

## REQUEST FOR CONTINUATION PAY (BLENDED RETIREMENT SYSTEM)

The proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Section 331 and Section 373 of Title 37, US Code, and Executive Order 9397 (SSN) as amended.

**PRINCIPAL PURPOSE:** To explain the conditions under which continued entitlement of the Continuation Pay may be terminated and unearned portion of advanced incentive payments recouped. The purpose of soliciting the SSN is for positive identification. Information may be referred to appropriate authorities if individual becomes subject to termination and/or recoupment of incentive.

**ROUTINE USES:** Data collected is used to document a Soldier's additional obligated service period; to document the Continuation Pay (Blended Retirement) for continued service; to explain the conditions of the entitlement; and to document a Soldier's formal acknowledgement of the retention incentive obligations.

**DISCLOSURE:** Voluntary. However, failure to furnish information requested may result in denial of reenlistment in the Army.

**CITATION:**

### AGREEMENT

1. NAME ( <i>Last, First, MI</i> )	2. SSN
3. Organization/Unit	4. Retention Control Number (RCN)

1. I understand that I am receiving Continuation Pay (CP), as part of the Blended Retirement System (BRS), in return for my continued service in the: U.S Army / U.S. Army Reserve / U.S. Army National Guard (circle one).
2. I agree to accept CP in the amount of \$\_\_\_\_\_ for Additional Obligated Service (AOS) from: \_\_\_\_\_ to \_\_\_\_\_.  
(obligation start date)                      (obligation end date)
3. Payment shall be paid in accordance with ASA (M&RA) Implementing Guidance, *date*.
4. This CP is in addition to any other career bonuses which I may be (or become) eligible for and will not count toward the \$200,000 limit on incentive payments over my career, unless those other incentives specifically require consideration of this CP in the calculation of career incentives.
5. I understand the incentive payment will be subject to income tax withholdings in accordance with DOD 7000.14-R, *Financial Management Regulation*, Vol. 7A.
6. I understand that a portion of my incentive may be allocated to my Thrift Savings Plan (TSP), based on my TSP elections in effect at the time payment is received.
7. The incentive program is a voluntary retention program; I will not be voluntarily released from my current duty status before fulfilling the term of AOS agreed to in paragraph 1, above.
8. I understand that I must complete the BRS opt-in procedures prior to completion of my twelfth (12th) year of service, based on my Pay Entry Basic Date (PEBD), in order to be eligible to receive CP.
9. The effective date of my entitlement to CP is the date this request is approved by the Approval Authority or the date I opt-in to BRS, whichever occurs later.
10. I request my CP to be paid out as follows: (Select One)  
 In one single, lump-sum payment                       In equal, annual payments to be paid out over the next \_\_\_\_\_ years  
(2, 3, or 4)
11. I understand that failure to complete the AOS agreed to in paragraph 1, above, may result in termination of this agreement and repayment of any unearned portion of the CP payment on a pro rata basis, unless the failure to complete the AOS specified in this agreement is due to:
  - a. Death, illness, injury, or other physical impairment that is not the result of my own misconduct or willful negligence, or is the result of any other circumstance determined to be reasonably beyond my control and not incurred during a period of unauthorized absence; or
  - b. Separation from military service by operation of law or regulation of DoD or the Army, when waiver for recoupment has been approved by the Secretary of the Army, or his designee.

5. SIGNATURE OF RECIPIENT	6. DATE (YYYYMMDD)	7. SIGNATURE OF CAREER COUNSELOR	8. DATE (YYYYMMDD)
9. SIGNATURE OF APPROVAL AUTHORITY	10. DATE (YYYYMMDD)		