

APPLICATION FOR RETIRED PAY

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 1401, Computation of Retired Pay; AFJ 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members; and E.O. 9397.

PURPOSE: Completed form designates Reserve member request to receive retired pay at age 60.

ROUTINE USE: None. Furnishing the information is voluntary. However, if you do not disclose this information, receipt of your retired pay may be delayed.

WILLIAM WRIGHT PETER LT COL 254-06-1569
(Full Name, Rank, and Social Security Number) (Please Print)

do hereby apply for retired pay under the provision of Title 10 U.S.C., Section 12731, to be effective on birthday or approved Reduced Retired Pay Age Date

2018 04 09

, normally the 60th

I have completed and am returning the attached form along with this application.

☒ DD Form 2656, Data for Payment of Retired Personnel. Instructions are on pages 7, 8, and 9.

NOTE: Part III, Section IX and X of DD Form 2656 to be completed only if a previous election had not been made.

IN ORDER TO ESTABLISH THE RETIRED PAY ACCOUNT, BOTH THE ARPC FORM 83 AND DD FORM 2656 (JAN 2018) MUST BE COMPLETED, SCANNED AND SAVED IN ADOBE FORMAT. FORMS MUST BE SUBMITTED IN ONE OF THE FOLLOWING METHODS:

Preferred Method:

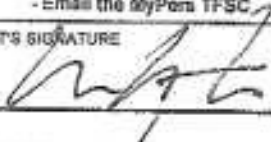
Log into MyPers at <https://mypers.af.mil/>

- Select "Contact us"
- Email the MyPers TFSC

Mail to:

HQ ARPCDPTTR
10420 E SILVERCREEK AVE BLDG 390 MS68
BUCKLEY AFB, CO 80011-9502

APPLICANT'S SIGNATURE



DATE (YYYYMMDD)

20190508

FOR ARPC USE ONLY

From: BOSKET, JONELL SMSgt USAF AFRC 22 AF/CSS
Sent: Tuesday, May 1, 2018 11:05 AM
To: STOKES, KENYA C MSgt USAF AFRC 94 FSS/FSMPM <kenya.stokes@us.af.mil>
Cc: BARNES, STEPHANIE V Maj USAF AFRC 22 AF/CSS
<stephanie.barnes.6@us.af.mil>; WALTER, ROBERT L JR CMSgt USAF AFRC 94
FSS/FSMP <robert.walter@us.af.mil>
Subject: FW: FOUO\\FOUO: AF IMT 1288 - Lt Col Petit

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Good Morning MSgt Stokes,

MSgt McLean should have return Lt Col Petit back to retired reserved effective 9 Apr 18. He is still on the UPMR.

v/r

SMSgt bosket

From: BOSKET, JONELL SMSgt USAF AFRC 22 AF/CSS
Sent: Friday, April 6, 2018 9:11 AM
To: MCLEAN, DEBORAH L MSgt USAF AFRC 94 FSS/FSS <deborah.mclean@us.af.mil>
Cc: BARNES, STEPHANIE V Maj USAF AFRC 22 AF/CSS
<stephanie.barnes.6@us.af.mil>; FORD, BRITTANY E SrA USAFR AFRC 94 FSS/FSMPD
<brittany.ford.2@us.af.mil>
Subject: FOUO\\FOUO: AF IMT 1288 - Lt Col Petit

This e-mail contains FOR OFFICIAL USE ONLY (FOUO)

Good Morning MSgt McLean,

Information regarding the extension request can be found at https://mypers.af.mil/app/answers/detail/a_id/34336or%20fo (https://mypers.af.mil/app/answers/detail/a_id/34336or%20fo) for questions on how to process these applications, please contact the Total Force Service Center at 1-800-525-0102.

Please log into myPers to view the attachments for Indispensability guidance.

Respectfully,
ARPC/DPAA, Reserve Assignment Branch

[---001:001730:33160---]

In accordance with Regular Air Force (RegAF) or Reserve Retiree to Air Force Reserve (AFR) Indispensability Policy (June 2017), your initial 2-year contract HAS expired. Although your AFSC 11X is currently exempt, you are required to complete a new contract in order to continue to serve in the Selected Reserve. Individuals without a valid contract submitted as of 31 Mar 2018, will be returned to retired status effective 1 Apr 2018.

Information regarding the extension request can be found at https://mypers.af.mil/app/answers/detail/a_id/34336 (https://mypers.af.mil/app/answers/detail/a_id/34336) or for questions on how to process these applications, please contact the Total Force Service Center at 1-800-525-0102.

Please log into myPers to view the attachments for Indispensability guidance.

Respectfully,
ARPC/DPAA, Reserve Assignment Branch

Response Via Email(myPers - Total Force Service Center) - 01/24/2018 02:54 PM AFSC is EXEMPT - Need contract - Pending Action

[--001:002239:15955--]

MEMBER NAME (Last, First, Middle Initial)

Petit, William Wright

SSN

254 06 1569

36. SPECIAL NEEDS TRUST (Check only if you intend to designate a special needs trust (SNT) as beneficiary for a child/children designated in Item 32e, as disabled. must elect either 34b, 34c, or 34d, to be eligible to designate an SNT. See DoDI 1332.42 for procedures for designating an SNT.)

☐ I INTEND TO DESIGNATE AN SNT AS BENEFICIARY FOR THE CHILD OR CHILDREN DESIGNATED AS DISABLED IN BLOCK 32.
(It is your responsibility to separately submit a written statement of the decision to have the annuity paid to the SNT, an attorney's certification of that SNT, and the name and tax identification number for the SNT.)

37. INSURABLE INTEREST BENEFICIARY (See instructions prior to completing this section - DO NOT complete if you have an ELIGIBLE SPOUSE or FORMER SPOUSE)

a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. RELATIONSHIP
e. STREET (Include apartment number)	f. CITY	g. STATE	h. ZIP CODE
i. TELEPHONE (incl. area code)	j. EMAIL ADDRESS		

38. FORMER SPOUSE INFORMATION (Complete only if you have a former spouse)

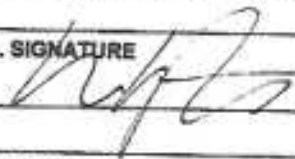
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)	d. DATE OF DIVORCE (YYYYMMDD)
e. TELEPHONE (incl. area code)	f. EMAIL ADDRESS		

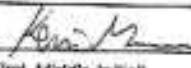
PART IV - CERTIFICATION

SECTION XI - CERTIFICATION

39. MEMBER

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S.C. §287 and §1001) provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both). Also, I understand that if I elected less than full SBP coverage for my spouse, I will need my spouse's notarized concurrence signed no earlier than the date of my signature and prior to the date of my retirement; otherwise, by law, I will automatically be covered at the maximum spouse coverage.

a. NAME (Last, First, Middle Initial) Petit, William W	b. SIGNATURE 	c. DATE SIGNED (YYYYMMDD) 2019/05/08
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40. WITNESS 	a. NAME (Last, First, Middle Initial) Kevin	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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d. UNIT OR ORGANIZATION ADDRESS (Include room number) 22AF Dobbins AFB Room 269	e. CITY/BASE OR POST Dobbins AFB	f. STATE GA	g. ZIP CODE 30069
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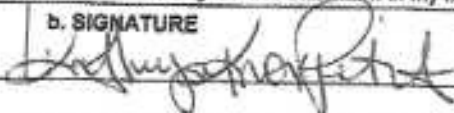
PART V - SPOUSE SBP CONCURRENCE

Required ONLY when the member is married and elects either: (a) child only SBP coverage; (b) does not elect full spouse SBP coverage; or (c) declines SBP coverage. The date of the spouse's signature in Block 41c MUST NOT be before the date of the member's signature in Block 39c, or on or after the date of retirement listed in Part I, Section I, Block 4. The spouse's signature MUST be notarized.

SECTION XII - SBP SPOUSE CONCURRENCE

41. SPOUSE

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.

a. NAME (Last, First, Middle Initial) Petit Kathryn Knox	b. SIGNATURE 	c. DATE SIGNED (YYYYMMDD) 5-8-2019
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42. NOTARY WITNESS

On this 1st day of May, 2019, before me, the undersigned notary public, personally appeared (Name of Spouse in Block 41a.)

provided to me through satisfactory evidence of identification, which were

to be the person whose name is signed in block 41, a. of this document in my presence.

Signature of Notary  My Commission Expires 11-09-19



ITEM 18. Enter the number of exemptions claimed.

ITEM 19. Enter the dollar amount of additional Federal income tax you desire withheld from each month's pay. Leave blank if you do not desire additional withholding.

ITEM 20. Enter the word "EXEMPT" in this item only if you meet all the following criteria: (1) you had no Federal income tax liability in the prior year; (2) you anticipate no Federal income tax liability this year; and (3) you therefore desire no Federal income tax to be withheld from your retired/retainer pay. NOTE: You must file a new exemption claim form with DFAS - Cleveland by February 15th of each year for which you claim exemption from withholding.

ITEM 21. If you are not a U.S. citizen, provide, on an additional sheet, a list of all periods of ACTIVE DUTY served in the continental U.S., Alaska, and Hawaii. Indicate periods of service by year and month only. List only service at shore activities; do not report service aboard a ship.

For example:

FROM (Year/Month)	DUTY STATION	TO (Year/Month)
1994/02	NAVSTA, Norfolk, VA	1995/01

NOTE: This information may affect the portion of retired/retainer pay which is taxable in accordance with the Internal Revenue Code if you maintain a permanent residence outside the U.S., Alaska, or Hawaii.

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING.

Complete this section only if you want monthly state tax withholding. If you choose not to have a monthly deduction, you remain liable for state taxes, if applicable.

ITEM 22. Enter the name of the state for which you desire state tax withheld.

ITEM 23. Enter the dollar amount you want deducted from your monthly retired/retainer pay. This amount must not be less than \$10.00 and in whole dollars (Example: \$50.00, not \$50.25).

ITEM 24. Enter only if different from the address in Item 9.

PART II - LUMP SUM ELECTION.

OPTIONAL. Only complete Part II if you are:

- Covered under the Blended Retirement System; AND,
- Want to elect a partial lump sum of retired pay

If you are not covered under the Blended Retirement System or do NOT want to elect a partial lump sum, proceed to PART III of the form.

SECTION VIII - BLENDED RETIREMENT SYSTEM LUMP SUM ELECTION.

ITEM 25. Indicate in Item 25.a OR 25.b whether you intend to receive a 25 percent or 50 percent lump sum of retired pay.

ITEM 26. If indicating in Item 25.a or 25.b that you desire to receive a lump sum of retired pay, indicate in 26.a through 26.d whether you would like that in one payment or a series of equal, annual installments over 2, 3, or 4 years.

ITEM 27. Before signing in Item 28, you must read the considerations listed in Item 27. You are highly encouraged to review your options with a financial professional and compare your estimated retirement benefits with or without a lump sum using the online calculator located at <http://militarypay.defense.gov/calculators/BR3>.

ITEM 28. If you mark Items 25 and Items 26, you must sign in the block at 28.a, and indicate the date you are signing in 28.b. The date in 28.b must be at least 90 days prior to the date of your retirement or the date you transfer to the Fleet Reserve (shown in Item 4, this is also the same date indicated on your DC 108 request for retirement). If you are a Reserve/National Guard member qualified to receive retired pay with a non-regular retirement, the date in 28.b must be 90 days prior to the date upon which you will be eligible to begin receiving retired pay (shown in Item 4, this is also the same date indicated on your DD 108 request for retirement).

If you are NOT electing a lump sum of retired pay, DO NOT SIGN Item 28.

PART III - SURVIVOR BENEFIT PLAN.

It is very important that you are counseled and are fully aware of your options under the Survivor Benefit Plan (SBP). SBP pays your eligible beneficiary or beneficiaries an inflation-protected annuity, based on your retired pay, in the event of your death. The cost of SBP is subsidized by the government, but you will be required to pay a portion of the cost of SBP through deductions from your retired pay. All retiring active duty members and all members of the Reserves / National Guard who complete 20 qualifying years of service are automatically fully covered under the SBP or the Reserve Component SBP (RC-SBP) unless electing to reduce or decline this coverage. There are special requirements for reducing or declining coverage that are covered in Part III.

SECTION IX - DEPENDENCY INFORMATION.

ITEM 29. Provide your spouse's name, SSN, and date of birth. If no current spouse, enter "N/A" and proceed to Item 32.

ITEMS 30 and 31. Enter the date and location of your marriage to your current spouse. In Item 30, if marriage occurred outside the United States, include city, province, and name of country.

ITEM 32. If you do not have dependent children, enter "N/A" in this item. If you do have dependent children, provide the requested information. Designate which children resulted from marriage to a former spouse, if any, by indicating (FS) after the relationship in Item 32.d.

ITEM 32.e. Enter YES or NO as appropriate. A disabled child is an unmarried child who meets one of the following conditions: a child who has become incapable of self-support before the age of 18, or, a child who has become incapable of self-support after the age of 18 but before age 22 while a full-time student. If answering yes, attach documentation.

SECTION X - SURVIVOR BENEFIT PLAN (SBP) ELECTION.

In this section, you will be able to indicate your desired SBP election and designate the beneficiary for SBP in the event of your death. If you make no election, you will automatically receive maximum coverage for all eligible family members (spouse and/or children). If you elect to reduce or decline your coverage, your spouse will have to concur with that decision. You may discontinue your SBP participation within one year after the second anniversary of the commencement of retired/retainer pay. Termination of SBP is effective the first of the month after DFAS-Cleveland receives the SBP disenrollment request. There will be no refund of SBP costs paid for the period before the SBP disenrollment. You are advised to consult with a SBP Counselor or Retirement Services Officer prior to completing this section.

ITEM 33. RESERVE COMPONENT ONLY. Information to complete this section can be found on the DD Form 2658-5 you submitted when you were first notified that you had completed 20 years of creditable service, known as your "Notification of Eligibility." Reserve or National Guard members who previously completed 20 qualifying years of service are automatically covered under the RC-SBP unless electing, within 90 days of receiving their Notification of Eligibility, to decline this coverage. Indicate in Item 33.a., 33.b., or 33.c. your previous election. If you elected immediate coverage (Item 33.c, or "Option C"), elected coverage to begin at age 60 (Item 33.b, or "Option B") or made no election previously, this remains your coverage and cannot be changed. However, Reserve/National Guard members who declined to make an election until reaching the age of eligibility to receive retired pay (Item 33.a, or "Option A"), or who were unmarried and had no eligible children at initial RC-SBP election and made no subsequent RC-SBP election must complete Items 34 and 35 (and items 36 through 38 if applicable). If you elected either Immediate (Option C) or Deferred (Option B) RC-SBP coverage and the elected beneficiary is no longer eligible, provide supporting documentation with this form.

ITEM 34. Enter your desired coverage in Items 34.a through 34.g. You may only select one item. If you elect 34.a, 34.c, or 34.g, you MUST also indicate whether you are declining coverage for other eligible dependents.



Humana Military
PO Box 740061
Louisville, KY 40201-7461
HumanaMilitary.com

May 10, 2021

WILLIAM PETTIT
2378 SAINT DAVIDS SQ NW
KENNESAW, GA 30152-6705

TRICARE PROGRAM: TRS

AMOUNT DUE NOW: \$43018.90

Thank you for choosing TRICARE.

We recently submitted your TRICARE reconsideration request and are pleased to inform you that your request has been approved. In order to process your request, a payment is needed in the amount shown above.

Payments can be made securely online by visiting <https://infocenter.humana-military.com/beneficiary/payment>, through our free Humana Military mobile app, or by calling 1-800-444-5445 and selecting Payments from the Automated Services menu. If the requested payment is not received within 15 days from the date of this letter, we will close your reconsideration request.

If you have questions or need assistance, please visit Beneficiary Self-Service online at HumanaMilitary.com/beneficiary to take advantage of our chat and secure messaging features, or contact one of our customer service representatives at (800) 444-5445. We will be glad to assist you.

Sincerely,

Humana Military
Billing and Enrollment

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER
BUCKLEY AFB, COLORADO 80011-9502

RESERVE ORDER
EK - 3189

3 JUL 2019

LTC PETIT WILLIAM WRIGHT
1392 TORPIN HILL CT NW
KENNESAW GA 30152-8275

254-06-1569

IS RELIEVED FROM CURRENT ASSIGNMENT, ASSIGNED TO THE RETIRED RESERVE SECTION AND
PLACED ON THE USAF RETIRED LIST EFFECTIVE AS INDICATED BELOW ENTITLED TO ARMED FORCES
IDENTIFICATION CARD. DD FORM 2 AF (RESERVE) (RED).

CURRENT ASSIGNMENT FOR WHICH RELIEVED.
(PAS: R90MFT29)

DATE ASSIGNED TO
RETIRED RESERVE
9 APR 2018

RETIRED RESERVE SECTION : ZA

DATE OF BIRTH: 5 NOV 1965

RETIREMENT IDENTIFICATION CODE: X6

AUTHORITY: 10 USC 12731

REASON
ELIG FOR RETIRED PAY EXCEPT FOR
ATTAINMENT OF ELIGIBILITY AGE

REMARKS

TRANSFER TO RETIRED RESERVE PRECLUDES PROMOTION/PROMOTION
CONSIDERATION. +
RETIRED PAY GRADE = (O5) LIEUTENANT COLONEL

FOR THE COMMANDER

OFFICIAL
RAMON ROLDAN, DAF
CHIEF, TRANSITION DIVISION

DISTRIBUTION
EK
RO EK - 3189