

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
APPLICATION FOR TRANSITIONAL COMPENSATION

SECTION I - PAYEE INFORMATION

(If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)

1. PAYEE NAME <i>(Last, First, Middle Initial)</i>	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH <i>(YYYYMMDD)</i>	4. SEX <i>(X one)</i> MALE FEMALE
5. ADDRESS			
a. STREET <i>(Include apartment number)</i>	b. CITY	c. STATE	d. ZIP CODE
6. RELATIONSHIP TO MEMBER <i>(X one)</i> SPOUSE FORMER SPOUSE CHILD ADOPTED CHILD STEPCHILD			
7. CUSTODY <i>(If payee is spouse or former spouse, enter names of dependent children from Item 23 who are in payee's custody) (If all, enter "ALL")</i>	8. INCAPACITATION		9. IS INCAPACITY: <i>(X one) (If applicable)</i> PERMANENT TEMPORARY
	YES	NO	<i>(X Yes or No for each item)</i>
			a. IS PAYEE INCAPACITATED? <i>(If Yes, complete Items 8.b. and c., and Item 9.)</i>
			b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? <i>(If Yes, complete Item 10.)</i>
		c. IS PAYEE INCAPABLE OF SELF SUPPORT?	

10. LEGAL REPRESENTATIVE *(Complete only if legal representative is not the payee.)*

a. NAME <i>(Last, First, Middle Initial)</i>	b. STREET ADDRESS <i>(Include apartment/suite no.)</i>	c. CITY	d. STATE	e. ZIP CODE
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11. IF PAYEE IS A CHILD *(X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming: age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)*

YES	NO	
		a. WAS INCAPACITY INCURRED BEFORE AGE 18?
		b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 23, WAS THE CHILD A FULL-TIME STUDENT?
		c. IS CHILD UNDER THE AGE OF MAJORITY? <i>(See NOTE. If Yes, complete Item 10.)</i>
		d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?

12. PAYEE CERTIFICATION *(Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)*

- (1) I am not cohabiting with the former member. If status changes, I will notify PPC-RAS within 30 days.
- (2) I have not remarried. If status changes, I will notify PPC-RAS within 30 days.
- (3) I have custody of the dependent children listed in Item 7.
- (4) I was married to the member in Item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.
- (5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.
- (6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.

a. SIGNATURE <i>(Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)</i>	b. DATE SIGNED <i>(YYYYMMDD)</i>
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SECTION II – MEMBER IDENTIFICATION

13. MEMBER NAME <i>(Last, First, Middle Initial)</i>	14. EMPLID NUMBER	15. PAY GRADE <i>(Prior to conviction or separation)</i>
16. SOCIAL SECURITY NUMBER	17. DATE OF BIRTH <i>(YYYYMMDD)</i>	18. SEX <i>(X one)</i> MALE FEMALE
19. OBLIGATED SERVICE DATES <i>(YYYYMMDD)</i>		
a. ACTIVE DUTY SERVICE ENTRY DATE	b. EXPIRATION OF ACTIVE OBLIGATED SERVICE <i>(Enlisted only)</i>	c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/DMINISTRATIVE SEPARATION <i>(Officer only) (If none, so state)</i>
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION <i>(YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.)</i>		21. PAYMENT DATES <i>(YYYYMMDD) (Start date is date in Item 20. Length of payment is 36 months except as follows: Subtract date in Item 19.b. or 19.c. from the date in Item 20. If less than 36 months, length of payment is that period, or 12 months, whichever is less.)</i>
		a. START b. STOP

22. APPROVING OFFICIAL CERTIFICATION
I certify that this application meets the requirements in 10 USC 1059 and applicable instructions.

a. SIGNATURE	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. TITLE	d. TELEPHONE <i>(Include area code)</i>
e. STREET ADDRESS <i>(Include apartment or suite number)</i>		f. CITY	g. STATE h. ZIP CODE

