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## ARMY SURVIVOR ADVISORY WORKING GROUP

Nominations are being accepted for Army Survivors to serve for the 2020-2023 Army Survivor Advisory Working Group (SAWG) term. The Chief of Staff of the Army established the Army SAWG in 2007 to provide advice and recommendations regarding vital Active Component, Army National Guard, and U.S. Army Reserve Survivor quality of life issues. Advisors also provide an assessment of how current Survivor programs and initiatives may affect the Survivor community.

The Army SAWG is a diverse group of Army Survivors who represent the Total Army and suffered loss in a variety of ways. The Army SAWG charter includes specific demographic requirements in order to represent all Army Survivors.

The Army SAWG application packet includes:

- Authorization for Disclosure of Information
- Personal data sheet
- Personal statement
- Sample Army SAWG issue review
- Certificate of acknowledgement
- Character recommendation from your Survivor Outreach Services coordinator, Survivor organization leader, volunteer organization leader, or employer.

Completed applications will be reviewed by an Army SAWG selection panel. The Chief of Staff of the Army will approve new advisor selections and sign an advisor appointment letter.

We encourage interested Army Survivors to apply. Nominations must be submitted using the attached application packet no later than 1 DEC 2021 to [Army.Survivors@mail.mil](mailto:Army.Survivors@mail.mil) for the 2020-2023 Army SAWG term.

## Privacy Act Statement

**AUTHORITY:** The authorities identified in the applicable system of system of records notice are DODI 5105.18 (DoD Intergovernmental and Intragovernmental Committee Management Program), Army Regulation 15-39 (Department of the Army Intergovernmental and Intragovernmental Committee Management Program) and the Survivor Advisory Working Group (SAWG) Charter.

**PRINCIPAL PURPOSE:** Notification of application for three-year SAWG membership. Applications received will be reviewed and presented to the Army Chief of Staff for final selection.

**ROUTINE USE:** The DOD Blanket Routine Uses found at: <http://dpcl.d.defense.gov/privacy/> may apply to this collection.

In addition, individuals from whom information about them is solicited during administrative proceedings must be provided Privacy Act advisory statements if records of the proceedings will be retrieved by their personal identifiers. 5 U.S.C. § 552a(e)(3). (<http://dpcl.d.defense.gov/Privacy/Authorities-and-Guidance/>)

**DISCLOSURE:** Furnishing the requested personal data is voluntary. However, selection to serve on the committee is reduced as it will be difficult to verify Next of Kin status of deceased Army service members.

## Authorization For Disclosure of Information

**Privacy Notice:** The main purpose for collecting the information contained in this application is to obtain the information necessary to select members for the Army Survivor Advisory Working Group (SAWG). The SAWG includes members who are government employees and members of military Families who are not government employees. Disclosure of the information requested to non-governmental SAWG members is voluntary. However, failure to disclose the information to non-governmental SAWG members may result in you not being considered for SAWG membership.

### Please Initial One of the Options Below:

\_\_\_\_\_ I hereby authorize the U.S. Army, through its agents, to release a copy of my application for membership in the Survivor Advisor Working Group (SAWG) to current non-governmental SAWG members, as part of the application review process. I understand this authorization may be revoked at any time, if requested in writing, except to the extent that action has already been taken.

\_\_\_\_\_ I **DO NOT** consent to the disclosure of my application to non-governmental SAWG members.

**Use of Personal Information:** The personal information contained in your application may only be used for the purpose of reviewing applications as part of the selection process for membership in the SAWG. **ANY DISCLOSURE OF PERSONAL INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IT IS PURSUANT TO THE PURPOSES OF THIS DISCLOSURE. THE GOVERNMENT CANNOT GUARANTEE THAT THE ORGANIZATION OR INDIVIDUAL WILL ABIDE BY THE AGREEMENT TO NOT FURTHER DISCLOSE THE INFORMATION.**

\_\_\_\_\_  
Signature of Person and Date

\_\_\_\_\_  
Signature of Person and Date

**2020-2023 Army SAWG Application Personal Data**

Title

First Name

Last Name

Suffix (if applicable)

Nickname

Defense Enrollment Eligibility Reporting System (DEERS) identification card holder:

Yes No

Street Address

Street Address 2 (if applicable)

City

State (if applicable)

Postal code

Country

Home Phone (if applicable)

Work Phone (if applicable)

Mobile Phone (if applicable)

Primary Email

Alternate Email (if applicable)

Preferred contact method:

Home      Work      Mobile      Email

Describe your involvement as a survivor in local or national civic/federal organizations or with non-governmental organizations and offices held, if any

Please share links to your published works to include published articles, blogs, twitter handles, Facebook, TV/internet interviews/videos, etc. if applicable

**Name:**

**2020-2023 Army SAWG Application Personal Statement**

Complete a personal statement in 250 words or less. The statement should explain your desire to serve on the Army Survivor Advisory Working Group, how you could impact survivor support and programs, and share a suggestion of a program or policy initiative you believe would positively impact survivor support.

**Name:**

**2020-2023 Army SAWG Application Sample Issue Review**

As an advisor, you will review survivor quality of life issues submitted to the Army Survivor Advisory Working Group for Department of the Army resolution. The Army Staff will prepare an information paper for each issue under consideration. Using the information papers, advisors will be asked to independently prioritize the issues, discuss the merits of the issue, jointly prioritize the issues, and report the top priorities to the Chief of Staff of the Army at the Army Survivor Advisory Working Group.

**Sample Issue Review**

**DIRECTIONS:** Review the sample Army Survivor Advisory Working Group issue and Army Staff facts. Write a maximum 100-word recommendation below on whether the issue should be elevated to the Chief of Staff of the Army for resolution. Conduct additional independent issue research, if needed, to make informed decisions.

**Applicant Response**

## **Sample Army SAWG Issue**

**Issue:** Survivor Investment of Military Death Gratuity and Servicemembers' Group Life Insurance (SGLI)

**Scope:** A Survivor receiving the Military Death Gratuity and SGLI only has 12 months to place up to the full amount received into a Roth Individual Retirement Account (IRA) or Coverdell Education Savings Account (ESA). Independent grief studies recommend that life-altering decisions not be made within the first year after loss. One year is not enough time for Survivors to make an informed decision resulting in the potential loss of a valuable investment option.

**Recommendation:** Extend the time period for Survivors to invest Military Death Gratuity and SGLI in Roth IRA and/or Coverdell ESA from 12 to 36 months.

### **Army Staff Facts:**

1. The Heroes Earnings Assistance and Relief Tax Act of 2008 (the "HEART Act"), became law in June 2008.
2. The HEART Act allows recipients of a military death gratuity or a payment from the SGLI program to roll over the gratuity or payment to a Roth IRA or a Coverdell ESA on a tax-free basis, notwithstanding any contribution limits that would normally apply to such contributions. These contributions must be made within one year of receiving the benefit or payment.

**Name:**

**2020-2023 Army SAWG Application Certificate Of Acknowledgement**

**Background:**

- The term of appointment for a member of the Army Survivor Advisory Working Group (SAWG), is a single three-year term.
- The Army SAWG is held twice a year in the National Capital Region, with travel funding from the Department of the Army. The SAWG may involve a minimum of five duty days to include travel, preparatory sessions, and the SAWG meeting.
- Additional meetings are held telephonically to continue to work issues with actions officers and provide updates to all the advisors.

**Please initial acknowledgement of each of the following statements:**

1. \_\_\_\_\_ I am expected to attend each SAWG meeting. Failure to attend more than two SAWG meetings may result in appointment termination. Exemptions are authorized for deployment or health restrictions, with advance written notification.
2. \_\_\_\_\_ I am expected to attend telephonic advisor meetings. Failure to attend more than four telephonic advisor meetings may result in appointment termination. Exemptions are authorized for deployment or health restrictions with advance written notification.
3. \_\_\_\_\_ I will acknowledge SAWG tasks emailed by the SAWG point of contact by the designated suspense date. Suspense dates are typically three weeks. Failure to electronically acknowledge more than two SAWG tasks by the suspense date may result in appointment termination. Exemptions are authorized for deployment or health restrictions with advance written notification.
4. \_\_\_\_\_ I will not be authorized travel, lodging, meals, and incidental expense reimbursements by the Department of the Army if I live within the Washington local commuting area as defined by Department of Defense Instruction (DoDI) 4515.14, "Washington Local Commuting Area," 28 Jun 13. These areas include (but are not limited to): in Virginia: the counties of Albemarle, Arlington, Clarke, Culpeper, Fairfax, Fauquier, Greene, King George, Loudoun, Madison, Orange, Prince William, Spotsylvania, and Stafford. It also includes the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, and all cities now and hereafter existing in the geographic area bounded by the outer boundaries of the combined areas of these listed Virginia counties. In the District of Columbia: the entire area within the boundaries of Washington, DC. In Maryland: the counties of Anne Arundel, Baltimore, Calvert,

Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, St. Mary's, and Washington. It also includes the city of Baltimore and all cities now and hereafter existing in the geographic area bounded by the outer boundaries of the combined areas of the counties listed above. In Pennsylvania: the county of Adams. In West Virginia: the counties of Morgan, Berkeley, and Jefferson.

5. \_\_\_\_\_ I will be authorized travel, lodging, meals, and incidental expense reimbursements by the Department of the Army if I live outside the Washington local commuting area as defined by DoDI 4515.14, "Washington Local Commuting Area," 28 Jun 13. If my trip includes meals paid for by a senior leader or the government, I will deduct the meals from my reimbursement voucher.

6. \_\_\_\_\_ I will read and sign a nondisclosure agreement related to my SAWG work.

7. \_\_\_\_\_ It is my responsibility to arrange with my employer or school (if applicable) for my absence to attend SAWG meetings.

8. \_\_\_\_\_ I am a competent e-mail, Adobe Acrobat Reader (application that makes PDF documents), and Microsoft Word user.

9. \_\_\_\_\_ I will not be reimbursed for installation of broadband or telephone lines, for internet or phone connectivity, or for any hardware associated with conducting official SAWG business.

10. \_\_\_\_\_ I will be required to travel and enter a secured government facility. I possess one of the following at my own expense: a state driver's license or identification card; U.S. government common access card; DoD identification card for retirees, dependents, and inactive reservists; U.S. passport or passport card; foreign passport; permanent resident card; or alien registration receipt card. I realize state driver's licenses that are not "Real ID" compliant will not be accepted as a form of identification when traveling and entering a secured government facility.

11. \_\_\_\_\_ I realize I will deliberate over emotionally charged survivor issues and I am prepared to discuss my own loss and survivor experiences with the SAWG.

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*(Signature)*

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*(Typed Name)*