,5,6,9,10,11,13,15,16,17,18,19 and/or 20
SCR 2151 Amended 10/2016