

DESIGNATION OF BENEFICIARIES & RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, & 44 USC 3101.
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Homeland Security/U. S. Coast Guard civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the employee or contractor. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will cause delay in notifying next of kin, and delay processing of benefits to undesignated beneficiaries, if applicable. Choices not recorded will be treated as "Default per Coast Guard policy."
 Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information."

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Designation of Beneficiaries/Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed; for example, as result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Homeland Security/U. S. Coast Guard to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the department or your employer.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. Name (Last, First, Middle Initial):		2. Employee ID Number (EMPLID) (if none, enter SSN):	
3a. Service/Civilian Category: <input type="checkbox"/> USCG Active <input type="checkbox"/> USCG Reserve <input type="checkbox"/> USCG Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Branch/Component): _____			3b. Unit:
4a. Spouse's Name (if applicable) (Last, First, Middle Initial)		4b. Spouse's Address (Include Zip Code) and Telephone Number	
4c. Your Marital Status (if married enter spouse's name above): <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
5a. Children - Name (Last, First, Middle Initial)	5b. Relationship	5c. Date of Birth	5d. Address (include zip code) and Telephone number
6a. Father Name (Last, First, Middle Initial)		6b. Address (include zip code) and telephone number (If deceased enter "deceased")	
7a. Mother Name (Last, First, Middle Initial)		7b. Address (include zip code) and telephone number (If deceased enter "deceased")	
8a. Do not notify due to ill health		8b. Notify Instead (Last, First, Middle Initial)	
9a. Designated Person(s) Last, (First, Middle Initial)		9b. Address (include zip code) and telephone number	

SECTION 2 – PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS (MILITARY ONLY)

10a. Name (Last, First, Middle Initial)	10b. Address (including zip code) & Phone	10c. Relationship	10d. Percentage

SECTION 3 – BENEFICIARY(IES) FOR DEATH GRATUITY (MILITARY ONLY)

11a. Name (Last, First, Middle Initial)	11b. Address (including zip/postal code) & Phone (including area/country code)	11c. Relationship	11d. Percentage

SECTION 4 – BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES (SHARES MUST EQUAL 100%) (MILITARY ONLY)

12a. Name (Last, First, Middle Initial)	12b. Address (including zip code) & Phone	12c. Relationship	12d. Percent
12e. (Enter "N/A" if block above is 100%)	12f.	12g.	12h.

SECTION 5 – PERSON AUTHORIZED TO DIRECT DISPOSITION OF REMAINS (PADD):

13a. Name (Last, First, Middle Initial)	13b. Address (including zip code) & Phone	13c. Relationship

SECTION 6 – PERSON ELIGIBLE TO RECEIVE EFFECTS (PERE):

14a. Name (Last, First, Middle Initial)	14b. Address (including zip code) & Phone	14c. Relationship
14d.	14e.	14f.

15. Continuation/Remarks (E.G. LOCATION OF WILL, OTHER LIFE INSURANCE COMPANIES TO NOTIFY, RELIGIOUS PREFERENCE, ANNUAL VALIDATION, ETC.): Continued on a separate sheet? Yes No

_____: reviewed, no changes. _____: reviewed, no changes.
 (date) (member's signature) (date) (member's signature)

_____: reviewed, no changes. _____: reviewed, no changes.
 (date) (member's signature) (date) (member's signature)

16. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	17. SIGNATURE OF WITNESS (Include printed name, rank, rate, or grade)	18. Date Signed
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INSTRUCTIONS

Distribution: CG Military Personnel, **Original** – Servicing Personnel Office for filing in Section 4 of SPO PDR, **Copy (1)** – Send to CGPSC (PSD-MR) for the EI-PDR, **Copy (2)** – File in Section 4 of Unit PDR. Civilians- **Original** unit file.

All fields must be completed as described in the following item-by-item instructions. If you do not desire to make an election for an optional designation, such as in Section 2 - Person to Receive Allotment of Pay if Missing or Unable to Transmit Funds, or as in Section 3 – Beneficiary for Death Gratuity, enter “None”. Do not enter “By Law” or leave any beneficiary designation field blank. “Not Applicable or “N/A” may be used in item 4a. “Not Applicable or “N/A” may be also be used in 12e if only one beneficiary for unpaid pay and allowances is desired. In the event there is insufficient space on the form to enter all your designations, you may attach a separate sheet. It must include your name, rate/rank, and employee ID number and the block number ("continued") and also be signed and dated.

Use YYYYMMDD format for all dates. For example, 20 February 2008 would be entered as 2008FEB20.

Provide the zip code or international postal code with all mailing addresses.

Provide the area code and, for non U. S. numbers, the country code, for all telephone numbers.

Section 1 – Emergency Contact Information

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter the member’s employee ID number. If none, enter the social security number (SSN).

ITEM 3a. Service. Mark X in appropriate block.

ITEM 3b. Enter unit name.

ITEM 4a. Spouse Name. Enter last name, first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block in item 4c. (“Never Married”, “N/A”, “None” or “Not Applicable” may be entered, in which case a block in 4c must be checked.)

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4c is marked, enter “Not Applicable or “N/A”.

ITEM 4c. See ITEM 4a instructions (above).

ITEM 5a-d. Children. Enter last name, first name and middle initial, relationship, and date of birth of all children. **If none, so state.** Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial. Enter “Deceased” or “Unknown” if applicable.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial. Enter “Deceased” or “Unknown” if applicable.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, enter “Not Applicable or “N/A”.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

SECTION 2 – Person to Receive Allotment of Pay if Missing or Unable to Transmit Funds

ITEM 10(a-d). **This election is OPTIONAL.** A member may designate a person to receive up to 100 percent of their pay (**the amount can be less than 100%**) if the member is missing or captured. The “Missing Persons Act” provides that pay and allowances continue to accrue to the pay account of any service member for the period he or she is missing or captured and may be paid to the dependents for support. This item reflects the desires of the designator and is used as a guide in the disposition of his/her pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

Section 3 – Beneficiary for Death Gratuity Pay

This election is OPTIONAL. Death gratuity originally provided for the immediate living expenses of family members. It is an entitlement paid to a beneficiary even if the deceased member was indebted to or overpaid by the Coast Guard. Federal law [10 U.S.C. 1475-1480, as amended by Public Law 102-190 and Public Law 110-181] authorizes paying a Death Gratuity to the survivor(s) or designated beneficiary(ies) of a Coast Guard regular member, or of a reserve member serving with or without pay, who dies:

- While traveling to/from AD/ADT/IDT or while on active duty or while on ADT/IDT;
- If a member who dies within 120 days of their separation date or most recent reserve service, the survivors are also authorized a Death Gratuity, IF the Department of Veterans Affairs (DVA) determines the death was service connected.

ITEM 11a. Enter last name(s), first name(s), and middle initial(s), of the person(s) to receive death gratuity pay.

A member has a personal option to designate one or more living persons to receive part or all of the death gratuity. Only living persons may be designated. Formal or blood relationship is not required. A maximum of ten (10) living persons may be designated to receive portions. Portions may be specified only in 10% increments. If the portions add up to less than 100% then the remainder will be paid by law according to the default precedence of payment.

If the member does not wish to designate a beneficiary, enter "None." Undesignated portions will be paid by law according to the default precedence list. The designation of any person to receive a portion of the death gratuity must indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. The full amount of death gratuity is payable to someone, even if the member enters “None” or chooses some percentages that add up to less than 100%. If the member chooses to designate less than the full amount, or enters “None,” or leaves the block blank or if the form is destroyed then the balance will be paid in the default precedence of payment, as follows:

Please note, per P.L 110-181, the option to designate a beneficiary or a contingent beneficiary to receive the death gratuity no longer exists. Under the new law, a person you name to receive a portion or all of the death gratuity has precedence over your spouse, children, etc.

- (1) To the surviving spouse of the member, if any (does not include an ex-spouse);
- (2) To any surviving “children” of the person and the descendants of any deceased children by representation;
- (3) To the surviving “parents” or the survivor of them;
- (4) To the duly-appointed executor or administrator of the estate of the person;
- (5) If none of the above, then to other next-of-kin of the person under the laws of domicile of the person at the time of the person's death.

“Parents” include biological fathers and mothers as well as fathers and mothers through adoption. Only one father and one mother may be recognized. Preference goes to those who exercised a parental relationship most recently prior to the date the deceased member entered a duty status that created an entitlement to death gratuity.

“Children” applies without regard to age or marital status to legitimate children, adopted children, stepchildren who were part of the deceased member’s household at the time of death, and illegitimate children of a deceased female member. The illegitimate children of a deceased male member are also included if at least one of the following is true: they were acknowledged in writing signed by the member, or were judicially determined, before the death of the member, to be his children, or they are otherwise proved, by evidence satisfactory to the Secretary of Veterans Affairs, to be the member’s children, or the deceased member had been judicially ordered to contribute to their support.

A member should make clear designations, as it expedites payment. Seek legal advice if naming a minor child as a beneficiary.

If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the member’s Commanding Officer is required to notify the spouse, in writing, about the designation. (See letter on page 6).

ITEM 11b. Enter beneficiary(ies) full mailing address (with zip/postal code) and telephone number (with area/country codes).

ITEM 11c. Enter beneficiary’s relationship to the member (e.g. “Brother”, “Uncle”, “Friend”, “Fiancée”, “Fiancé”, etc.).

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate (must be in 10% increments). The sum cannot exceed 100% (Note: If the full amount is not designated (i.e., less than 100%), the balance will be paid using the default precedence described in the instructions for Item 11a). Any beneficiary named must have a percentage specified.

SECTION 4 – Beneficiary(ies) for Unpaid Pay and Allowances

ITEM 12. Any unpaid pay and allowances found due a deceased member on the date of their death must be paid to the member's survivors. Amounts due could include per diem, travel, transportation of dependents, transportation of household goods, etc.,. Members may designate whomever they want to be their beneficiary(ies) for unpaid pay and allowances. If more than one beneficiary is designated, the total of all shares must equal 100%.

Payment Order of Precedence: The order of precedence for payment of unpaid pay and allowances is:

- **Beneficiary(ies) designated on Form CG-2020D.**
- Spouse.
- Child (ren) and descendants of deceased children by representation.
- Parents or to the survivor of them.

Duly appointed legal representative of the deceased member's estate, or if there be none, to the person(s) entitled by the state laws of the deceased members domicile.

SECTION 5 – Person Authorized to Direct Disposition of Remains (PADD)

ITEM 13. Enter the name, address, phone number and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. NOT APPLICABLE to civilians.

You are required to designate a PADD who will take charge of the arrangements for the disposition of your remains if you die while in the Coast Guard. The Coast Guard will seek disposition instructions in a specific order if there is a problem with your authorization. There would be a problem if your authorization is unclear, absent, or invalid, or if unable to contact the designated PADD, or if the designated PADD declines involvement. For example, a PDR damaged in a flood might be unreadable.

A member must revise or revalidate the PADD designation:

- Upon marriage. Date of designation on form CG-2020D must be on or after the date of marriage.
- Upon losing a spouse (death, divorce, annulment). Without a new designation the default order of precedence will be used.

Only the following persons may be named as a PADD:

- a. spouse (an ex-spouse is not a spouse);
- b. adult child;
- c. "parent", which includes biological fathers and mothers as well as fathers and mothers through adoption. Preference is given to those who exercised a parental relationship on the date, or most nearly before the date, on which the deceased member entered their current duty status. If parents are otherwise equal then the elder will be approached as PADD;
- d. adult sibling; or, if none are known or alive then any relative may be designated or finally a close friend.

If there is a problem with your authorization the Coast Guard follow the following default order of precedence in seeking disposition directions: spouse, adult child (eldest first), parent, adult sibling (eldest first), closest available adult relative (if any), or a close friend. If none are know or available then the Coast Guard will act as PADD.

The PADD may direct the transfer of disposition authority to other kin or to the Coast Guard.

SECTION 6– Person Eligible to Receive Effects (PERE)

ITEM 14. Enter the name, address, phone number and relationship of the Person Authorized to Receive your Personal Effects (PERE) should you become a casualty. Only the following persons may be named as a PERE: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

Block 15 – Continuation/Remarks

Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/JohnJ./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. This block may also be used to record annual validation, the member may certify all items to be correct by entering "Reviewed, no changes" along with the date and his/her signature. If additional space is required, attach a supplemental sheet of standard bond paper with the information.