

APPLICATION FOR SURROGATE ASSOCIATION FOR DOD SELF-SERVICE (DS) LOGON

OMB No. 0704-0559
OMB approval expires:
XX-XX-XXXX

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Manual 1341.02, Volume 1, DoD Identity Management: DoD Self-Service (DS) Logon Program and Credential and E.O. 9397 (SSN), as amended.

PURPOSE(S): To establish a Defense Enrollment Eligibility Reporting System (DEERS) record and surrogate association for issuance of a DoD Self-Service (DS) Logon. A surrogate may be established: (1) As the custodian of an unmarried minor child(ren) of a deceased Service member who is under age 18, who is at least 18 but under 23 and attending school full-time, or who is incapacitated. (2) As the agent of an incapacitated dependent (e.g., spouse, parent). (3) As the agent of a wounded, ill, or mentally incompetent Service member.

ROUTINE USE(S): To the Social Security Administration, for the purpose of verifying the surrogate's identity. For a complete list of routine uses, visit the applicable system of records notice at: <https://dpcl.d.defense.gov/Privacy/SORNs/Index/DOD-wide-SORN-Article-View/Article/627618/dmhc-02-dod/>

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a DS Logon.

SECTION I - SURROGATE INFORMATION

1. SURROGATE FULL NAME (<i>Last, First, Middle</i>)	2. GENDER (<i>Select</i>)	3. DATE OF BIRTH(YYYYMMDD)	4. SSN or DoD ID NUMBER	
5. HOME ADDRESS				
a. STREET ADDRESS (<i>Include Apartment Number</i>)	b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY
6. PRIMARY EMAIL ADDRESS		7. TELEPHONE NUMBER (<i>Include Area Code</i>)		

SECTION II - BENEFICIARY INFORMATION

8. BENEFICIARY FULL NAME (<i>Last, First, Middle</i>)	9. BENEFICIARY SSN or DoD ID NUMBER
10.a. SPONSOR SSN or DoD ID NUMBER (<i>If Beneficiary is not the Sponsor</i>)	10.b. SPONSOR SSN or DoD ID NUMBER (<i>If Beneficiary has two Sponsors</i>)

11. SURROGATE ASSOCIATION ON BEHALF OF A BENEFICIARY (*X one or more, as appropriate*)

Agent. A person named by the beneficiary to assist the beneficiary with specific matters as designated. If the beneficiary is a dependent, the dependent must be over age 18, eligible for DoD benefits in accordance with DoD Manual 1000.13, Volume 2, and competent to consent to contract. If the beneficiary is a minor dependent, the person authorized to act on the beneficiary's behalf must name the agent. Financial Agent (FA).

- Financial Agent (FA). Assists the beneficiary with financial matters.
- Legal Agent (LA). Assists the beneficiary with legal matters.
- Caregiver (CG). Assists the beneficiary with general health care requirements (example, viewing general health care-related information, scheduling appointments, refilling prescriptions, and tracking medical expenses) but does not make health care decisions.
- Health Care Agent (HA). Named by the beneficiary (the patient) in a Durable Power of Attorney for Health Care document executed before the beneficiary loses decision-making ability.
- Legal Guardian (LG). Appointed by a court of competent jurisdiction in the United States (or jurisdiction of the United States) to make decisions for the beneficiary.
- Special Guardian (SG). Appointed by a court of competent jurisdiction in the United States (or jurisdiction of the United States) for the specific purpose of making health care-related decisions for the beneficiary.

CUI (when filled in)

12. START DATE OF SURROGACY (YYYYMMDD)	13. END DATE OF SURROGACY (YYYYMMDD)
14. SURROGATE SIGNATURE	15. DATE SIGNED
16. BENEFICIARY SIGNATURE (<i>Or person authorized to sign on behalf of the Beneficiary</i>)	17. DATE SIGNED

SECTION III - CERTIFYING OFFICIAL INFORMATION

To be completed by a SJA, local JAG, or attorney, or by the Service Project Office. Required if establishing a Surrogate association on behalf of (1) a minor child (under age 18); (2) an incapacitated beneficiary; (3) a beneficiary to establish a Health Care Agent Surrogate association (must be accompanied by Durable Power of Attorney for Health Care); or (4) a beneficiary to establish a Legal Guardian or a Special Guardian Surrogate association (must be accompanied by court document).

18. CERTIFYING OFFICIAL FULL NAME (<i>Last, First, Middle</i>)	19. CERTIFYING OFFICIAL TELEPHONE NUMBER (<i>Include Area Code</i>)
20. CERTIFYING OFFICIAL EMAIL ADDRESS	21. CERTIFYING OFFICIAL ADDRESS (<i>Include ZIP Code</i>)

22. CERTIFICATION (*X as applicable*)

- This is to certify that a Durable Power of Attorney for Health Care has been reviewed and authorizes establishment of a Health Care Surrogate association. The Durable Power of Attorney for Health Care document is attached.

- This is to certify that a court document from a court of competent jurisdiction in the United States (or possession of the United States) has been reviewed and authorizes establishment of a Legal Guardian or a Special Guardian Surrogate association. The court document is attached.

23. CERTIFYING OFFICIAL SIGNATURE	24. DATE SIGNED
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