



# Former Spouse ID Card and Medical Information

## Table of Contents

Introduction	1
Medical, Commissary and Exchange Privileges	2
Restrictions and Where to Apply	3
How to Apply	4
Other Benefits	5
Frequently Asked Questions	6
Forms	7-9

### Provided by

COMMANDING OFFICER (LGL)  
UNITED STATES COAST GUARD  
PAY & PERSONNEL CENTER (PPC)  
444 SE QUINCY STREET TOPEKA  
KS 66683-3591

**Telephone**  
1-206-815-6821  
1-785-339-3788 (Fax)  
**E-Mail**  
[PPC-DG-LGL@uscg.mil](mailto:PPC-DG-LGL@uscg.mil)

# Introduction

Following a divorce, some former military spouses may be entitled to benefits such as continued coverage options under TRICARE and other identification card privileges. If a former military spouse meets the criteria for the "20-20-20 rule" or the "20-20-15 rule", they may be eligible for benefits even though they are no longer considered a "dependent" or a "military spouse".

The 20-20-20 rule requires:

20 years of marriage AND

20 years of service creditable for retirement pay AND

20 years overlap of marriage during military service.

The 20-20-15 rule requires:

20 years of marriage AND

20 years of service creditable for retirement pay AND

15 but less than 20 years overlap of marriage during military service.

The former spouse entitled to privileges will receive them only if they do not remarry. A 20-20-20 unremarried former spouse is entitled to eligible benefits for life. A 20-20-15 unremarried former spouse will be entitled to eligible benefits for 1 year from the date of divorce. Once eligibility is determined, those eligible will receive a new official USID card as their own sponsor/DoD Designated Beneficiary (DB). For most former spouses, the most important of these benefits is the eligibility to continue using TRICARE.

Specific details are contained in the following pages. Please review them carefully and, if you believe you are eligible, contact us for more information.

# Medical, Commissary and Exchange Privileges

**Background** The ID Card is the key for accessing your privileges. These benefits can include medical, commissary, exchange and theater privileges under Morale, Well-Being, and Recreation (MWR).

**Minimum Eligibility requirements.** Benefits are authorized only if **all three** of the following criteria are met:

1. The marriage lasted at least 20 years *and*
2. the member served at least 20 years service creditable for retired pay *and*
3. the marriage overlapped the service creditable for retired pay by 15 years or more.

**Benefits Authorized** The number of years the marriage overlapped the service creditable for retired pay determines the extent of the benefits as shown in the table below:

<b>IF minimum eligibility requirements are met and ...</b>	<b>Then Under...</b>	<b>Privileges entitled to...</b>
Marriage and service overlapped by at least 20 years	20-20-20 rule	<ul style="list-style-type: none"> <li>• Commissary</li> <li>• Exchange</li> <li>• MWR</li> <li>• Medical coverage provided the former spouse does not have an employer sponsored health plan.</li> </ul>
Divorced on or after 29 September 1988	20-20-15 rule	<ul style="list-style-type: none"> <li>• Medical coverage is authorized for one year from the date of divorce then the former spouse is offered an option to choose a conversion policy.</li> <li>• There are no entitlements for Commissary, Exchange or MWR.</li> </ul>

*Continued on next page*

# Restrictions and Where to Apply

## Restrictions

- All privileges are terminated if the former spouse remarries.
- TRICARE benefits terminate when a former spouse becomes eligible for Part A of Social Security Medicare benefits.

---

## Where to apply

- All initial determinations regarding former spouses must be approved by their specific branch of service.
- Coast Guard must contact 1-206-815-6821  
\*\*No other Coast Guard units are authorized to make this determination.
- Public Health Services must contact 1-240-453-6038  
\*\*No other PHS unit is authorized to make this determination.
- National Oceanic and Atmospheric Administration must contact 1-301-628-0917 \*\*No other NOAA unit is authorized to make this determination.
- Occasionally some required information may not be available. PPC may have to order the service member's record from the National Personnel Records Center. If a request for records is required, a delay of three months can be expected

# How to apply for ID Card and Medical

1. Complete the enclosed Statement of Former Spouse ([CG-2020C](#)).
2. Complete the enclosed application for Uniformed Services Identification Card ([DD Form 1172-2](#)), Blocks 1-20 pertain to the service member. Skip any information that you do not know. Blocks 44-57 pertain to you. Do NOT sign or notarize.
3. Enclose the following forms (translated if from a foreign country):
  - Certified copy of marriage certificate to former military spouse, or statement from appropriate state certifying common-law marriage.
  - Certified copy of divorce order/decreed from former military spouse.
  - Certified copy of divorce/annulment order/decreed from remarriage if applicable.
  - Copy of Social Security card.
  - Copy of a photo ID (identification card) issued by the federal or state government (e.g., Passport or driver license, but not military ID). Photo must be clear.
  - Verification of creditable service. Examples of creditable service documents for Active Duty and Retired Members include DD Form 214 or Statement of Creditable Service. For Reserve Retirement, a Points Statement.
  - If you are 65 or older or disabled, a certificate from Social Security Administration certifying whether you are eligible for Medicare Part A or a copy of your Medicare card.
4. Please scan and email all documentation, preferably in PDF format, to [patricia.j.freeman@uscg.mil](mailto:patricia.j.freeman@uscg.mil). If you are unable to scan or email, send the documents via mail to:

COMMANDING OFFICER (LGL)  
COAST GUARD PAY & PERSONNEL CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

***NOTE: Original documents will not be returned unless specifically requested and you send a self-addressed stamped envelope.***

---

*Continued on next page*

# Other Benefits

## **Conversion policy (CHCBP)**

The conversion policy known as the Continued Health Care Benefit Program (CHCBP) is available for the former spouse under the following eligibility requirements:

- For former spouses under the 20-20-15 rule divorced on or after 29 September 1988, within 60 days after expiration of the one year covered period, are eligible to elect transitional health coverage, at their cost, under CHCBP.
- Effective 1 October 1994, there is no minimum creditable service requirement for an unremarried former spouse. A former spouse must elect, within 60 days of divorce, health coverage, at a cost, under the CHCBP.

Additional information concerning CHCBP can be obtained by writing to or calling:

CHCBP ADMINISTRATOR  
HUMANA MILITARY HEALTHCARE SERVICES INC.  
PO BOX 740072  
LOUISVILLE KY 40201  
1-800-444-5445

---

## **Social Security Medicare benefits**

- When a former spouse becomes eligible for Part A of Social Security Medicare benefits, TRICARE benefits normally terminate. This usually occurs when the former spouse turns 65.
- Former spouses retain eligibility for Direct Care at a Uniformed Services hospital or clinic on a space available basis after age 65.
- In cases where the former spouse becomes disabled before age 65, qualifies for Part A Medicare, and is enrolled in Medicare Part B, TRICARE does not terminate but becomes a secondary payer to Medicare.

---

## **Morale, Well-Being and Recreation privileges**

- MWR authorizes use of base gymnasium, clubs and discount tickets for various events.

# Frequently Asked Questions (FAQs)

## **What happens if a former military spouse re-marries?**

If a former military spouse remarries, they lose eligibility to benefits.

## **Can a former military spouse get Tricare benefits if an employer-sponsored health care plan ends?**

Yes, medical benefits for former spouses under the 20-20-20 rule are suspended if they have an employer sponsored health care plan but that suspension can be lifted should they no longer be covered.

## **What if a service member's career is under 20 year?**

The former spouse is NOT entitled to any benefits, regardless of the length of marriage.

## **What if the service member took early retirement before 20 years of service?**

Unfortunately there is no special rule for former spouses. The service member would still be entitled to Tricare and other benefits but not the former spouse.

## **What if I'm not a 20-20-20 or a 20-20-15 former spouse?**

You will not receive military benefits after divorce. This is based on Federal law. Military policy could change but, until then, there are no future benefits.

## **Will a service members remarriage affect a former spouse's 20-20-20 benefits?**

No, former spouses become their own sponsors/DoD Designated Beneficiaries in the Defense Enrollment Eligibility Reporting System (DEERS) database and future actions, including remarriage of the ex spouse/service member, will not impact a former spouse.

## **Can a remarried service member or Veterans new spouse be denied benefits due to the 20-20-20 rule?**

No, if eligible, there are no rules that would prevent a new spouse from receiving benefits.

## **Does The 20-20-20 rule entitle the former spouse to military retirement pay?**

No, this issue is covered by a Federal law known as The Uniformed Services Former Spouses' Protection Act which recognizes the legal ability of state courts to distribute military retired pay to a spouse or former spouse. Contact the Legal Office main telephone number at 206-815-6626 for more information about division of retired pay pursuant to court order.

# APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT

*Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.*

OMB No. 0704-0415  
OMB approval expires  
5/31/2026

## SECTION I - SPONSOR/EMPLOYEE INFORMATION

1. NAME (Last, First, Middle)		2. GENDER	3. SSN OR DOD ID NO.	4. STATUS	5. ORGANIZATION
6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP		9. DATE OF BIRTH (YYYYMMDD)	10. PLACE OF BIRTH
11. CURRENT HOME ADDRESS			12. CITY	13. STATE	14. ZIP CODE
16. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/DSN)	18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION

## SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS

21. REMARKS (Cite legal documentation, as applicable.)	NOTARY SIGNATURE AND SEAL
--	---------------------------

I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)

22. SPONSOR/EMPLOYEE SIGNATURE	23. DATE SIGNED (YYYYMMDD)
--------------------------------	----------------------------

## SECTION III - AUTHORIZED BY

24. SPONSORING OFFICE NAME			25. CONTRACT NUMBER		
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)		27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS		29. OVERSEAS ASSIGNMENT (Country)
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)		

I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.

34. SPONSORING OFFICIAL NAME (Last, First, Middle)		35. UNIT/ORGANIZATION NAME			
36. TITLE	37. PAY GRADE	38. SIGNATURE		39. DATE VERIFIED (YYYYMMDD)	

## SECTION IV - VERIFIED BY

40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)	41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/DSN)	43. SIGNATURE
---	-------------------------	--	---------------

## SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)

<b>A</b>	44. NAME (Last, First, Middle)		45. GENDER	46. DATE OF BIRTH (YYYYMMDD)	47. RELATIONSHIP	48. SSN OR DOD ID NO.
	49. CURRENT HOME ADDRESS			50. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)	51. TELEPHONE NUMBER (Include Area Code/DSN)	
	52. CITY	53. STATE	54. ZIP CODE	55. COUNTRY	56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
<b>B</b>	58. NAME (Last, First, Middle)		59. GENDER	60. DATE OF BIRTH (YYYYMMDD)	61. RELATIONSHIP	62. SSN OR DOD ID NO.
	63. CURRENT HOME ADDRESS			64. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)	65. TELEPHONE NUMBER (Include Area Code/DSN)	
	66. CITY	67. STATE	68. ZIP CODE	69. COUNTRY	70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)	71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)

## SECTION VI - RECEIPT

Receipt of new card is acknowledged.	
72. SIGNATURE	73. DATE ISSUED (YYYYMMDD)



## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, Information Management Branch, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0415). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.  
RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapter 53, Miscellaneous Rights and Benefits; 10 U.S.C. Chapter 54, Commissary and Exchange Benefits; 50 U.S.C. Chapter 23, Internal Security; DoD Instruction 1341.2, Defense Enrollment Eligibility Reporting System (DEERS) Procedures; 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):** To apply for and enroll 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, access to DoD installations, buildings or facilities, and access to DoD computer systems and networks.

**ROUTINE USE(S):** To Federal and State agencies and private entities; individual providers of care, and others, on matters relating to claim adjudication, program abuse, utilization review; professional quality assurance; medical peer review, program integrity, third party liability, coordination of benefits and civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas. The DD Form 1172-2 currently covers the RUs that would include retirees and dependents. 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. For a complete list of DEERS routine uses, visit: <http://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/>

Applicant information is subject to computer matching within the Department of Defense or with 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.**

## INSTRUCTIONS

The instructions for completing the DD Form 1172-2 should be closely followed to ensure accurate data collection and to preclude over collection of information. Section IV of this form should only be completed if benefits or sponsorship is being requested for/by an eligible sponsor or their dependent. Instructions for the DD Form 1172-2 can be found at: <http://www.cac.mil/docs/1172-2-Instructions.pdf>.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**STATEMENT OF FORMER SPOUSE**

**PURPOSE:** To accompany request for an ID card for a former spouse.

**Part I: Information relative to sponsor**

SSN	Name (Last, First, MI)	Rank
-----	------------------------	------

**Part II: Information relative to former spouse**

Name (Last, First, MI)	SSN
Home address, city, state and zip code	Employer name, address, city, state and zip code
Home area code and phone number	Employer area code and phone number

**Part III: Information relative to marriage**

Date of marriage to sponsor	Date marriage was terminated	Reason (divorce, dissolution, annulment)
-----------------------------	------------------------------	--

**Part IV: Declaration**

I am the former spouse of the sponsor named above. To the best of my knowledge our marriage lasted at least 20 years, my spouse served at least 20 years of service, creditable in determining eligibility for retired pay and there was an overlap of at least 15 years between the marriage and military service period.

- Have you remarried since date of divorce from sponsor?       YES       NO
- Are you presently employed?       YES       NO
- Do you have medical coverage under an employer sponsored health plan?       YES       NO

I certify that to the best of my knowledge the above information is true and correct. I understand that in the event this information is false, my ID card will be retrieved and I am liable to reimburse the government for medical care and other benefits received. I will immediately notify Commanding Officer (RAS), U. S. Coast Guard Pay & Personnel Center, 444 SE Quincy Street, Topeka, KS 66683-3591, if any changes in the above statement occur. I understand that making a false, fictitious, or fraudulent claim is a violation of 18 USC Section 287 the penalty for which is a fine up to \$10,000 and imprisonment for up to 10 years.

\_\_\_\_\_  
Signature of former spouse

\_\_\_\_\_  
Date

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.

**PRIVACY ACT STATEMENT**

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: **Authority** - 10 USC Section 1072.

**Principal Purpose(s)** - Used to determine eligibility for dependent ID card and benefits.

**Routine Use(s)** - In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DHS as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The Routine Uses published in the United States Coast Guard Military Pay and Personnel system of records notice applies (DHS/USCG-014.).

**Disclosure** - Disclosure of this information (including your Social Security Number, home address and employer) is voluntary, but without disclosure application for dependent ID card and benefits may be delayed as additional research will be necessary to verify your identity and eligibility for an ID card and benefits.