

ACTIVE DUTY BLENDED RETIREMENT SYSTEM (BRS) CONTINUATION PAY STATEMENT OF UNDERSTANDING (SOU)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form.

AUTHORITY: 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074f; 37 U.S.C. 365; 32 CFR 64.4; DoDI 1215.13, DoDI 3001.02; CJCSM 3150.13C; DoDI 6490.03; MCMEDS: SECNAVINST 1770.3D; MCO 7220.50B; E.O. 9397 (SSN), as amended; and SORN M01040-3 available at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>.

PRINCIPAL PURPOSE(S): To record a Marine's eligibility and election to accept or deny Continuation Pay.

ROUTINE USE(S): Information will be accessed by M&RA personnel with a need to know to process continuation pay requests to meet the purpose. Information may be provided to the Internal Revenue Service to report taxable earnings and taxes withheld, accounting, and tax audits, and to compute or resolve tax liability or tax levies; to the National Finance Center, Office of Thrift Savings Plan, for participating service members. A complete list and explanation of the applicable routine uses is published in the authorizing SORN.

DISCLOSURE: Voluntary; however, failure to provide the requested information by the time instructed by the member's branch of Service could result in an irrevocable determination affecting the amount of retired pay the individual may later qualify to receive and disqualification for electing the Continuation Pay.

SECTION I - PERSONAL IDENTIFICATION

1. NAME (Last, First, MI)	2. EDIPI	3. RANK	4. PEBD (YYYYMMDD)
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SECTION II - CRITERIA OF ELIGIBILITY

5. To be eligible, you must:
- (1) Be on active duty (Active Component) and
 - (2) Have elected to Opt-in the BRS, or automatically enrolled into the BRS (if joined the Marine Corps after 1 January 2018) and
 - (3) Have served in the Uniformed Service for greater than 11 years of service, but fewer than 12 years as calculated by your PEBD and
 - (4) Have never accepted Continuation Pay in the BRS before and
 - (5) Not have orders directing separation from the Marine Corps.

Initials	a. I am eligible for Continuation Pay.
Initials	b. I am not eligible for Continuation Pay.

To make a decision, fill out section III or section IV, but not both.

SECTION III - ELIGIBLE AND ELECTING TO ACCEPT CONTINUATION PAY

Complete this section only if you are eligible and you desire to receive Continuation Pay. Return this form to your unit personnel administration.

Initials	6. I understand that by accepting Continuation Pay, I agree that I have to serve an additional four (4) years of Active Duty service in the active component. I also understand that if I fail to serve the four (4) years of obligated service in the active component I will be required to pay back the unearned portion of Continuation Pay. The unearned portion of Continuation Pay is that portion associated with any part of the (4) year service obligation I am unable to complete. Reference MCBul 1800 for the multiplier amount. I understand that I will receive (fill in the blank) ____X my base pay at the over 12 years of service rate of Continuation Pay.
Initials	7. I understand that my acceptance of Continuation Pay and agreement to serve an additional four (4) years of Active Duty service in the active component does not obligate the Marine Corps to retain me for the entirety of that additional service obligation.
Initials	8. I understand that if the Marine Corps elects not to retain me, for any reason, for the entirety of the additional four (4) year service obligation incurred by accepting Continuation Pay, I may be required to pay back the unearned portion of Continuation Pay.
Initials	9. I understand that failure to get my election for Continuation Pay witnessed and submitted prior to my twelve (12) years of service from Pay Entry Base Date (PEBD) may jeopardize my Continuation Pay election and could result in rejection.

a. I elect to receive continuation pay in ("X" the desired option):

(1) Lump Sum (2) Two Installments (3) Three Installments (4) Four Installments

Note: When accepting installments, the second and later payments will be made on the PEBD anniversary.

b. SIGNATURE

c. DATE SIGNED

SECTION IV - ELIGIBLE AND NOT ELECTING TO ACCEPT CONTINUATION PAY

Complete this section only if you are eligible and you desire **NOT** to receive Continuation Pay. Then return this form to your Career planner (Enlisted Marines) or S1 (Officers).

10. I understand that although I am eligible to accept Continuation Pay, I am declining to the offer. I also understand that I will not have any further opportunity to elect to receive Continuation Pay.

a. SIGNATURE

b. DATE SIGNED

SECTION V - WITNESSING OFFICER Completed by a Commissioned Officer or CWO

a. PRINTED NAME (Last, First, MI)

b. RANK/PAY GRADE

c. POSITION/DUTY TITLE

d. ORGANIZATION

e. SIGNATURE

f. DATE SIGNED

SECTION VI - ADMINISTRATOR RECORDING THE DECISION

a. PRINTED NAME (LAST, FIRST, MI)

d. RANK/PAY GRADE

c. SIGNATURE

d. DATE SIGNED