

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**ADMINISTRATIVE REMARKS**

**PRIVACY ACT STATEMENT**

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

**AUTHORITY:** 14 U.S.C. § 505

**PURPOSE:** To document a USCG service member's achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.

**ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member's achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administering this form.

Entry Type: Separation (SEP-22), SELRES Obligated Service for the Post 9/11 G.I. Bill

Reference: Post-9/11 GI Bill, Department of Defense Instruction 1341.13

Post 9-11 and Montgomery GI Bill Educational Assistance Programs, COMDTINST 1780.3

Responsible Level: Unit or SPO

Entry: I, \_\_\_\_\_, agree to obligate additional service to meet the requirements of the Post 9/11 GI Bill allowing the transfer of my education benefits to my dependents. (Read and **initial** each entry below)

1. \_\_\_\_\_ I understand that the determination of remaining benefits is made by the Department of Veterans Affairs.
2. \_\_\_\_\_ I understand that I must have 6 years in the Armed Forces (Selected Reserve and/or Active Duty) to transfer benefits. My spouse may use benefits immediately and children may use benefits after I have served 10 years in the Armed Forces.
3. \_\_\_\_\_ I agree to remain in the Armed Forces (Selected Reserve and/or Active Duty) for four years from the date of my Transfer of Education Benefits (TEB) web application and that this time runs concurrent with any other contract or agreement.
4. \_\_\_\_\_ I understand that if Service policy or statute does not allow me to complete my obligated service, I agree to serve the maximum amount of time allowed by such policy or statute.
5. \_\_\_\_\_ I understand that I must be a satisfactory participant in my SELRES unit or on Active Duty orders during the four year service commitment period, and that failure to do so will result in the revocation of my transfer of benefits.
6. \_\_\_\_\_ I understand that failure to complete this service agreement after transferring entitlement may result in an overpayment of educational assistance and is subject to collection by the Department of Veterans Affairs.
7. \_\_\_\_\_ I understand that I must not be on limited duty or involved in a Medical Evaluation Board (MEB), Physical Evaluation Board (PEB), or Disability Evaluation System (DES) process. If I am, I cannot apply until I am found fit for full duty.

8. \_\_\_\_\_  
(Member: Sign and Date) (Supervisor Name/Title: Sign and Date)

\_\_\_\_\_  
(Supervisor Name/Title: Printed)

**Transfer of Education Benefits Approval Requirements**

Eligible TEB requests will be approved upon receipt of member's completed SEP-22 for obligated service. The SEP-22 may be emailed to ReserveVAEducation@uscg.mil. The email should contain the member's name and contact information.

1. NAME OF PERMANENT UNIT	2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)	4. EMPLOYEE ID NUMBER	5. GRADE/RATE

**Scan original into member's OMPF**