<u>INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2, "APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT"</u>

The DD Form 1172-2 shall be used to apply for issuance of a DD Form 3208, Uniformed Services Identification (USID) Card (Armed Forces of the United States Geneva Conventions Identification Card, Sponsor Identification and Privilege Card, and Dependent Identification and Privilege Card), and a Common Access Card (CAC), for eligible individuals who are not enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) via an authoritative feed. The DD Form 1172-2 shall also be used to enroll eligible individuals in DEERS or to update an eligible individual's DEERS record by submitting the form to a Verifying Official (VO) at any Real-Time Automated Personnel Identification System (RAPIDS) Site. Retention and disposition of the DD Form 1172-2 shall be in accordance with uniformed services' regulatory instructions.

Notes:

- DoD sponsors enrolling their dependents in DEERS should complete Sections I, II, and V.
  - Dependents not previously enrolled in DEERS can be added by their Sponsor in the ID Card Office Online (IDCO) Family ID Cards site. Adding the family members will digitally create and sign the DD Form 1172-2 and electronically submit to RAPIDS. The form is saved under the Sponsor's DEERS record.
  - For dependents already enrolled in DEERS, their sponsor may logon to ID Card Office Online (IDCO) to request an ID card for their dependents online and digitally create and sign the DD Form 1172-2. Once the sponsor verifies their dependent via IDCO, the DD Form 1172-2 is saved under the dependent's DEERS record.

- DoD sponsors updating their own status or adding a personnel condition impacting benefits (e.g., overseas assignment) should complete Sections I and II.

- Eligible employees applying for a CAC should complete Sections I and II (and Section IV if a Foreign Affiliate on orders to the U.S. with authorized dependents). The DD Form 1172-2 should then be provided to a DoD sponsor for authorization and completion of Section III.

- DoD personnel sponsoring an eligible individual for a CAC should complete Section III.

- For certain populations, a paper form will not be required (e.g., populations entered into RAPIDS via the Mission Partner Identity, Credential and Access Management (MP ICAM) System).

- A DD Form 577 (signature card) for DoD personnel completing Section III must be on file at the issuing site for CAC applicants using the DD Form 1172-2 for enrollment. The DD Form 577 may be completed with either a wet or digital signature, selecting the format which will be used to sign the DD Form 1172-2. If both signature formats will be used, a DD Form 577 for each format must be completed and on file at the issuing site.

SECTION I – SPONSOR/EMPLOYEE INFORMATION

Block 1. Name. Enter the sponsor/employee's LAST name, enter the FIRST name, and then enter the MIDDLE initial or the full MIDDLE name. Use no more than 51 characters. ***Required data element.***

- The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial.
- The name cannot contain any special characters nor is any punctuation permitted.

Block 2. Sex. Enter the sponsor's/employee's sex from the valid codes listed in Table 1. Use one character.

Table 1. Sex Abbreviations

CODE	SEX
M	Male
F	Female

Block 3. Social Security Number (SSN) or DoD Identification (ID) Number/Electronic Data Interchange Personal Identifier (EDIPI). Enter the sponsor/employee's SSN or DoD ID Number. ***Required data element.***

- In cases where an employee has not been issued a SSN or DoD ID Number, an Individual Taxpayer Identification Number (ITIN) or Foreign National Identification Number (FNIN) can be provided.
- If neither number is available, a Foreign Identification Number (FIN) will be generated by the system. A FIN (assigned as 900-00-0000F and up) will be assigned and automatically generated for eligible foreign nationals who do not have a SSN.
- A SSN or ITIN is the preferred identifier for initial enrollment. Only in cases where neither is available should an alternate be used.

    For VOs: If a SSN or DoD ID Number is already registered in DEERS for another individual, STOP processing and verify the number. If verification confirms duplication of the SSN by the Social Security Administration, continue processing and the system shall automatically generate a duplicate control number for the additional sponsor/employee.

Block 4. Status. Enter the sponsor's/employee's status from the valid codes listed in Table 2. If unsure of status, leave blank. Use no more than six characters.

Table 2. Status Codes

CODE	STATUS
ACADMY	Academy or Navy Officer Candidate School (OCS) Student
AD	Active duty (excluding Guard and Reserve on extended active duty for more than 30 days)
AD-DEC	Active duty deceased
CIV	Civilian
CONTR	Contractor

CODE	STATUS
DAVDEC	100-percent disabled veteran deceased (either temporary (TMP) or permanent (PRM)
DAVPRM	100-percent disabled veteran, permanent disability
DAVTMP	100-percent disabled veteran, temporary disability
FP	Foreign military personnel
FMRMR	Former member who is in receipt of retired pay for non-regular service but who has been discharged from the Service and maintains no military affiliation
FMRDEC	A former member who qualified for retired pay for non-regular service at his or her sixtieth birthday, before his or her discharge from the Service, but died while in receipt of retired pay
GRD	National Guard (all categories)
GRDDEC	National Guard deceased
GRD-AD	Guard on extended active duty for more than 30 days
MH	Medal of Honor recipient
MH-DEC	Medal of Honor recipient deceased
OTHER	Non-DoD eligible beneficiaries (including credit union employees, and other civilians employed in support of U.S. forces overseas, who are authorized benefits and privileges)
PDRL	Retired member, on the Permanent Disability Retired List (PDRL)
PR-APL	Prisoner or Appellate leave
RCL-AD	Recalled to active duty
RES	Reserve (all categories)
RES-AD	Reserve members on extended active duty for more than 30 days
RESDEC	Reserve deceased
RESRET	National Guard and Reserve members who retire, but are not entitled to retired pay until age 60
RET	Retired member entitled to retired pay
RETDEC	Deceased retired member entitled to retired pay. Code applies to active duty retired, Retired Reserve beginning on their 60th birthday, the TDRL, and the PDRL.
SSB	Special Separation Benefits (SSB) recipient member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
TDRL	Retired member, on the TDRL
TA-RES	Selected Reserve Transition Assistance Management Program members and their eligible dependents
TA-30	Involuntarily separated member of Reserve or Guard Component entitled to 30 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-60	Involuntarily separated member with 60 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-120	Involuntarily separated member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-180	Involuntarily separated member with 180 days medical benefits (CHAMPUS/TRICARE and MTF).
VSI	Voluntary Separation Incentive (VSI) recipient with 120 days medical benefits (CHAMPUS/TRICARE and MTF)

Block 5. Organization. Enter the sponsor/employee's organization, branch, or service from the valid codes listed in Table 3. Use no more than five characters.

Table 3. Organization/Branch/Service Codes

CODE	ORGANIZATION/BRANCH/SERVICE
USA	U.S. Army
USAF	U.S. Air Force
USN	U.S. Navy
USMC	U.S. Marine Corps
USCG	U.S. Coast Guard
USPHS	U.S. Public Health Service

NOAA	National Oceanic and Atmospheric Administration
DoD	Department of Defense
FED	Employee of an Agency other than DoD
OTHER	Used when the sponsor/employee is not affiliated with one of the uniformed services listed above

Block 6. Pay Grade. Enter the sponsor's/employee's pay grade from the valid codes listed in Table 4. Use no more than four characters.

Table 4. Pay Grade Codes

CODE	PAY GRADE
El-E9	Enlisted pay grades 1 through 9
W1-W5	Warrant officer pay grades 1 through 5
STDT	Academy and/or Navy OCS student (ENTER PAY GRADE IF STDT RECEIVING PAY)
001-011	Officer pay grades 1 through 11 (011 is reserved)
GS01-GS18	Federal employees with General Schedule pay grades
NF1-NF6	Federal employees with Nonappropriated Fund pay grades
OTHER	Other (non-uniformed service) pay grades not defined above, to include all contractors
N/A	Not applicable. Use this code with the Block 4 status codes of "FMRMR" or FMRDEC"

Block 7. GEN. CAT (Geneva Convention Category). Leave this block blank. This block is automatically generated by DEERS/RAPIDS with the valid codes listed in Table 5.

Table 5. GEN CAT

CODE	GEN CAT
I	Category I (pay grades E1 through E4)
II	Category II (pay grades E5 through E9)
III	Category III (pay grades W1 through 003 and/or Cadets and/or Midshipmen)
IV	Category IV (pay grades 004 through 006)
V	Category V (pay grades 007 through 011)
N/A	Not applicable (non-protected personnel)

Block 8. Citizenship. Enter the sponsor's/employee's appropriate country of citizenship from the valid codes listed in Table 6. Use three characters.

Table 6. Country Abbreviations

Afghanistan	AFG		Brazil	BRA		El Salvador	SLV
Akrotiri	XQZ		British Indian Ocean Territory	IOT		Equatorial Guinea	GNQ
Albania	ALB					Eritrea	ERI
Algeria	DZA		Brunei	BRN		Estonia	EST
American Samoa	ASM		Bulgaria	BGR		Ethiopia	ETH
Andorra	AND		Burkina Faso	BFA		Etorofu Habomai Kunashiri and Shikotan Islands	XQP
Angola	AGO		Burma	MMR			
Anguilla	AIA		Burundi	BDI			
Antarctica	ATA		Cambodia	KHM		Europa Island	XEU
Antigua and Barbuda	ATG		Cameroon	CMR		Falkland Islands (Islas Malvinas)	FLK
Argentina	ARG		Canada	CAN			
Armenia	ARM		Cape Verde	CPV		Faroe Islands	FRO
			Cayman Islands	CYM		Fiji	FJI
Aruba	ABW		Central African Republic	CAF		Finland	FIN
Ashmore and Cartier Islands	XAC					France	FRA
			Chad	TCD		French Guiana	GUF
Australia	AUS		Chile	CHL		French Polynesia	PYF
Austria	AUT		China	CHN		French Southern and Antarctic Lands	ATF
Azerbaijan	AZE		Christmas Island	CXR			
Bahamas, The	BHS		Clipperton Island	CPT		Gabon	GAB
Bahrain	BHR		Cocos (Keeling) Islands	CCK		Gambia The	GMB
Baker Island	XBK					Gaza Strip	XGZ
Bangladesh	BGD		Colombia	COL		Georgia	GEO
Barbados	BRB		Comoros	COM		Germany	DEU
Bassas da India	XBI		Congo (Brazzaville)	COG		Ghana	GHA
			Congo (Kinshasa)	COD		Gibraltar	GIB
Belarus	BLR		Cook Islands	COK		Glorioso Islands	XGL
Belgium	BEL		Coral Sea Islands	XCS		Greece	GRC
Belize	BLZ		Costa Rica	CRI		Greenland	GRL
Benin	BEN		Cote DIvoire	CIV		Grenada	GRD
Bermuda	BMU		Croatia	HRV		Guadeloupe	GLP
Bhutan	BTN		Cuba	CUB		Guam	GUM
Bolivia	BOL		Curacao	CUW		Guantanamo Bay Naval Base	AX2
Bonaire, Sint Eustatius, and Saba	BES		Cyprus	CYP			
			Czech Republic	CZE		Guatemala	GTM
Bosnia and Herzegovina	BIH		Denmark	DNK		Guernsey	GGY
			Dhekelia	XXD		Guinea	GIN
Botswana	BWA		Diego Garcia	DGA		Guinea-Bissau	GNB
Bouvet Island	BVT		Djibouti	DJI		Guyana	GUY
			Dominica	DMA		Haiti	HTI
			Dominican Republic	DOM		Heard Island and McDonald Islands	HMD
			Ecuador	ECU			
			Egypt	EGY		Honduras	HND
						Hong Kong	HKG

Howland Island	XHO	Maldives	MDV	Peru	PER
Hungary	HUN	Mali	MLI	Philippines	PHL
Iceland	ISL	Malta	MLT	Pitcairn Islands	PCN
India	IND	Marshall Islands	MHL	Poland	POL
Indonesia	IDN	Martinique	MTQ	Portugal	PRT
Iran	IRN	Mauritania	MRT	Puerto Rico	PRI
Iraq	IRQ	Mauritius	MUS	Qatar	QAT
Ireland	IRL	Mayotte	MYT	Reunion	REU
Isle of Man	IMN	Mexico	MEX	Romania	ROU
Israel	ISR	Micronesia, Federated States of	FSM	Russia	RUS
Italy	ITA	Midway Islands	XMW	Rwanda	RWA
Jamaica	JAM	Moldova	MDA	Saint Barthelemy	BLM
Jan Mayen	XJM	Monaco	MCO	Saint Helena, Ascension, and Tristan da Cunha	SHN
Japan	JPN	Mongolia	MNG	Saint Kitts and Nevis	KNA
Jarvis Island	XJV	Montenegro	MNE	Saint Lucia	LCA
Jersey	JEY	Montserrat	MSR	Saint Martin	MAF
Johnston Atoll	XJA	Morocco	MAR	Saint Pierre and Miquelon	SPM
Jordan	JOR	Mozambique	MOZ	Saint Vincent and the Grenadines	VCT
Juan de Nova Island	XJN	Namibia	NAM	Samoa	WSM
Kazakhstan	KAZ	Nauru	NRU	San Marino	SMR
Kenya	KEN	Navassa Island	XNV	Sao Tome and Principe	STP
Kingman Reef	XKR	Nepal	NPL	Saudi Arabia	SAU
Kiribati	KIR	Netherlands	NLD	Senegal	SEN
Korea, North	PRK	New Caledonia	NCL	Serbia	SRB
Korea, South	KOR	New Zealand	NZL	Seychelles	SYC
Kosovo	XKS	Nicaragua	NIC	Sierra Leone	SLE
Kuwait	KWT	Niger	NER	Singapore	SGP
Kyrgyzstan	KGZ	Nigeria	NGA	Sint Maarten	SXM
Laos	LAO	Niue	NIU	Slovakia	SVK
Latvia	LVA	Norfolk Island	NFK	Slovenia	SVN
Lebanon	LBN	Northern Mariana Islands	MNP	Solomon Islands	SLB
Lesotho	LSO	Norway	NOR	Somalia	SOM
Liberia	LBR	Oman	OMN	South Africa	ZAF
Libya	LBY	Pakistan	PAK	South Georgia and South Sandwich Islands	SGS
Liechtenstein	LIE	Palau	PLW		
Lithuania	LTU	Palestinian Territory	PSE	South Sudan	SSD
Luxembourg	LUX	Palmyra Atoll	XPL	Spain	ESP
Macau	MAC	Panama	PAN	Spratly Islands	XSP
Macedonia	MKD	Papua New Guinea	PNG	Sri Lanka	LKA
Madagascar	MDG	Paracel Islands	XPR		
Malawi	MWI	Paraguay	PRY		
Malaysia	MYS				

Sudan	SDN
Suriname	SUR
Svalbard	XSV
Swaziland	SWZ
Sweden	SWE
Switzerland	CHE
Syria	SYR
Taiwan	TWN
Tajikistan	TJK
Tanzania	TZA
Thailand	THA
Timor-Leste	TLS
Togo	TGO
Tokelau	TKL
Tonga	TON
Trinidad and Tobago	TTO
Tromelin Island	XTR
Tunisia	TUN
Turkey	TUR
Turkmenistan	TKM
Turks and Caicos Islands	TCA
Tuvalu	TUV
Uganda	UGA
Ukraine	UKR
United Arab Emirates	ARE
United Kingdom	GBR
United States	USA
Unknown	AX1
Uruguay	URY
Uzbekistan	UZB
Vanuatu	VUT
Vatican City	VAT
Venezuela	VEN
Vietnam	VNM
Virgin Islands. British	VGB
Virgin Islands, U.S.	VIR
Wake Island	XWK
Wallis and Futuna	WLF
West Bank	XWB
Western Sahara	ESH
Yemen	YEM

Zambia	ZMB
Zimbabwe	ZWE

Block 9. Date of Birth. Enter the sponsor's/employee's date of birth, four-digit year, two-digit month, and two-digit day format (YYYYMMDD). Use nine characters. ***Required data element.***

Block 10. Place of Birth. Enter the sponsor's/employee's place of birth, including city, state, and country, if outside the United States.
- Enter the state of the sponsor's/employee's place of birth from the valid codes listed in Table 7.
- If place of birth is a foreign country, enter the country from the valid codes listed in Table 6.

<p align="center">Table 7. State Abbreviations</p>

Alabama	AL	Kentucky	KY	Oklahoma	OK
Alaska	AK	Louisiana	LA	Oregon	OR
American Samoa	AS	Maine	ME	Pennsylvania	PA
Arizona	AZ	Maryland	MD	Puerto Rico	PR
Arkansas	AR	Massachusetts	MA	Rhode Island	RI
California	CA	Michigan	MI	South Carolina	SC
Colorado	CO	Minnesota	MN	South Dakota	SD
Connecticut	CT	Mississippi	MS	Tennessee	TN
Delaware	DE	Missouri	MO	Texas	TX
District of Columbia	DC	Montana	MT	Utah	UT
Florida	FL	Nebraska	NE	Vermont	VT
Georgia	GA	Nevada	NV	Virginia	VA
Guam	GU	New Hampshire	NH	Virgin Islands	VI
Hawaii	HI	New Jersey	NJ	Washington	WA
Idaho	ID	New Mexico	NM	West Virginia	WV
Illinois	IL	New York	NY	Wisconsin	WI
Indiana	IN	North Carolina	NC	Wyoming	WY
Iowa	IA	North Dakota	ND		
Kansas	KS	Ohio	OH		

Block 11. Current Home Address. Enter the street number, street name, and apartment number (if applicable) of the sponsor's/employee's *current* home address. Use no more than 27 characters.
- If sponsor is deceased or if address is unknown, leave blank.

Block 12. City. Enter the sponsor's/employee's *current* city of residence. Use no more than 18 characters.
- If the sponsor's/employee's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO.
- If the sponsor is deceased or city is unknown, leave blank.

Block 13. State. Enter the correct U.S. postal code for the state of the sponsor's/employee's residence from the valid codes listed in Table 7. Use two characters.
- If the sponsor's/employee's address is an APO or FPO, enter the correct APO or FPO State.
- If the sponsor/employee lives outside of the 50 United States, the District of Columbia, or one of the listed territories and possessions, leave blank.
- If the sponsor is deceased or if the state is unknown, leave blank.

Block 14. ZIP Code. Enter the correct nine-digit ZIP code of the sponsor's/employee's *current* residence address in the following format: "123456789." Use no more than nine characters.
- If the last four digits are unknown, enter four zeros (0000); e.g., "123450000."
- If the sponsor/employee does not reside in one of the 50 states, the District of Columbia, or one of the territories or possessions, enter the applicable foreign ZIP code, or APO or FPO number.
- If the sponsor is deceased or if the ZIP code is unknown, leave blank.

Block 15. Country. Enter the sponsor's/employee's correct country of residence from the valid abbreviations listed in Table 6. Use three characters.
- If the sponsor/employee's address is an APO or FPO, the country must be "US."
- If country is unknown, enter AXI.

Block 16. Primary E-mail Address. Enter the sponsor's/employee's home/personal e-mail address as applicable.
- This block may be left blank.
- The "Permission to use for benefits notifications" checkbox can be checked to verify permission for DoD to contact the included email address with DoD- and Department of Veterans Affairs (VA)-related benefits notifications.

Block 17. Telephone Number. Enter the sponsor's/employee's *current* residence, duty, or business telephone number beginning with the area code. Use no more than 10 characters.
- Do not use punctuation to separate area code, prefix, and basic number.
- This block may be left blank.

Block 18. City of Duty Location. Enter the city of the sponsor's/employee's duty location.

Block 19. State of Duty Location. Enter the correct U.S. postal code for the state of the sponsor's/employee's duty location from the valid codes listed in Table 7. Use two characters.
- If the sponsor's/employee's address is an APO or FPO, enter the correct APO or FPO State.
- If the sponsor/employee lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, leave blank.
- If the sponsor is deceased or if the state is unknown, leave blank.

Block 20. Country of Duty Location. Enter the correct country of the sponsor's/employee's duty location from the valid codes listed in Table 6. Use three characters.
- If the country is not listed, enter AXI.

SECTION II – SPONSOR/EMPLOYEE DECLARATION AND REMARKS

Block 21. Remarks. Enter the method of verification and further explanation of qualifying status.
- Qualifying status may include SF 52, sponsoring agency, and period of DEERS enrollment, or other appropriate comments, such as particular work assignment.
- This section may be left blank, or prepopulated by the VO.

Block 22. Sponsor/Employee Signature. Block must contain the sponsor's/employee's signature.
- *For wet signatures:* If the DD Form 1171-2 is not signed in the presence of the VO at the time of DEERS enrollment, the wet signature must be notarized. The notary seal and signature should be placed in the right margin of Block 21.
- A digital signature does not require notarization.
- The following exceptions to this requirement are authorized:
    1. Unremarried or unmarried former spouses shall sign for themselves.
    2. When the sponsor is deceased, the survivors shall sign for themselves.
    3. When the sponsor is unavailable for signature, the VO shall ensure that the dependency between the sponsor and family member exists. The VO shall follow the guidance provided in the applicable Uniformed Service regulation.

Block 23. Date Signed. Enter the date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), that the DD Form 1172-2 Block 22 was signed.

SECTION III – AUTHORIZED BY (DoD CAC Sponsors Only)

Block 24. Sponsoring Office Name. Enter the name of the organization the employee works for or is assigned to.
- The sponsoring official shall be a uniformed service member or civilian employee working for the sponsoring organization (e.g., the Government Program Manager, Contracting Officer, Contracting Officer's Representative, or MP ICAM Sponsor).

Block 25. Contract Number. Enter the contract number for the purposes of entry into MP ICAM.

Block 26. Sponsoring Office Address. Enter the street number, street name, apartment number (if applicable), city, state, and zip code of the employee's sponsoring office address. See Table 7 for state abbreviations.

Block 27. Sponsoring Office Telephone Number. Enter the sponsoring office telephone number beginning with the area code. Use no more than 14 characters.
• Do not use punctuation to separate area code, prefix, and basic number.

Block 28. Office Email Address. Enter the employee's office e-mail address, as applicable.

Block 29. Overseas Assignment. Enter the employee's country of assignment. See Table 6 for country codes.
• Obtain this information from the employee's Travel Authorization.

Block 30. Overseas Assignment Begin Date. Enter the employee's effective begin date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), for the overseas assignment.
• Obtain this information from the employee's Travel Authorization.

Block 31. Overseas Assignment End Date. Enter the employee's effective end date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), of the overseas assignment.
• The period of employment may be obtained from the employee's Travel Authorization.

Block 32. Eligibility Effective Date. Enter the date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), the employee's qualifying status begins.

Block 33. Eligibility Expiration Date. Enter the date, four-digit year, three alpha-character month, and two-digit day format (YYYMMMDD), the employee's qualifying status ends, not to exceed three years.

Block 34. Sponsoring Official Name. Enter the name of the sponsoring official. Use no more than 51 characters.

Block 35. Unit/Organization Name. Enter the unit and/or command name for the sponsoring official. Use no more than 26 characters.

Block 36. Title. Enter the sponsoring official's title. Use no more than 24 characters.
• Include: Government Program Manager, Contracting Officer, Contracting Officer's Representative, or MP ICAM Sponsor, as applicable.

Block 37. Pay Grade. Enter the sponsoring official's pay grade. Use no more than four characters.
Block 38. Signature. The sponsoring official must sign in that block.

Block 39. Date Verified. Enter the date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), that the DD Form 1172-2 Block 38 was signed.

SECTION IV – VERIFIED BY

Block 40. Verifying Official Name (Last, First, Middle Initial). Enter the VO's LAST name first, enter the FIRST name, and then enter the MIDDLE initial or the full MIDDLE name. Use no more than 51 characters.

Block 41. Site Identification. Enter the VO's 6-digit site ID.

Block 42. Telephone Number (Include Area Code/DSN). Enter the VO's duty-station or business telephone number beginning with the area code. Use no more than 10 characters.
- Do not use punctuation to separate area code, prefix, and basic number.

Block 43. Signature. VO must sign in the block.

SECTION V – DEPENDENT INFORMATION

Section A (Blocks 40-51)

Block 44. Name. Enter the dependent's LAST name first, enter the FIRST name, and then enter the MIDDLE initial or the full MIDDLE name. Use no more than 51 characters. ***Required data element.***
- The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial.
- The name cannot contain any special characters nor is any punctuation permitted.

Block 45. Sex. Enter the dependent's sex from the valid codes listed in Table 1. Use one character.

Block 46. Date of Birth. Enter the dependent's date of birth, four-digit year, two-digit, and two-digit day format (YYYYMMDD). ***Required data element.***

Block 47. Relationship. Enter the dependent's relationship to the sponsor from the valid abbreviations listed in Table 9.

Table 9. Relationship Codes

CODE	RELATIONSHIP
CH	Child
DB	DoD Beneficiary
FC	Foster Child
PAR	Parent
PL	Parent-in-law
PACH	Pre-adoptive Child
SP	Spouse
SC	Stepchild
STP	Stepparent
SPL	Stepparent-in-law
UMW	Unmarried Widow(er)

URW	Unremarried Widow(er)
WARD	Ward

Block 48. SSN or DoD ID Number. Enter the dependent's SSN, DoD ID number/EDIPI, ITIN or temporary identification number (TIN). ***Required data element.***
- A TIN will be automatically generated by RAPIDS and assigned for categories of beneficiaries who do not yet have SSNs, such as newborns and foreign spouses, awaiting a SSN, or for those who do not have and are not eligible for a SSN. Direct care at military treatment facilities will be suspended if a SSN is not provided within 270 days.
- For initial enrollment a SSN, ITIN or TIN is preferred, and an alternate should not be used unless the SSN, ITIN or TIN is unavailable.

Block 49. Current Home Address. Enter the street number, street name, and apartment number (if applicable) of the sponsor's/employee's *current* home address.

Block 50. Primary E-mail Address. Enter the dependent's preferred e-mail address as applicable.
- This block may be left blank.
- For dependents aged 18 and older, check "Permission to use for benefits notifications (18 and above)" to verify permission for DoD to contact the included email address with DoD- and Department of Veterans Affairs (VA)-related benefits notifications.

Block 51. Telephone Number. Enter the dependent's primary telephone number beginning with the area code. Use no more than 10 characters.
- Do not use punctuation to separate area code, prefix, and basic number.
- This block may be left blank.

Block 52. City. Enter the dependent's current city of residence.
- If the dependent's address is an APO or FPO, enter the designation APO or FPO.

Block 53. State. Enter the correct U.S. postal code for the state of the dependent's residence from the valid codes listed in Table 7. Use two characters.

Block 54. Zip Code. Enter the correct nine-digit ZIP Code of the dependent's current residence address in the following format: "123456789."
- If the last four digits are unknown, enter four zeros (0000); e.g., "123450000."
- If the dependent does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number.

Block 55. Country. Enter the dependent's correct country of residence from the valid abbreviations listed in Table 6. Use three characters.
- If the dependent's address is an APO or FPO, the country must be "US."
- If country is unknown, enter AXI.

Block 56. Eligibility Effective Date. Enter the date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), the when the dependent's qualifying status began.

Block 57. Eligibility Expiration Date. Leave blank.

Sections B (Blocks 58-71). Enter information following the instructions in Section A.

SECTION VI - RECEIPT

Block 72. Signature. Card recipient must sign in the block. If the recipient is incapable of signing, the condition must be indicated in that block.

Block 73. Date Issued. Enter the date, four-digit year, two-digit, and two-digit day format (YYYYMMDD), the recipient acknowledged receipt of the ID card. Use nine characters.