ALL FORMS MUST BE FULLY COMPLETED

The IPAC envelope you were provided should contain the following documents:

- 1. IPAC OCS Candidate Screening (1 pg.)
- 2. Student Data Sheet (1 pg.)
- 3. Record of Emergency Data (2 pgs.)
- 4. Service members' Group Life Insurance Election and Certificate (3 pgs.)
- 5. DD Form 2058 State of Residence (1 pg.)
- 6. Form W-4 (1 pg.)
- 7. Direct Deposit Sign-Up Form

These instructions will guide you in the completion of these forms. Some of these forms require common sense, and the expectation is that you'll use some. Items that could be confusing are covered here.

Be sure to read the instructions on each form where they exist, write legibly in black ink only. These documents are not required for Candidates participating in the NROTC.

When it is time to check in with OCS IPAC ensure that you bring down your own writing utensil. Black ink only.

IPAC OCS Candidate Screening

- o Complete the top half of the form ensuring you leave NO BLANKS or UN-CIRCLED sections
- o <u>Documentation turned into OCS IPAC STAFF</u>. This field will require you to organize personal documents you were required to bring to OCS. You will write "YES", "NO", or "N/A" next to each of the 15 documents listed in this portion. "YES" indicates you have the document; "NO" indicates you are supposed to have the document but did NOT bring it; "N/A" indicates the document does not apply to you.
- o For each document marked as "YES", stack the documents in the order they are listed and set to the side.
- o If you have multiples of a document, only provide one. No random documents will be retained.
- Remove all staples from your provided documents.
 - 1) Initial Orders. Orders bringing you to OCS; issued by your parent command or Recruiting District.
 - 2) Annex C. Is the Service Agreement/ NAVMC 10462 and should be 2 pages that state the program in which you are seeking commission in paragraph 1. This should match your "Commissioning Source" on the top right of this form. If it's wrong, make a note on the side of the form so we work to fix it.
 - 3) DD form 4. Is your "Enlistment/Reenlistment" document and should be 4 pages.
 - 4) Birth Cert and SS Card are required and self-explanatory.
 - 5) Direct Deposit Form and Blank Check. Locate standard form 1199A. Sections 1A-F and section 3 are required. Pay special attention to ensure sections 1.E and 3 match the blank check you were instructed to provide. **If this is incorrect, you will not be paid**
 - 6) Dependent Documentation for numbers 8-12 are self-explanatory.
 - 7) Transcripts. Circle the portion of your transcripts that indicate your degree and major (if appl.).
 - 8) Proof of Residence/Lease. Only valid leases will be accepted for the purposes of BAH. A valid lease must be current, show the property address, be signed by the lessor, provide their contact information for verification, and indicate you as the lessee.
 - 9) DD 214/Conditional Release. Any documentation you have that covers periods of prior active/inactive service.
 - 10) Notes. List and provide any other relevant documents. Examples include: proof of naturalization, child dependency determination affidavits, proof of adequate financial support for dependents born out of wedlock, court documents related to paternity, support of a claimed dependent, divorce, annulments, spouse's prior marriage divorce documents, etc.
- Original Documents Turned in: List all documents provided to IPAC that are ORIGINALS. IPAC will make every effort to return original documents. Provide copies of originals wherever possible.
- O Gather all documents in the order listed and place the IPAC OCS CANDIDATE SCREENING sheet on top. Verify you have provided each document annotated with a "YES" and sign the bottom of the page.
- If you are missing any documents, email them to: OCS_IPAC_SPT_SECT@USMC.MIL

STUDENT DATA SHEET

- Any portion of this sheet not explained is still required to be filled out. What follows are descriptions of the most commonly misunderstood fields.
- o The top portion of this sheet is for prior service only. If not prior service, circle/write "N/A" where needed.
- OCS REPORTING INFORMATION. Complete this portion of the sheet to the best of your abilities.
 - 1) Program. Options are "OCC", "OCC-R", "PLC", "MECEP", "ECP", etc...
 - 2) Component. OCC=C9, OCC-R=KJ, PLC=KP and ECP/MECEP=11
 - Mode of Travel. The mode of travel that covered the most amount of miles to get to OCS. Ex: POV, Commercial Air
 - 4) Education Lvl/Grad Yr. The highest level of degree earned and the year it was earned. If you do not have a degree, write the degree level and the year you expect to earn it.
- *USMCR ONLY. Complete only if you are in the USMC-R.
- o <u>Family Information</u>. Self-explanatory
- Separating Info.
 - 1) Mailing Address after separation. Physical Address that will be on your DD 214.
 - 2) Nearest Relative's Address. Closest relative to Quantico, VA.
 - 3) Nearest Relative's full name & Relationship to you. Self-explanatory.

RECORD of EMERGENCY DATA

The system generated RED for all MECEP/ECP/USMCR candidates will be placed in the envelope. Annotate all necessary changes. Draw one single file line through the information to be updated and annotate the update directly next to the lined out information. Sign and date (YYYYMMDD) next to each new annotation. Then sign and date the bottom of the RED where indicated. If no changes are required, just sign and date at the bottom/end of the page next to "member certification" only. See attached for example

****For all other Candidates without a Marine Corps record, Complete the RED in your envelope with the guidance below:

- o <u>Blocks 1-5d.</u> are self-explanatory, with the exception of 3b. where you will write, "30382/Quantico".
- Blocks 6a-7b. If parent is deceased, write, "DECEASED" in the address after their name. If information is unknown, write, "UNKNOWN" where applicable.
- o <u>Blocks 8a-9b.</u> Only needed if someone previously identified on your RED has ill health and you do not wish for them to be notified in the event of your death.
 - **Legal guardians will receive all funds for any minors (< 18 years) elected as beneficiaries below**

 Use ONLY physical addresses in this section of your RED

 Avoid designating someone with an "UNKNOWN" address a beneficiary
- Blocks 11a-11d. Death gratuity is a tax-free \$100,000 paid to the beneficiary you designate meant to provide for immediate living expenses of family in the event of your death. Write the full name of the SINGLE desired person you elect to receive this benefit to be paid as 100%, i.e. immediate next of kin (Spouse, then children (if applicable), followed by father, mother and sibling). If you wish to distribute this benefit to more than one or multiple beneficiaries, provide their information and distribution percentage in multiples of 10, totaling 100%.
- Blocks 12a-12c. This person will receive any monies still owed to you by the Marine Corps in the event of your death.
- o <u>Block 13a-13b.</u> This person is responsible for the handling of your remains in the event of your death.
- Block 14. Special instructions for the Marine Corps in the event someone listed on your RED needs to be contacted.
 For example: mother only speaks Cantonese, or turn-by-turn instructions if GPS cannot be reliably used to reach the address provided for them.
- o <u>Block 15.</u> Your signature
- Block 17. The date you reported to OCS.

SERVICEMEMBERS' GROUP LIFE INSURANCE ELECTION and CERTIFICATE (SGLI)

No mistakes are allowed on this form, so please take your time and write deliberately

- Any portion of this form not explained in these instructions is still required to be filled out.
- About You (this information will be written neatly above its description)
 - 1) Print FULL NAME, no initials
 - 2) Rank = OCAN
 - 3) Duty Location: OCS, MCB QUANTICO
 - 4) Branch of Service = USMC
 - 5) Current Amount of SGLI: \$400,000
 - 6) Check the box for "Married" or "Single" and write your spouse name next to the box.
 - 7) Spouse DOB in eight digit date format (YYYYMMDD)

About Your Coverage

- 1) Check the first box for, "Name or Update my SGLI beneficiary."
- 2) If you decide to Decline coverage check "Decline or cancel SGLI coverage." Then write "I do not want insurance at this time." On the line below.

About Your Beneficiaries

- 1) Read the instructions and be sure to write legibly. Pay special to attention to provide information under all five headers of this portion of the form.
- 2) Name and Full Address, Relationship to you, % for your selectee/s has to equal up to 100%. Payment option either will be Lump Sum or 36 Equal Monthly Payments.

o Your Signature (Third page. This information will be written neatly above its description)

- 1) Service Member's Signature. Sign.
- 2) Social Security Number: ABOVE IT
- 3) Date (MM, DD, YYYY): The date you reported to OCS.
- 4) Address. Will be a full physical address.

For Branch of Service Only

- 1) Contact telephone/email: 703-784-4408
- 2) Date (YYYYMMDD): Check-In date
- 3) Address: 2006 Hawkins Ave

State of Legal Residence

o DD Form 2058 is easy. Read it, fill it out. The date you reported to OCS is used in lieu of today's date.

Form W-4

• The W-4 has its own instructions. Read them and complete sections 1 and 5 at a MINIMUM. Remember the date you reported to OCS is used in lieu of today's date.

Direct Deposit Forms

- o Fill out block A
- o Block C put your SSN
- o In block D Put an X for savings or checking for account type.
- o Block E fill out Account Number
- Sign the top box under the "Payee/Joint Payee Certification"
- o Section 3 First box you will input your bank name and full address of the bank
- Next box to the bank name/address you'll input your Routing Number

FINAL INSTRUCTIONS

- Compile the documents we requested you turn in to us. Put them in the order listed and place them behind the IPAC OCS Candidate Screening form.
- Put every other form covered by these instructions in order behind the IPAC OCS Candidate screening form. The order of the forms is found at the top of page 1 in these instructions.
- Thoroughly review your documents and forms for completeness while keeping them in order.
- Place all IPAC forms and requested personal documents into the envelope provided.
- Close the envelope, write your Last name, first and middle initials then Company and platoon in large letters across the top flap of the envelope. Eg. "PULLER, L. B. A2"
- Write Marital Status on flap as well.
- Retain envelope and turn in to IPAC personnel ONLY during admin in-processing.

IF YOU ARE MISSING ANY DOCUMENTATION YOU CAN EMAIL THEM TO:

OCS IPAC SPT SECT@USMC.MIL

Subject line: "MISSING DOCS ICO Candidate __(Last Name, First Name)__"

Body: "Name of document you are missing" and attachment.

IPAC HOURS OF OPERATION:

Monday - 0730-1630

Tuesday - 0730-1630

Wednesday - 0730-1630

Thursday - 0730-1200 (closed for training at noon)

Friday - 0730-1630

POINT OF CONTACT

NCOIC: 703-784-4190

CLERKS: 703-784-4408/4188

Email: OCS IPAC SPT SECT@USMC.MIL