

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**DEPENDENCY WORKSHEET**

1. Name (Last, First, MI)	2. EMPLID	3. Permanent Unit
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<b>MBR INT</b>	<b>** Required Dependency Update Task Not Associated With This Form **</b>	
	<b>Emergency Contacts:</b> To change your emergency contact information, please use the self-service menu in Direct Access.	
	<b>DEERS:</b> Complete a DD-Form-1172 at ID card issuing facility to update DEERS. If adding dependents, failure to update DEERS will result in denial of medical/dental benefits. If deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.	
	<b>SGLI:</b> Review and update, as applicable, your Servicemembers' Group Life Insurance beneficiary and/or FSGLI via the SGLI Online Enrollment System (SOES) at <a href="https://www.dmdc.osd.mil/milconnect">https://www.dmdc.osd.mil/milconnect</a> .	
	<b>Beneficiary Data:</b> Complete a new Designation of Beneficiaries/Record of Emergency Data form CG-2020D at <a href="https://www.dcms.uscg.mil/ppc/pd/forms/">https://www.dcms.uscg.mil/ppc/pd/forms/</a> .	<b>Reviewed By INT:</b> _____

**Use this worksheet to add/remove up to two dependents, complete additional worksheets as necessary.**

<b>I WANT TO</b>	<input type="checkbox"/> 4. Add dependent (See documentation requirements on reverse.)	<input type="checkbox"/> 5. Remove dependent (Attach documentation as applicable and enter reason below.)
6. Name (Last, First, MI)		7. SSN
8. Address (Street, City, State, Zip)		
9. Area Code & Home Phone	10. Area Code & Work Phone	11. Relationship (If spouse, and in the service, complete blocks 19 & 20 below.)
12. Date of Birth	13. Dependency Date	14. Date of Marriage
		14a. Same Sex Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
		15. Notify in Case of Emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If adding a child who is not in your custody provide</b>		16. Name of Custodian
17. Is custodian/spouse in the service? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete 17-1, 17-2, 18, 19 & 20)		18. SSN or EMPLID (CG Members)
17-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes		19. Branch
17-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> No <input type="checkbox"/> Yes		20. Unit
	21. Monthly Amount of Support	22. Method of Support (allotment, check, cash)
		23. Date of Divorce/ Separation (if applicable)

<b>I WANT TO</b>	<input type="checkbox"/> 4a. Add dependent (See documentation requirements on reverse.)	<input type="checkbox"/> 5a. Remove dependent (Attach documentation as applicable and enter reason below.)
6a. Name (Last, First, MI)		7a. SSN
8a. Address (Street, City, State, Zip)		
9a. Area Code & Home Phone	10a. Area Code & Work Phone	11a. Relationship (If spouse, and in the service, complete blocks 19 & 20 below.)
12a. Date of Birth	13a. Dependency Date	14a-1. Date of Marriage
		14a-2. Same Sex Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
		15a. Notify in Case of Emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If adding a child who is not in your custody provide</b>		16a. Name of Custodian
17a. Is custodian/spouse in the service? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete 17a-1, 17a-2, 18a, 19a & 20a)		18a. SSN or EMPLID (CG Members)
17a-1. Is custodian/spouse receiving Basic Allowance for Housing with dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes		19a. Branch
17a-2. Is custodian/spouse assigned to government owned/leased quarters? <input type="checkbox"/> No <input type="checkbox"/> Yes		20a. Unit
	21a. Monthly Amount of Support	22a. Method of Support (allotment, check, cash)
		23a. Date of Divorce/ Separation (if applicable)

**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** - 37 USC Section 403 and E.O. 9397. **Principal Purpose(s)** - Used to indicate start or change in dependency.  
**Routine uses** - Information will be used by USCG payment approving officials to add or delete BAH eligible dependent(s). In addition, this information may be shared with the Defense Manpower Data Center (DMDC) to facilitate enrollment in dependent benefit programs.  
**Disclosure** - Furnishing this information (including your dependent's SSN) is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay and delay delivery of benefits to dependents.  
 Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

24. Member's Signature	25. Date	26. Command Approval	27. Date
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# DEPENDENCY DOCUMENTATION REQUIREMENTS

## RULES

1. Unless otherwise specified, legible photostatic certified true copies of original or properly notarized legible copies of original documents are acceptable.
2. Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member upon request (*SPO can retain photo copies in PDR*).
3. To add a dependent, complete this form and submit the appropriate documentation as indicated below. Complete CG form 2025 (BAH/Housing Worksheet) if the dependency change will result in a housing allowance change and a CG-2025B, if reporting a member-married-to-member marriage. To delete a dependent, submit document terminating dependency relationship (*i.e., divorce or annulment decree, death certificate*).
4. The **Direct Access generated BAH/Dependency Report Form** replaces CG Form 4170A. SPOs shall enter claimed dependents in Direct Access and print the BAH/Dependency Report Form for the member's signature before forwarding documentation to PPC (LGL) when dependency determination is required.
5. See COMDTINST M5512.1(series) (*Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel*), Attachment 5 (*Basic Documentation Requirements*), Note 7 for acceptable "temporary" documentation when awaiting receipt of certified documents from the records custodian/issuing authority.

Relationship	And	Documentation to be Submitted	Rules
<b>Spouse</b>  Is is recommended that you review SGLI and/or FSGLI coverage and beneficiaries in the SGLI Online Enrollment System (SOES) at <a href="https://www.dmdc.osd.mil/milconnect">https://www.dmdc.osd.mil/milconnect</a>	U. S. Marriage	Marriage certificate.	1, 2, 3, 4.
	Same-Sex Marriage	Marriage certificate from a state which issues same-sex marriage certificates.	1, 2, 3, 4.
	*Foreign Marriage	Translated marriage certificate, DD Form 1172-2 and Direct Access generated BAH/Dependency Report Form.	1, 2, 3, 4, 5.
	*Common Law	State directed document, DD Form 1172-2 and Direct Access generated BAH/Dependency Report Form.	1, 2, 3, 4, 5.
	Previously Married	Final divorce/annulment decree.	1, 2, 4.
	Spouse In-Service	Provide SSN, Branch of Service and Duty Station.	1, 4.
<b>**Legitimate Child</b>		Birth certificate.	1, 2, 4, 6.
<b>Adopted or Placed for Adoption Child</b>		Adoption decree, pre-adoption court order or state agency placement letter and Direct Access generated BAH/Dependency Report Form, DD Form 1172-2 and birth certificate. ( <i>Submit original birth certificate for temporary DEERS ID, then forward court issued birth certificate when received</i> ).	1, 2, 4, 5, 6.
<b>Stepchild</b>		Birth certificate, marriage certificate and spouse's divorce decree.	1, 2, 3, 4.
<b>***Illegitimate Child</b>	Member-Mother Has Custody	Birth certificate.	1, 2, 4, 6.
	Member Father has <u>Physical Custody</u>	Birth certificate, proof of parentage.	1, 2, 4, 6.
	*Member-Mother Does Not Have <u>Physical Custody</u>	Birth certificate, proof of support, and Direct Access generated BAH/Dependency Report Form.	1, 2, 4, 5, 6.
	*Member-Father Does Not <u>Physical Have Custody</u>	Birth certificate, proof of parentage, proof of support, and Direct Access generated BAH/Dependency Report Form.	1, 2, 4, 5, 6.
<b>Ward</b>	*Dependent upon Member for over 50% of Support	Support Statement (CG-2020A), birth certificate, court order, and Direct Access generated BAH/Dependency Report Form.	1, 2, 3, 4, 5, 6.
<b>Child Over Age 21</b>  Legitimate, Illegitimate, Adopted, Stepchild or Ward	*Incapacitated	Medical evaluation, DD Form 2870, birth certificate, Support Statement (CG-2020A), member's notarized support statement that they provide over 50% of support, DD Form 1172-2 and Direct Access generated BAH/Dependency Report Form.	1, 2, 3, 4, 5, 6.
	Full Time Student Under Age 23	Birth certificate, Support Statement (CG-2020A), Statement of Support for Full-Time Student (CG-2020B), proof of full-time student status.	1, 2, 3, 4, 6.
<b>Parent, Parent-In-Law, Parent In Loco Parentis, Stepparent, Parent By Adoption</b>	*Dependent upon Member for over 50% of Support	Support Statement (CG-2020A), member's birth certificate ( <i>For In-law, member's marriage license and spouse's birth certificate</i> ), copy of two photo IDs of parent, DD Form 1172-2 and Direct Access generated BAH/Dependency Report Form.	1, 2, 3, 4, 5, 6.

**NOTE:** All member-to-member situations require both members' SSN (or EEMPLID for CG members), branch of service, and duty station be included with documentation.

\* **PPC (LGL) Approval Required.** Documents are submitted through the SPO and **not** directly to PPC (LGL). The SPO is responsible for including the Direct Access generated BAH/Dependency Report Form with the dependent listed and forwarding the complete request packet to PPC (LGL) for a dependent determination.

\*\* **Legitimate Child** is defined as a child born from a marriage. Illegitimate children become legitimate if the biological parents marry each other after the birth of the child.

\*\*\* **Illegitimate child** is defined as a child born of out of wedlock.