

WAIVER APPLICATION FOR ANNUITANT

Instructions:

- a. Submit this application to PPC (RAS). Attach enclosures that support or clarify your request. Answer all pertinent questions. Use a typewriter, fill out online (<http://www.uscg.mil/PPC/forms>), or print clearly in ink. Sign and date your request.
- b. A waiver application must be received the Coast Guard or the General Accounting Office within a 3 year period following date of discovery of the error which caused the erroneous payment.

1. Name (Last, First, Middle Initial)

2. Your Employee ID Number

(Contact PPC (RAS) to obtain if unknown)

3. Your Spouse's Rate or Rank

4. Your Home Phone Number (Incl. Area Code)

5. List any enclosures attached to this application

6:

a. Amount of Original Debt/Erroneous Payment: \$

b. Amount for which waiver is requested: \$

Yes

No

(check appropriate box)

- | | | | |
|-----|--------------------------|--------------------------|---|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive Retiree/Annuitant Statements (CG-5209) or Pay Change Notices (PCN's) during the period of erroneous payment? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Did you review Retiree/Annuitant Statements (CG-5209) or Pay Change Notices (PCN's) during the period of erroneous payment? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Did you know or suspect you were overpaid? (Explain in Item 14.) |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Has debt or erroneous payment been explained to your satisfaction? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you been provided with a written description of the debt/erroneous payment? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Were you aware that you were not entitled to receive an SBP annuity and Dependency Indemnity Compensation from the VA simultaneously (if applicable)? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Will repayment of this debt result in extreme financial hardship?

If yes, completed the enclosed financial statement.) |

14. Explain when and how you first became aware of this debt/overpayment. State any recollection of actions taken by you to correct the error that caused the overpayment.

15. Explain why you believe your waiver should be approved.

Privacy Act Statement

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority: This information is collected under 10 U.S.C. 1442 (RSFPP), 10 U.S.C. 1453 (SBP), and Coast Guard Pay Manual, COMDTINST M7220.29(series).

Purpose: This information is used when requesting a waiver for collection of erroneous payments.

Routine Use(s): The information may be provided to the Comptroller General.

Disclosure: Disclosure of this information is voluntary, however, failure to provide the information may prevent favorable consideration of your application.

16. I certify the above information is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both.

Signature:

Date: