

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 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. SEX (<i>Select</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female	3. DATE OF BIRTH (<i>YYYYMMDD</i>)	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 (<i>X one or more, as appropriate</i>)	
<p>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. Surrogacy access permissions may be restricted in accordance with applicable State, Federal and HIPPA laws and regulations.</p> <p><input type="checkbox"/> Financial Agent (FA). Assists the beneficiary with financial matters.</p> <p><input type="checkbox"/> Legal Agent (LA). Assists the beneficiary with legal matters.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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 to include Custodians and ex-spouse parents supported by documentation that includes but is not limited to legal custody court orders and divorce decrees granting the ex-spouse custody of the beneficiary.</p> <p><input type="checkbox"/> 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.</p>	

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.

23. CERTIFYING OFFICIAL SIGNATURE	24. DATE SIGNED
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