# **RETIREMENT COUNSELING CHECKLIST**

| NAME:  | RANK/GRADE:  | SSI                                  | N:                                  | BN:            |            |
|--|--|--------------------------------------|-------------------------------------|----------------|------------|
| EAS:   | PROJECTED DEPARTURE DATE:  | SEP SI                               | FE REQUESTED (MC                    | C):            |            |
| DID YOU EVER REG   | CEIVE A REENLISTMENT BONUS: YES NO   | IF YES, WHE                          | N WAS FIRST PAYM                    | IENT RECEIVED  |            |
| HOME PHONE:  | WORK PHONE:  | EVER R                               | ECEIVE SEPARATIO                    | N PAY: YES NO  | )          |
| DO YOU HAVE ANY  | Y CURRENT NAVY RELIEF LOANS: YES NO  | ). # OF YEARS                        | S ACTIVE SERVICE U                  | JPON RET. DATE | c          |
| DO YOU HAVE PCS  | ORDERS PENDING NOW? YES NO.  | 2 Y                                  | EARS TIME IN GRA                    | DE? YES NO     |            |
| PRIOR SERVICE AS   | ENLISTED YES NO  | PR                                   | IOR SERVICE AS OF                   | FICER YES NO   |            |
| LAST FORMAL SCH  | HOOL ATTENDED  | DATE                                 | LENGTH O                            | F SCHOOL       | WEEKS      |
| I REQUEST TO TRANSFER TO THE FMCR/RETIREMENT LIST ON MY RTD IS IF RTD IS IF RTD IS MORE THAN I MONTH AFTER THE FMCR DATE, I MUST REQUEST A WAIVER OF TIME ON STATION REQUIREMENTS.   |  |                                      |                                     |                |            |
| I AM ASKING FOR I  | HOME OF SELECTION OF:  |                                      |                                     |                |            |
| MY HOME OF RECO  | ORD IS:  |                                      |                                     |                |            |
| I AM PLANNING ON   | N TAKING DAYS OF TERMINAL LEAV   | VE AND                               | DAYS PERMISSIVE                     | TAD.           |            |
| I UNDERSTAND THAT I MUST SCHEDULE AND COMPLETE MY SEPARATION PHYSICAL A MINIMUM OF 4 MONTHS AND A MAXIMUM OF I YEAR PRIOR TO MY SEPARATION DATE. I FURTHER UNDERSTAND THAT IT IS MY SOLE RESPONSIBILITY TO SCHEDULE THE SEPARATION PHYSICAL AND PROVIDE A COPY TO THE SEPARATIONS CLERK, IPAC, 20 DAYS PRIOR TO MY PROJECTED DEPARTURE DATE. ADDITIONALLY, <b>IAM AWARE THAT THE SEPARATIONS CLERK WILL NOT ARRANGE FOR TRANSPORTATION WITHOUT THIS DOCUMENT</b> . |  |                                      |                                     |                |            |
| (INITIALS)   |  |                                      |                                     |                |            |
| DEPARTURE DATE<br>20 DAYS PRIOR TO   | AT I MUST ATTEND EITHER THE TAMP/TAN<br>AND PROVIDE DOCUMENTATION CONFIRM<br>MY PROJECTED DEPARTURE DATE. ADDIT<br>ARRANGE FOR TRANSPORTATION WITH | MING MY ATTI<br>TIONALLY, <u>I A</u> | ENDANCE TO THE S<br>M AW ARE THAT T | EPARATIONS CI  | ERK, IPAC, |
| (INITIALS)   |  |                                      |                                     |                |            |
|  | AT IF I AM SEPARATING ON ISLAND, A COM<br>APPROVED WITHIN 20 DAYS PRIOR TO SEPA  |                                      |                                     |                |            |
| (INITIALS)   |  |                                      |                                     |                |            |

I UNDERSTAND THAT MY SPOUSE (IF APPLICABLE) SHOULD RECEIVE COUNSELING ON THE SURVIVOR BENEFIT PLAN (SBP) AT LEAST60 DAYS PRIOR TO MY RETIREMENT DATE. <u>I FURTHER UNDERSTAND THAT MY DD FORM 2656</u> (RETIRED PAY DATA FORM) MUST BE RECEIVED BY DFAS CLEVELAND 30 DAYS PRIOR TO MY RETIREMENT. IF THE FORM IS NOT RECEIVED BY DFAS CLEVELAND PRIOR TO RETIREMENT, I WILL BE AUTOMATICALLY ENROLLED IN SPB WITH MAXIMUM COVERAGE.

\_\_\_\_(INITIALS)

DEPARTURE ON TERMINAL LEAVE CONSTITUTES MY ACKNOWLEDGEMENT THAT ALL REQUIRED MEDICAL AND ADMINISTRATIVE REQUIREMENTS HAVE BEEN COMPLETED.

\_\_\_\_ (INITIALS)

## **DVA DENTAL TREATMENT ELIGIBILITY**

PUBIC LAW 97-35, THE OMNIBUS BUDGET RECONCILIATION ACT OF 1982, LIMITS THE ELIGIBILITY FOR OUTPATIENT TREATMENT OF SERVICE MEMBERS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY TO THAT PROVIDED BY DVA.

NOT LESS THAN' 180 DAYS OF ACTIVE DUTY MUST BE SERVED TO BE ELIGIBLE FOR DENTAL TREATMENT PROVIDED BY DVA.

APPLICATION FOR DV A DENTAL TREATMENT MUST BE MADE WITHIN 90 DAYS OF DISCHARGE OR RELEASE FROM ACTIVE SERVICE.

YOU WILL NOT BE ELIGIBLE FOR DENTAL TREATMENT IF THE DD 214 CONTAINS A STATEMENT THAT THE VETERAN WAS PROVIDED A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENTS WERE COMPLETED WITHIN 90 DAYS PRIOR TO SEPARATION FROM ACTIVE DUTY.

I \_\_\_\_\_\_\_, HAVE BEEN COUNSELED CONCERNING THE DVA DENTAL TREATMENT ELIGIBILITY REQUIREMENTS. I UNDERSTAND THAT APPLICATION FOR DVA DENTAL OUTPATIENT TREATMENT MUST BE MADE WITHIN 90 DAYS OF SEPARATION FROM ACTIVE DUTY. I FURTHER UNDERSTAND THAT IF A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WERE COMPLETED WITH 90 DAYS OF SEPARATION FROM ACTIVE DUTY, I WILL NOT BE ELIGIBLE FOR DVA OUTPATIENT TREATMENT.

SIGNATURE

DATE

## FAMILY MEMBER TRAVEL

I UNDERSTAND THAT TRAVEL FOR MY FAMILY MEMBERS TO MY HOME OF SELECTION WILL BE AUTHORIZED. DEPENDENT TRAVEL TO THE APPROVED <u>ALTERNATE</u> SEPARATION SITE IS AUTHORIZED. HOWEVER, REIMBURSEMENT WILL NOT EXCEED GOVERNMENT COSTS FROM MY LAST PERMANENT DUTY STATION OR PLACE WERE DEPENDENTS WERE LAST LOCATED OR TRANSPORTED AT GOVERNMENT EXPENSE, TO MY HOME OF SELECTION. (TEMPORARY LODGING EXPENSE (TLE) MID DISLOCATION ALLOWANCE (DLA) ARE NOT AUTHORIZED). ADDITIONAL CLARIFICATION MAY BE DIRECTED TO THE PERSONNEL OFFICER.

SIGNATURE

DATE

# PAY ACCOUNTS OF RETIREES ARE MAINTAINED AT THE FOLLOWING ADDRESS:

DFAS (DEFENSE FINANCE ACCOUNT SERVICES CLEVELAND CENTER (CODE RO) CLEVELAND, OHIO 44199-1126

# ADDITIONAL INFORMATION IS AVAILABLE AT:

http://www.dfas.mil/money/retired https://ospery.manpower.usmc.mil/manpower/mi/MRA\_OFCT.nsf/mmsr/Retirements+Home

### APPENDIX J

#### RETIREMENT PREAPPLICATION CHECKLIST

For the purposes of this checklist "retirement" includes transfer to the Fleet Marine Corps Reserve (FMCR).

To serve you and recognizing that a Marine's twenty years or more of active service could not have been without considerable sacrifice, Headquarters, U.S. Marine Corps (HQMC) is committed to assisting each Marine with making an informed decision to retire and preclude unnecessary hardship resulting from incorrect information. This checklist should be completed with this in mind. It is also intended to ensure that commanding officers are aware of the Marine's request to retire. If for some reason this checklist is not completed, it will not negate an otherwise qualified voluntary request to retire or transfer to the FMCR. This is an instrument to aid the Marine in planning for retirement. Upon completion, file a copy of this checklist in the Marine's service record and forward the request via unit diary or other appropriate means to HQMC. For administrative purposes, the Marine's parent command will retain the checklist until the actual retirement date.

## GENERAL:

1. I understand that by applying for retirement, I:

a. Remain liable for assignment or training until my release from active duty.

b. May be approved for a date other than the date requested, as dictated by needs of the service, service limitations or the laws and policies relating to retirements.

c. May not incur a voluntary service obligation which extends beyond my requested or approved retirement date.

d. May have to reimburse the Government for the cost of advanced education equal to any unserved or unearned portion of a service commitment incurred due to advanced education assistance programs.

## EFFECTS OF RETIREMENT ON PROMOTION ELIGIBILITY:

2. I understand that my request to retire has the following effects on promotion eligibility:

a. For an enlisted Marine, my request for retirement will cause my deletion from promotion eligibility. Exception: If I have twice failed selection and my EAS is after the adjournment date of the board, I may request via AA form to be considered for promotion while voluntarily processing for retirement. I understand that this request must be submitted to HQMC (MMSR-2 and MMPR) at the time I request retirement.

#### RETIREMENT PREAPPLICATION CHECKLIST

b. If, in the case of an officer, I am selected for promotion after having submitted my request to retire, I understand that I must request withdrawal of my retirement or refuse the promotion in writing to CMC (MMPR). Additionally, an approved retirement date that occurs within 90 days of the convening date of a promotion board for which I am to be considered, will cause my deletion from the eligibility zone and counts as a failure of selection should I successfully withdraw my retirement at a later date.

### WITHDRAWAL OF APPROVED RETIREMENT OR EXTENSION OF RETIREMENT DATE:

3. I understand that once my request for retirement has been submitted to HQMC:

a. I may  $\underline{NOT}$  request withdrawal of my application for retirement or extend the effective date except for one of the following reasons:

- For a fully documented hardship that has occurred since my application was submitted.
- In the best interest of the Marine Corps
  (I understand that this determination will ultimately be made by HQMC
  and not by my present command)

b. Requests for modification will not be favorably considered, in the event PCS orders were canceled.

c. I can expect to retire on the date approved by CMC unless I am placed on legal or on medical hold, as authorized only by HQMC, prior to my actual retirement date. I understand that if I am at service limitations or otherwise pending mandatory retirement, a deferment for medical reasons may only be accomplished if I <u>HAVE A COMPLETE MEDICAL BOARD ACCEPTED BY THE</u> **PRESIDENT OF THE PEB OR I AM HOSPITALIZED ON MY ACTUAL RETIREMENT DATE**.

d. A request to modify a retirement date must be submitted with appropriate justification and command endorsements no less than 45 days prior to the approved retirement date.

#### TERMINAL LEAVE:

4. If I plan to request leave in conjunction with my retirement (Terminal Leave), I understand that:

a. I must apply for retirement to allow at least 4 months of lead time for processing of my application and issuing of orders. This lead time is to afford CMC (MMOA/MMEA/MMSR) sufficient opportunity to slate a replacement and properly process my request. Justification for a waiver to the submission time frame must be forwarded in writing.

b. Authorization for terminal leave is not guaranteed. Terminal leave is granted at the commander's prerogative.

#### RETIREMENT PREAPPLICATION CHECKLIST

c. I may not extend my approved retirement date nor does my command have the authority to extend it, solely to allow me to take terminal leave.

d. I will not commence terminal leave until I have an approved retirement date and all retirement processing is complete.

e. Departure on terminal leave constitutes my acknowledgment that all required medical and administrative requirements, have been completed.

#### UNDERSTANDING OF RETIRED PAY COMPUTATION:

5. I have been counseled on the effect that my proposed retirement date will have on my retired pay:

a. I understand that the Defense Finance and Accounting Service Cleveland (DFAS-CL) computes retired pay under the applicable formula established by law, according to my grade and years of service.

b. I understand that military members are paid a specific amount of basic pay when they have served one day past any longevity increase point established within each pay grade. To receive retired pay at any longevity increase point I must have completed the full number of years of service plus one day.

c. Constructive service for enlisted members, and credit for inactive reserve service as outlined in paragraph 1402 of MCO 1900.16E may be credited to my retired pay multiplier. I understand how my retired pay multiplier will be credited and my retired pay calculated per paragraph 1405 of this Manual.

d. I fully understand that I may not extend my retirement date, once a date has been requested, solely to increase my retired pay.

e. I understand that if I have received separation, severance or readjustment pay under any provision of the law for service in the armed forces, and if I am now qualified for retired pay, DFAS-CL will reduce each payment of retired pay until the total amount deducted equals the amount of Separation, severance or readjustment pay.

6. Whether retirement is a voluntary decision or due to service limitations imposed by law or policy, the transition from active duty can be challenging. Ensuring that you understand the laws and policies that affect your retirement and answering any questions you may have regarding the above is an essential part of the process. Headquarters, U.S. Marine Corps is committed to assisting in making your retirement processing and subsequent transition as smooth as possible.

RETIREMENT PREAPPLICATION CHECKLIST

### ACKNOWLEDGMENT OF UNDERSTANDING:

I acknowledge that I have been advised of the effects of my retirement application, the consequences of its official submission  $_{1}\,\,\text{and}\,\,\text{I}$  am satisfied that all topics in this checklist have been adequately covered. I intend to request retirement effective\_\_\_\_\_ for the following reason:

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have been advised of this Marine's desire to request to retire and have discussed with this Marine his/her desire for a retirement ceremony.

Commanding Officer \_\_\_\_\_ Date \_\_\_\_\_