

Regular Air Force / Space Force Former Spouse Application – Attachment 1

The Air Force Former Spouse Determination program is governed by Air Force Instruction (AFI) 36-3026, Vol 1, Chapters 3 and 21. Additional guidance may be found on myFSS.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 53, Miscellaneous Rights and Benefits; 10 U.S.C. Chapter 54, Commissary and Exchange Benefits; 10 U.S.C. Chapter 55, Medical and Dental Care; 50 U.S.C. Chapter 23, Internal Security; DoD Instruction 1341.2, Defense Enrollment Eligibility Reporting System (DEERS) Procedures; Air Force Instruction 36-3026_IP, Volume 1, Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel; Homeland Security Presidential Directive 12, Policy for a Common Identification Standard for Federal Employees and Contractors; and E.O. 9397 (SSN), as amended. **PRINCIPAL PURPOSE(S):** Used to determine eligibility for enrollment in the Defense Enrollment Eligibility Reporting System (DEERS) for DoD benefits and privileges. These benefits and privileges include, but are not limited to, medical coverage, DoD Identification Cards, and access to DoD installations, buildings or facilities. **ROUTINE USE(S):** In addition to use described in principal purposes section above, other routine uses may include to the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program. Additional Routine Uses can be found in system of records notice DMDC O2, at: <https://dpcl.d.defense.gov/portals/49/documents/privacy/SORNs/OSDJS/DMDC-02-DoD.pdf?ver=2019-12-09-111827-743> Applicant information is also subject to computer matching within the Department of Defense or other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed. **DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System, refusal to grant access to DoD installations, buildings, facilities, computer systems and networks. **Penalty for presenting false claims or making false statements in connection with claims: fine of up to \$10,000 or imprisonment for up to five years or both.**

Customer Service Representative submit application to myFSS

In rare cases where customers are unable to travel or not near an Air Force or Space Force personnel office, they may seek assistance by contacting the **Total Force Service Center 1-800-565-0102.**

IMPORTANT: Please be aware, when emailing, large file size may impact receipt of your documents. Please send an additional, separate email with no attachments to confirm the Former Spouse Determination Team has received your application. Note, if all required information in Sections 1 and 2 of this application are not completed, including required documents are missing, the request for a DEERS eligibility determination will be returned without further action. See Section 3 for minimum required documents.

SECTION 1 - FORMER SPOUSE/SPONSOR IDENTIFICATION AND CONTACT INFORMATION

Former Spouse Information		Sponsor (Service Member) Information	
Name: (Last, First, MI)		Name: (Last, First, MI)	
SSN or DODID:		SSN or DODID:	
DOB:		DOB:	
Phone Number:		Rank:	
Email Address:		Select the current status of the sponsor:	<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired (from Active Duty)
Mailing Address:			

SECTION 2 - FORMER SPOUSE STATEMENT

I, _____ (Print First, MI, Last Name), am the former spouse of _____ (Print Rank, First, MI, Last Name) and to the best of my knowledge, I believe I qualify for Former Spouse benefits with the DEERS program.

- 1. I have / have not (**circle one**) remarried since the date marriage has terminated.
- 2. I do / do not (**circle one**) have medical coverage under an employer-sponsored health plan.
- * If I do have employer provided healthcare I will / will not (**circle one**) cancel it to accept TRICARE as my insurance.

Former Spouse Signature	Date Signed (MM/DD/YYYY)

SECTION 3 – MINIMUM REQUIRED DOCUMENTS

If you believe you are eligible for Former Spouse entitlements, please submit the following documents:

- 1. **Marriage certificate.** With certified translation if marriage occurred overseas.
- 2. **Divorce decree.** Must be dated/signed by convening authority/judge.
- 3. **Verification of creditable service.** Examples of creditable service documents for Active Duty and Retired Members - DD Form 214 or Statement of Service.
- 4. **Two forms of identity from list below** (at least one of the two MUST be an unexpired photo ID):
 - a. U.S. Passport or a U.S. Passport Card
 - b. Permanent Resident Card or an Alien Registration Receipt Card (Form I-551)
 - c. Foreign Passport
 - d. Driver’s license or an identification card issued by a state or possession of the United States, provided it contains a photograph.
 - e. United States Social Security Card issued by the Social Security Administration
 - f. Original or certified copy of a birth certificate issued by a state, county, municipal authority, possession, or outlying possession of the United States bearing an official seal
 - g. Certificate of U.S. Citizenship (Form N-560 or N-561)
 - h. Certificate of Naturalization (Form N-550 or N-570)
 - i. U.S. Citizen ID Card (Form I-197)
 - j. Identification Card for Use of Resident Citizen in the United States (Form I-179)
 - k. Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)