

## Survivor Benefit Plan (SBP) Counseling Verification

After receiving in-depth, personal counseling, reviewing the Survivor Benefit Plan (SBP) options available to me, I, (name) \_\_\_\_\_, (relationship to deceased member) \_\_\_\_\_, desire the following SBP election on behalf of (deceased member's name) \_\_\_\_\_, (SSN) \_\_\_\_\_ and have selected one option, below, indicated by my initials:

     1. **Spouse and Child.** I understand that children are contingent beneficiaries and only receive the annuity if I die or remarry prior to age 55. I also understand that Spouse SBP is offset dollar for dollar by Spouse Dependency & Indemnity Compensation (DIC) received from the Department of Veterans Affairs (VA).

     2. **Child Only - Spouse Excluded.** I desire the Marine Corps to make this SBP election on my behalf. I understand that this election authorizes all my military spouse's eligible children to receive an equal share of the SBP annuity. Eligible children will receive the annuity until age 18, age 22 if a full-time student, or for the lifetime of a child who is incapable of self-support. Marriage at any age permanently terminates the child's eligibility. When the last child loses eligibility, the SBP annuity payments terminate. I understand SBP coverage for the child(ren) cannot be transferred to SBP "spouse only" coverage.

     3. **Insurable Interest.** I desire the Marine Corps to make this SBP election on my behalf. I state the member was not married when he died and I was his/her dependent for ID card purposes on the date of death. A copy of my dependent ID card is attached as verification.

The following dependent information is provided:

Name (Last, First, M.I.)	Date of Birth (YYMMDD)	SSN	Relationship	Disabled (Yes/No)

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CACO Signature and Ph#

\_\_\_\_\_  
Date

Fax to: 703-784-9834  
703-784-4134

**ENCLOSURE ( 1 )**