

## APPLICATION FOR SURROGATE ASSOCIATION FOR DOD SELF-SERVICE (DS) LOGON

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## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Manual 1341.02, Volume 1, DoD Identity Management: DoD Self-Service (DS) Logon Program and Credential and E.O. 9397 (SSN), as amended.

**PURPOSE(S):** To establish a Defense Enrollment Eligibility Reporting System (DEERS) record and surrogate association for issuance of a DoD Self-Service (DS) Logon. A surrogate may be established: (1) As the custodian of an unmarried minor child(ren) of a deceased Service member who is under age 18, who is at least 18 but under 23 and attending school full-time, or who is incapacitated. (2) As the agent of an incapacitated dependent (e.g., spouse, parent). (3) As the agent of a wounded, ill, or mentally incompetent Service member.

**ROUTINE USE(S):** To the Social Security Administration, for the purpose of verifying the surrogate's identity. For a complete list of routine uses, visit the applicable system of records notice at: <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/>

**DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of a DS Logon.

## SECTION I - SURROGATE INFORMATION

|   |                             |  |                         |            |
|---|-----------------------------|--|-------------------------|------------|
| 1. SURROGATE FULL NAME ( <i>Last, First, Middle</i> ) | 2. GENDER ( <i>Select</i> ) | 3. DATE OF BIRTH(YYYYMMDD)                       | 4. SSN or DoD ID NUMBER |            |
| 5. HOME ADDRESS                                       |                             |  |                         |            |
| a. STREET ADDRESS ( <i>Include Apartment Number</i> ) | b. CITY                     | c. STATE   | d. ZIP CODE             | e. COUNTRY |
| 6. PRIMARY EMAIL ADDRESS                              |                             | 7. TELEPHONE NUMBER ( <i>Include Area Code</i> ) |                         |            |

## SECTION II - BENEFICIARY INFORMATION

|   |   |
|---|---|
| 8. BENEFICIARY FULL NAME ( <i>Last, First, Middle</i> )                         | 9. BENEFICIARY SSN or DoD ID NUMBER   |
| 10.a. SPONSOR SSN or DoD ID NUMBER ( <i>If Beneficiary is not the Sponsor</i> ) | 10.b. SPONSOR SSN or DoD ID NUMBER ( <i>If Beneficiary has two Sponsors</i> ) |

11. SURROGATE ASSOCIATION ON BEHALF OF A BENEFICIARY (*X one or more, as appropriate*)

Agent. A person named by the beneficiary to assist the beneficiary with specific matters as designated. If the beneficiary is a dependent, the dependent must be over age 18, eligible for DoD benefits in accordance with DoD Manual 1000.13, Volume 2, and competent to consent to contract. If the beneficiary is a minor dependent, the person authorized to act on the beneficiary's behalf must name the agent. Financial Agent (FA).

- Financial Agent (FA). Assists the beneficiary with financial matters.
- Legal Agent (LA). Assists the beneficiary with legal matters.
- Caregiver (CG). Assists the beneficiary with general health care requirements (example, viewing general health care-related information, scheduling appointments, refilling prescriptions, and tracking medical expenses) but does not make health care decisions.
- Health Care Agent (HA). Named by the beneficiary (the patient) in a Durable Power of Attorney for Health Care document executed before the beneficiary loses decision-making ability.
- Legal Guardian (LG). Appointed by a court of competent jurisdiction in the United States (or jurisdiction of the United States) to make decisions for the beneficiary.
- Special Guardian (SG). Appointed by a court of competent jurisdiction in the United States (or jurisdiction of the United States) for the specific purpose of making health care-related decisions for the beneficiary.

**CUI (when filled in)**

|   |                                      |
|---|--------------------------------------|
| 12. START DATE OF SURROGACY (YYYYMMDD)  | 13. END DATE OF SURROGACY (YYYYMMDD) |
| 14. SURROGATE SIGNATURE   | 15. DATE SIGNED                      |
| 16. BENEFICIARY SIGNATURE (Or person authorized to sign on behalf of the Beneficiary) | 17. DATE SIGNED                      |

**SECTION III - CERTIFYING OFFICIAL INFORMATION**

To be completed by a SJA, local JAG, or attorney, or by the Service Project Office. Required if establishing a Surrogate association on behalf of (1) a minor child (under age 18); (2) an incapacitated beneficiary; (3) a beneficiary to establish a Health Care Agent Surrogate association (must be accompanied by Durable Power of Attorney for Health Care); or (4) a beneficiary to establish a Legal Guardian or a Special Guardian Surrogate association (must be accompanied by court document).

|   |  |
|---|--|
| 18. CERTIFYING OFFICIAL FULL NAME (Last, First, Middle) | 19. CERTIFYING OFFICIAL TELEPHONE NUMBER (Include Area Code) |
| 20. CERTIFYING OFFICIAL EMAIL ADDRESS                   | 21. CERTIFYING OFFICIAL ADDRESS (Include ZIP Code)           |

22. CERTIFICATION (X as applicable)

- This is to certify that a Durable Power of Attorney for Health Care has been reviewed and authorizes establishment of a Health Care Surrogate association. The Durable Power of Attorney for Health Care document is attached.
- This is to certify that a court document from a court of competent jurisdiction in the United States (or possession of the United States) has been reviewed and authorizes establishment of a Legal Guardian or a Special Guardian Surrogate association. The court document is attached.

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|-----------------------------------|-----------------|
| 23. CERTIFYING OFFICIAL SIGNATURE | 24. DATE SIGNED |
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