PHYSICIAN CERTIFICATE FOR CHILD ANNUITANT

OMB No. 0730-0011
OMB approval expires 20260930

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Defense Finance and Accounting Service, U.S. Military Annuitant Pay, 8899 E 56th Street, Indianapolis IN 46249-1300.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., "Armed Forces," Section 1435, "Eligible Beneficiaries," Section 1447, "Definitions," DoDFMR, Vol 7B, Ch 46, "Survivor Benefit Plan - Annuity Amount and Offsets," and Executive Order 9397, as amended, "Numbering System for Federal Accounts Relating to Individual Persons."

PRINCIPAL PURPOSE(S): The Survivor Benefit Plan (SBP) and the Retired Serviceman's Family Protection Plan (RSFPP), provide for the coverage of children who are unmarried and incapable of self-support because of mental and/or physical incapacitation. If the incapacitation is temporary, recertification of this incapacitation is required every 2 years when the child annuitant is age 18 or over.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to Internal Revenue Service for tax administration; Department of Veterans Affairs for pay entitlements; Social Security Administration for pay entitlements; American Red Cross for locator service; military aid societies for family assistance; Office of Personnel Management for pay entitlements and DoD Blanket Routine Uses at: http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/. SORN T7347b, Defense Retiree and Annuitant Pay System at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/. PIA, Defense Retiree and Annuitant Pay System at: https://www.dfas.mil/dam/jcr:5cf8a068-89c7-47eb-b844-1e2020ed5f73/Defense%20Retiree%20and%20Annuitant%20Pay%20System%20(DRAS)%202016.pdf.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information, the annuity payments will stop.

NOTE: Penalty for presenting false claims or making false statements in connection with claims is a fine of not more than $10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

1. DECEASED MEMBER SSN	2. ANNUITANT'S NAME *(Last, First, Middle Initial)*	3. DATE OF BIRTH (*YYYYMMDD*)	4. ANNUITANT'S SSN

5. BRIEF DESCRIPTION OF MEDICAL/PSYCHIATRIC DIAGNOSIS	6. DATE CONDITION BEGAN *(YYYYMMDD)*

7. PHYSICIAN'S STATEMENT

a. I have attended the patient for _____ years _____ months

b. I last examined the patient on: _____

c. In my opinion the patient is (*X one or both)*

☐ (1) Incapable of self-support for the period _____

☐ (2) Incapable of handling his/her own financial affairs for the period _____

d. In my opinion the incapacity is *(X one)* ☐ permanent ☐ temporary | If temporary, expected recovery date *(YYYYMMDD)*

e. I am a licensed

☐ physician or practitioner authorized to practice medicine in the state of _____

☐ psychiatrist authorized to practice medicine in the state of _____

8. I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

a. PRINT PHYSICIAN'S NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)*

c. SIGNATURE	d. DATE *(YYYYMMDD)*