

IN REPLY REFER TO 1000 C475-CSA 12 Nov 15

From: Commanding Officer, Officer Candidates School

- To: Head Officer Programs, Marine Corps Recruiting Command (MCRC) Assistant Officer Procurements, Western and Eastern Recruiting Regions, Marine Corps Recruiting Command Stations, Marine Corps Enlisted Commissioning Education Program (MECEP)/Enlisted Commissioning Program (ECP)/Reserve ECP (RECP)/Meritorious Commissioning Program Reserve (MCPR), Marine Officer Instructors (MOI), Naval Reserve Officers Training Corps (NROTC)
- Subj: WINTER 2016 OFFICER CANDIDATES SCHOOL (OCS) CLASS DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS
- Encl: (1) Officer Candidate Pre-ship Checklist
 - (2) 30 Day Medical Screening Questionnaire
 - (3) SF 1199a (Electronic Funds Transfer form)

1. <u>Purpose</u>. This letter serves to aid all those involved in the preparation of officer candidates for Officer Candidates Class (OCC)-221 during the winter 2016 training cycle. This letter, along with the OCS website,

http://www.trngcmd.marines.mil/Units/Northeast/OfficerCandidatesSchool
.aspx; contains important information and responses to questions
frequently asked by officer candidates. The website also includes
physical training guidance and other preparation resources.

2. Class Dates

Class	Report Date	Graduation	Data submitted into Marine Corps Recruiting
01400		014440101	Information Support System
OCC-221	17 Jan 2016	26 Mar 2016	18 Dec 2015

3. <u>Transportation</u>. Upon arrival, all candidates must be wearing appropriate civilian attire (i.e. trousers, a collared shirt, and dress shoes). Officer candidates must collect and retain all travel receipts to and from OCS, as they will file a travel claim at The Basic School (TBS), their Officer Selection Station (OSS), or parent command upon their return for travel reimbursement. Officer candidates that have transportation issues or are unable to meet the check-in deadline must call the OCS Officer of the Day (OOD) at (703) 784-2351/2352.

a. <u>Arrival Flight Information</u>. Officer candidates' flights must arrive at Ronald Reagan Washington National Airport (DCA), prior to 1900 on the report date listed above. The Marine Liaison Team at DCA,

wearing the Service "B" uniform, will greet officer candidates at DCA's United Services Organization (USO) beginning at 1500. Transportation from DCA to OCS will be provided to the officer candidates from 1500 to 1900. Only evening chow will be provided to officer candidates on the day of arrival. Officer candidates who fly into any other airport or arrive at DCA after 1900 may secure transportation via SuperShuttle at their own expense (average cost is \$60.00). SuperShuttle is located in the rental car section within DCA's baggage claim area. If candidates use SuperShuttle, they must contact the OCS OOD prior to departing DCA.

(1) <u>Inclement Weather Plan</u>. If a weather emergency causes the majority of inbound flights to be delayed or canceled, OCS will disseminate an alternate transportation plan via the MCRC Liaison as far out from the arrival window as possible.

(2) Individual Delayed Flights. In the event of inclement weather or if an officer candidate's flight is delayed or cancelled, they must contact the OCS OOD. These officer candidates will resume their travel upon the next available flight rescheduled through the airline and maintain communication with OCS OOD until their arrival to DCA. Upon final arrival, they must contact the OCS OOD and coordinate transportation via SuperShuttle at their own expense.

b. <u>Departing Flight Information</u>. Officer candidates who are designated to commission after graduating from OCS, with the exception of ECP candidates on TAD orders, will report to TBS immediately and therefore do not need roundtrip tickets. All other officer candidates must have round trip tickets prior to their arrival to OCS, with their return flights scheduled for departure after 1800 on graduation day.

c. <u>MECEP Flights</u>. MECEP officer candidates do not rate per diem or lodging while at OCS. Because of this, they are unable to do 30 day travel vouchers and settle their outstanding GTCC charges. To prevent issues with MECEP officer candidates receiving 30 and 60 day delinquencies notifications all MECEP officer candidates need to fly on central billed tickets.

d. <u>Privately Owned Vehicles (POV)</u>. Officer candidates attending OCC-221 are authorized to drive POVs to OCS. Officer candidates driving POVs will arrive at OCS between the hours of 1500 and 1900 on the report date in appropriate civilian attire. Officer candidates who arrive before 1500 will be turned away and instructed to report back during the designated arrival window. At this time, they will be instructed where to park. All drivers must have (in their possession) a valid driver's license, current vehicle registration, and proof of insurance in order to gain access to MCB Quantico. Also, many candidates arrive at OCS without adequate documentation of insurance, registration, etc., and they are unable to utilize their vehicle during liberty periods. As a result, vehicle inspections must be conducted by OSO or parent command prior to candidates departure for OCS.

4. <u>Transportation Report</u>. All recruiting regions will provide the total number of officer candidates traveling, a by-name roster of officer candidates traveling by POV, and flight information using the Marine Corps Recruiting Information Support System (MCRISS). The NROTC/MECEP/ECP/RECP/MCPR transportation reports will be finalized by MCRC, Naval and Enlisted to Officer Programs (ON/E). MCRC will provide a consolidated transportation report to the OCS Coordinator of Student Activities (CSA), Captain Brian N. Smith at brian.n.smith@usmc.mil no later than the dates in paragraph 2.

5. Required Items

a. <u>Running Shoes</u>. Officer candidates must bring serviceable running shoes, which must be easily accessible upon arrival at OCS. Running shoes that are less than three months old or have less than 100 miles of wear on them are recommended. One pair of running shoes is mandatory but two pairs are recommended. Minimalist running shoes that accommodate all toes in one compartment are authorized; however, finger-toe shoes that separate toes into compartments are not authorized.

b. <u>Physical Training (PT) Gear</u>. Officer candidates must bring one set of PT gear consisting of a plain tee shirt and shorts to sleep in the first night and also for medical screening prior to the first bag issue. The tee shirt and shorts will be free of writing or images. A small name brand is authorized.

c. <u>Uniform Items</u>. During the winter 2016 training cycle candidates will wear the Desert MARPAT uniform for all training events, except for graduation which will be in Woodland MARPAT. The tables below list the by program uniform requirements for all OCC-221 candidates.

(1) **All candidates**, regardless of program, are required to arrive at OCS with the items listed in the table below:

Item	Qty
Collared Shirt	2 (1 worn)
Undershirt (white)	2 (1 worn)
Business Casual Trousers	2 (1 worn)
Belt	1 (worn)
Dress Shoes	1 pair (worn)
Underwear	5
Sports Bra (female candidates only)	5
Running shoes (3 months or newer or have less than 100 miles of wear)	1 pair (2 pairs are recommended)
Eye Glasses (contact lenses are not authorized at any time at OCS)	1 pair (2 pairs are recommended)
Basic Toiletries (shower/shave gear)	1 weeks' worth
Watch (water resistant/rugged)	1

(2) In addition to the table above, all current active and reserve Marines to include IRR Marines within 90 days of their EAS are required to bring the items in the table below:

Item	Qty
Blouse, MARPAT, Woodland	2
Trousers, MARPAT, Woodland	2
Blouse, MARPAT, Desert	2
Trousers, MARPAT, Desert	2
Service 'A' (full uniform to include ribbons and	1
badges) OCC-221 candidates only 8-Point Cover, MARPAT, Woodland	2
8-Point Cover, MARPAT, Desert	2
Boonie Cover, MARPAT, Woodland	1
Boonie Cover, MARPAT, Desert	1
Hot Weather Combat Boots (Jungle) (see para 5.e.)	1
Infantry Combat Boots (ICB) (see para 5.e.)	1
Sea Bag	1
Web Belt	2
Web Belt Buckle	2
Green PT Sweat Top	1
Green PT Sweat Bottom	1
PT Shorts (not silkies)	2
Green Skivvy Shirts	6
Underwear (silkies are authorized)	6
Boot Socks (brown)	6

(a) Upon arrival at OCS, one additional set of Woodland MCCUU and one additional set of Desert MCCUU will be issued, at no cost, to those Marines who are still considered on active or Selected Marine Corps Reserve (SMCR) status. All uniform items must be serviceable in accordance with MCO P1020.34G and uniforms deemed unserviceable will be replaced at the Marine's expense. Prior enlisted Marines will not receive a new issue of boots. IRR Marines, who are less than 90 days past their End of Active Service EAS, have the same uniform requirements as active duty and SMCR Marines. IRR Marines who do not possess these uniform items will purchase them at Cash Sales.

(b) IRR Marines who are 90 or more days past their EAS will receive a full issue of uniforms. The officer candidates must inform their receiving staff if they possess these items prior to uniforms issue in order to prevent double issue or the purchasing of surplus uniform items.

(3) **NROTC Students** are required to bring the items in the table below in addition to the items in paragraph 5.c.1:

	Item	Qty
Blouse, MARPAT,	Woodland	2

Trousers, MARPAT, Woodland	2
Blouse, MARPAT, Desert	2
Trousers, MARPAT, Desert	2
8-Point Cover, MARPAT, Woodland	2
8-Point Cover, MARPAT, Desert	1
Boonie Cover, MARPAT, Woodland	1
Boonie Cover, MARPAT, Desert	1
Hot Weather Combat Boots (Jungle)	1
Infantry Combat Boots (ICB)	1
Sea Bag	1
Web Belt	2
Web Belt Buckle	2
Green PT Sweat Top	1
Green PT Sweat Bottom	1
PT Shorts (not silkies)	2
Green Skivvy Shirts (3 can be synthetic)	6
Underwear (silkies are authorized)	6
Boot Socks (brown)	6

(4) <u>Service "A"</u>. All OCC-221 candidates will stand a Company Commander's Inspection in the Service "A" uniform with garrison cover. All prior enlisted officer candidates of OCC-221 are required to hand carry their current Service "A" uniform to OCS. Those prior enlisted officer candidates earning their commission upon graduating will have the option of converting their Service "A" uniform from enlisted to officer or purchasing new uniforms. Those MECEP Marines not commissioning will not alter their uniform, but will stand the inspection with their enlisted rank. Platoon gear lockers will be available during in-processing and the training cycle in order to store these items.

(5) <u>Boots</u>. Prior service members are not required to purchase ICB or jungle boots if they do not currently own them; however, they are required to bring 2 sets of equivalent boots. All candidates may bring one pair of additional boots to OCS (for a total of three when included with the required/issued pairs). Candidates who wish to bring an additional pair of boots (Bates Lites are authorized) are encouraged to purchase USMC regulation boots prior to arrival at OCS in order to begin a break-in period and to become accustomed to wearing and running in boots. OCS will issue Marine RAT boots to all OCC-221 candidates who are not prior service. Reference paragraph 3012 of MCO P1020.34G and MARADMIN 558/15 for boot regulations. Further guidance on boot fitting can be found on the OCS website.

d. <u>Money</u>. All candidates will use a debit or credit card with a minimum of \$450 of available funds for the purchase of their bag issue. Items are not to be purchased prior to arrival. OCS will not lend money or apply a checkage for a candidate's bag issue or other required costs. Additionally, candidates must ensure they bring enough cash for weekly haircuts and exchange visits through the first

liberty weekend. These events can total \$20 per week. Candidates are recommended to bring no less than \$60 and no more than \$100 for these expenses. Candidates arriving without the required funds may be sent home if the Commanding Officer deems him or her financially incapable of meeting the initial procurement requirements for items necessary to commence training.

e. <u>Toiletries</u>. Officer candidates will bring enough basic overnight toiletry items (razors, shaving cream, soap, shampoo, deodorant, toothbrush, toothpaste, and towel) to last for the first week of training. Additionally each candidate must bring at least three sets of clean undergarments. These items must last each officer candidate the first week of training until they make their initial exchange visit as the small/large bag issue does not include hygiene gear.

6. <u>Fitness Reports</u>. Officer candidates who are active or reserve sergeants and above will receive a non-observed FD (MECEP) or FD/GC (ECP) report when departing OCS. The candidate's parent command is responsible for giving them a TD report before reporting to OCS. An officer candidate will not receive an adverse report unless the candidate's disenrollment meets the criteria in MCO 1610.7 (PES) paragraph 5. Those disenrolled due to an unsatisfactory evaluation of OCS standards do not normally meet this criterion.

7. <u>Medical</u>. Ensure all current candidate commissioning physicals are included in the medical record prior to check-in at OCS. In addition, candidates that fall under the outlined commissioning programs must have the following documentation in their medical record:

a. <u>NROTC, OCC, and PLC</u>. All NAVMED 6120/3 (annual certificate of physical condition) must be completed every year after the initial commissioning physical, including a current certificate (within one year). The NAVMED 6120/3 must be signed by the appropriate administrative personnel in the unit. An initial commissioning physical will be considered invalid if there is a lapse in completion of required annual certificates and a new physical will need to be completed prior to arriving at OCS.

b. <u>Active duty and SMCR candidates</u>. Active duty and SMCR candidates must possess a completed and current (within one year) Preventative Health Assessment (PHA).

c. <u>Copies of physician treatment records</u>. Significant medical conditions that have developed before or after enrollment must be included in the candidate's medical record even if the Bureau of Medicine (BUMED) granted a waiver. Recently several candidates did not induct into training because they failed to produce the appropriate documentation/BUMED waiver, and thus, OCS Medical ruled them not physically qualified. Officer candidates who have undergone corrective laser eye surgery must have had the surgery 180 days prior

to report date and include post-surgical follow-ups in the medical record regardless of when the surgery took place. Documentation must state that the candidate is free of any post-surgical complications, demonstrates vision stability, and does not require use of ophthalmic medications or treatments.

d. <u>Shot records</u>. Current shot records are needed to provide proof of current immunizations and prevent an officer candidate from being disenrolled during in-processing. Medical restrictions prevent candidates from receiving more than 5 immunizations over a short period of time. As a result, candidates with outdated/missing immunizations may be medically disqualified during in-processing if they are unable to receive the required immunizations. At a minimum, candidates must have had their childhood immunizations (MMR, Varicella, HIB, DTAP, and HEP B). Shot records should be signed by a licensed medical professional and in medical records prior to them being shipped to OCS for prescreening.

e. <u>Dental evaluation</u>. Copies of current (within one year) dental evaluations are to be included in the medical record. **Do not send** dental records.

f. <u>Medical Records/Service Record Books (SRBs)</u>. All active duty and SMCR officer candidates must hand-carry their medical records and SRBs (if not already scanned into their OMPF) when reporting to OCS. All other officer candidates need to forward their medical records to the OCS MCRC Liaison, Master Sergeant Hassek, at 2189 Elrod Ave, Quantico, VA 22134. It is highly recommended that copies of mailed records or hand carried be retained at the forwarding unit. The date for submission of medical records (if applicable) for OCC-221 is no later than 1 January, 2016.

g. <u>Aviation contracts</u>. Candidates who are anticipating commissioning upon completion of OCS must have their aviation-related physicals and medical follow-ups completed <u>prior</u> to arriving at OCS. The Bradley Branch Health Clinic is not staffed with a flight surgeon or specialty providers to assist with completion of flight physicals. All flight physical issues must be resolved prior to arriving at OCS and concerns need to be addressed to the Head of Officer Programs, MCRC.

h. <u>Eye glasses</u>. Officer candidates who wear glasses will bring a minimum of one pair of non-eccentric glasses with them for training. To the greatest extent possible prior service and prior candidates should bring their military issue glasses in order to streamline the issue process; two pairs are recommended. Officer candidates will neither arrive at OCS wearing contact lenses nor wear contact lenses at any time while at OCS. The Bradley Branch Health Clinic will issue military eyeglasses within 7 to 10 days of arrival, depending on the complexity of the prescription. In order to receive military issue eyeglasses, candidates must hand-carry their current eyeglass

prescription (within one year) or wear/take a pair of glasses so optometry can scan the prescription. The Bradley Branch Health Clinic will not process faxed-in prescriptions.

8. <u>Administrative</u>. MCB Quantico IPAC, Student Branch is responsible for all administrative matters pertaining to the pay and entitlements of officer candidates. All officer candidates are encouraged to read the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN which selected them to their program for additional information on entitlements. These MARADMINS can be located at web address: http://www.marines.mil/News/Messages/MARADMINS.

a. Per the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board 2 Results MARADMIN, all selected Marines will receive temporary additional duty orders to report to the CO, OCS, Quantico, Virginia. This represents a change from previous training cycles. All selects are now instructed to not break their domicile lease, move their dependents or household goods to Quantico, or initiate departure from base housing. Officer candidates who are authorized Basic Allowance for Housing (BAH) at their present command will continue to receive BAH at their current duty station rate.

(1) Upon completion of OCS, MECEP officer candidates will return to their parent command to execute Permanent Change of Station (PCS) orders to the assigned NROTC unit upon meeting all enlistment requirements as outlined in the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN, which selected them to their program.

(2) Upon completion of OCS, ECP, RECP, and MCP-R candidates will commission and return to their unit. They will then coordinate their TMO move and execute PCS orders to TBS.

(3) ECP and RECP Selects with questions should contact Officer Naval/Enlisted Programs (ON/E) at 703-784-9446/7/8; DSN 278-9446.

b. If an officer candidate's family members are staying at an address other than the candidate's home of record, e.g. parents/inlaws, they should provide that address to OCS during in-processing. Single reserve component officer candidates will be required to provide a valid rental/lease or mortgage agreement in order to receive BAH without dependents during OCS, in accordance with MARADMIN 305/08.

c. All officer candidates, will hand carry a manila envelope labeled in the top right corner with the last name, first name, middle initial, date of birth and last four digits of their social security number. Failure to include any of the below documentation may result in delayed payment. No medical information should be contained in this envelope. The following will be enclosed in the envelope:

(1) Copy of their orders. (All candidates)

(2) Completed SF 1199a, Electronic Funds Transfer (EFT) form (see Encl (3)) for a current savings and/or checking account with a voided check or deposit slip. OCS highly recommends this form be filled out electronically to prevent pay issues from occurring. (Not required for Active Duty unless information needs to be updated)

(3) Copies of their birth certificate and Social Security Card. (Not required for Active Duty unless information needs to be updated)

(4) Documentation for all dependents including certified true copies of birth certificates for spouses and all children. Birth verification letters (with footprints) will be accepted for newborns. (Not required for Active Duty unless information needs to be updated)

(5) All married officer candidates will include a valid marriage license, or a marriage certificate and the receipt that shows they paid for the license. If the candidate's spouse changed her name following the marriage, a copy of her social security card should be included to accurately show her current full name. (Not required for Active Duty unless information needs to be updated)

(6) A valid state issued driver's license or Social Security Card with spouse's name change is required to change a candidate's spouse's name.

(7) All single reserve component candidates will include a copy of mortgage documentation or a valid lease agreement in accordance with MARADMIN 029/11.

d. Officer candidates that are prior military service members and officer candidates that are married to current or prior military service members must bring all copies of the service member's DD Form 214(s). Officer candidates must provide their active duty service spouse's social security number and current unit information. This documentation should be included in the manila envelope.

e. MECEP officer candidates will provide a full copy of their DTS travel claim, including DD Form 1610 and the itemized printout of the daily cost. While enrolled at OCS, MECEP officer candidates will receive the Discounted Meal Rate (DMR) as they are required to eat at Bobo Dining Facility. Parent commands should also be aware that a DMR deduction will be started and run via unit diary entry while assigned to OCS. Meals and lodging are directed and provided for the officer candidate. MECEP officer candidates are encouraged to read the Fiscal Year 2016 ECP, MECEP, MCP-R, and RECP Selection Board Results MARADMIN which selected them to their program for additional information on entitlements.

9. <u>Contraband</u>. The following items are not authorized aboard Brown Field. Candidates found in possession of the following face possible disenrollment:

a. Study Guides. During recent cycles, candidates brought study guides provided to them by their OSO/District which contained very accurate practice exams. In order to eliminate any possible situations which could place a candidate's integrity in question, any study material, outside of what OCS provides candidates with, is now considered contraband. OCS still encourages study guides be made and utilized in preparation for OCS but the material should be memorized prior to arrival and should remain off Brown Field. Upon arrival, OCS provides each candidate with a knowledge binder containing the study material necessary for success at OCS.

b. Weapons. Officer candidates will not transport personal weapons (knives, firearms, ammunition, etc.) to OCS. Per MCB Quantico Order 8000.1A weapons will not be stored in officer candidates' vehicles.

10. <u>Fraternization</u>. All candidates will understand the Marine Corps and OCS policy regarding fraternization. Candidates intending to marry prior to commissioning should do so prior to reporting to OCS. Candidates will not be granted extra time to plan or execute a wedding outside scheduled liberty periods while at OCS.

11. <u>Pre-ship checklist and 30 Day Medical Questionnaire</u>. In addition to medical records being shipped ahead of time, there are two additional items which need submitted 30 days prior to the candidates' arrivals. The following documents allow for MCRC and OCS to properly flag any deficiencies in a timely manner, allowing for corrections/follow-ups as necessary.

a. Officer candidates will complete the Pre-ship Checklist, (see Encl (1)), in its entirety and upload to the MCRC portal (HQ G3/Officer Programs) located at [http://www.mcrc.marines.mil/UnitHome /OfficerPrograms.aspx]. The submission date for OCC-221 is no later than 18 December, 2015.

b. In order to identify medical discrepancies, candidates are now required to submit a 30 Day Medical Questionnaire (see Encl (2)) with the Pre-ship checklist. This questionnaire will help OCS medical staff identify missing documentation and disqualifiers prior to candidates shipping which will aid in minimizing disenrollment during in-processing. The 30 Day Medical Questionnaire will also need to be uploaded to the MCRC portal (HQ G3/Officer Programs) located at [http://www.mcrc.marines.mil/UnitHome/OfficerPrograms.aspx]. The submission date for OCC-221 is no later than 18 December, 2015.

12. The NROTC/MECEP/ECP/RECP/MCPR pre-ship checklists and 30 Day Medical Questionnaire will be forwarded, via FAX to (703) 432-9322, or

scanned via e-mail to their respective program coordinators listed below NLT the dates identified for the increment the candidate will attend. MCRC (OP) requires Commanding Officers/OSOs/MOIs to review enclosures (1) and (2) with candidates during their pre-shipping evolution.

a. NROTC: jeanette.northan@marines.usmc.mil or nancy.guillaume@usmc.mil

b. MECEP/ECP/RECP/MCP-R: troi.spencer@marines.usmc.mil

13. For all questions concerning candidate information please contact the Coordinator of Student Activities, Captain Brian N. Smith, brian.n.smith@usmc.mil, at DSN 278-3223 or commercial (703) 784-3223. For questions or issues occurring after hours please contact the OCS Duty at 703-432-6050.

J. L. NETHERCOT

Candidate Name (Last, First, MI)	OSO/ MOI/ OIC/I&I Name
Circle Program: OCC, PLC-COMB, PLC-JR, PLC-SR, ECP,	RS/ OSS:
RECP, MCP-R, MECEP, NROTC, USAFA, USMMA, PLC-LAW	DIST: UNIT/NROTC
CANDIDATE: Complete questions 1-72 (73-92 must be completed by an a detailed explanation when required.	Officer). Place your initials in the appropriate answer box and provide
1. Do you possess sturdy running shoes less than one month old? \Box N/A \Box	Yes 🗌 No If no, please explain.
2. Did you purchase your running shoes from a running specific store? \Box N/	$/A \square$ Yes \square No If no, please explain.
3. Have you been running in boots (how much per week and mileage)? \Box Y	es 🗌 No
4. Do you possess a sturdy conservative watch?	
5. Do you possess toiletries, sunscreen, and underwear sufficient for two weels If no, will you have them on arrival at OCS?	ks of training? 🔲 Yes 🗌 No
6. Do you possess a valid picture ID to take to OCS?	please explain.
7. If authorized to drive, do you have directions to OCS? \square N/A \square Yes \square	No
8. If authorized to drive, do you possess a valid driver's license, registration, a OIC to be verified by OCS personnel upon arrival? N/A Yes No	auto insurance, and POV Inspection Checklist filled out by your OSO or If no, please explain.
9. If flying, do you have information on the reporting in times and modes of t National Airport (DCA) to OCS, and the cost of transportation if you are a lat	
10. Do you possess a debit or credit card with a minimum of \$450.00 for larg have access to cash? (Large/Small bag issue will accept cash, credit card or m required to re-purchase the large/small bag issue regardless whether or not the	noney order only – no personal checks; returning PLC Seniors are
11. Do you have any significant debts? 🗌 Yes 🗍 No If yes, please explain	1.
12. Are your monthly payments to all creditors current? \square N/A \square Yes \square N	No If no, please explain.
13. Have you granted a Power of Attorney to a trusted family member or frier are in training? Yes No If no, please explain.	nd to handle various financial and/or administrative matters while you
14. Do you currently or have you ever had any unpaid or paid speeding ticket including those on a college campus? Yes No If yes, please explain If you answered yes, did you provide your OSO/MOI/OIC with the supporting	when (date), where (city, county, and state), how many, and how much.
15. Have you ever been arrested or cited by city, county, state, or federal poli- give the city, county, state, date, and circumstances surrounding the incident.	
16. Do you have any pending legal action against you (civil or criminal, to inc	clude minor infractions)? 🗌 Yes 🗌 No If yes, please explain.
17. Do you have any pending or scheduled court appearance(s) dates before please explain.	ore, during, or after reporting to OCS? 🗌 Yes 🗌 No 🛛 If yes,
18. Are there any other legal issues in which you are involved? (Jury Duty, Su	ubpoena to Testify, etc.) 🗌 Yes 🗌 No 🛛 If yes, please explain.
19. Have you made your OSO/MOI/OIC/I&I aware of all your minor or majo	or law infractions? 🗌 Yes 🗌 No
20. Have you used any drugs deemed illegal by the Marine Corps prior to or annotated or documented in your paperwork? If you are not sure, have your OSO/MOI/OIC/I&I explain. All drug use must Warning: You will be taking a urinalysis test upon your arrival to OCS. A por Program.	be properly identified, explained, and documented.

21. Are you aware if you are found not to be 100% truthful in your moral disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? 🗌 Yes 🗋 No

Candidate Name(Last, First, MI)	OSO/ MOI/ OIC/I&I:			

22. Do you have a Family Care Plan and Power of Attorney in place for the custody/care of your dependents while you are in training? \square N/A \square Yes \square No If no, please explain.

23. Does your family (to include direct dependents, parents, and siblings) have any recent or imminent health care, personal care, employment or mental concerns that could disrupt your training at OCS? \Box Yes \Box No If yes, please explain.

24. Do you have children, dependents, siblings, or family members that have special needs? \Box Yes \Box No If yes, do they have a family care plan in place so as not to disrupt your training at OCS?

25. Are you recently divorced, separated, or broken-up from a serious relationship? 🗌 Yes 🗌 No 🛛 If yes, please explain.

26. Has there been a recent death of family members or friends? 🗌 Yes 🗌 No 🛛 If yes, please explain.

27. Is your family (parents/spouse) supportive of your decision to become a Marine Officer? 🗌 N/A 🗌 Yes 🗌 No 🛛 If no, please explain.

28. If you are a PLC or OCC program candidate, have you watched the OCS pre-ship video? 🗌 N/A 🗌 Yes 🗌 No 🛛 If no, please explain.

29. If you are a college graduate, do you possess a certified copy of your transcript that states degree obtained? \square N/A \square Yes \square No If no, please explain.

30. I understand that I am contractually obligated to complete a minimum of four weeks of training at OCS before I can ask to drop on request. Yes No

31. I understand that if I decline or request to delay my commission upon graduation from OCS my contract will be voided and will result in competing for another contract in the program desired. \Box Yes \Box No

32. Is there anything that you feel would prevent you from accepting your commission as a Second Lieutenant in the U. S. Marine Corps. Yes No If yes, please explain.

33. I understand that I am not authorized to get married while attending OCS. Set Yes No

34. If I am in a relationship with an enlisted member of the Armed Forces of the United States of America, I have been counseled by my OSO/MOI/OIC on the Marine Corps policy on fraternization per paragraph 1100.4 of the Marine Corps Manual and understand that marriage to an enlisted member of any service must occur prior to my commissioning. $\square N/A \square Yes \square No$

35. FLIGHT CONTRACTS ONLY:

a. Service agreements signed on and prior to 1 November 2009: Fixed wing aviators incur an eight year obligation and rotary wing aviators incur a six year obligation upon completion of flight school. Do you understand this service obligation requirement? \Box N/A \Box Yes \Box No

b. Service agreements signed on and after 2 November 2009: All Student Naval Aviators (SNA) regardless of aircraft (fixed/rotary) incur an eight year obligation from the effective date of designation as a SNA. Do you understand this service obligation requirement? \square N/A \square Yes \square No

c. Service agreements signed on and after 2 November 2009: All Naval Flight Officers (NFO) regardless of aircraft (fixed/rotary) incur a six year obligation from the effective date of designation as a NFO. Do you understand this service obligation requirement? \Box N/A \Box Yes \Box No

d. Service agreements signed on and prior to 1 November 2009: If your flight contract is disapproved following commissioning you will remain obligated, under contract, to serve 3.5 years as a ground officer. Do you understand this service obligation requirement? \square N/A \square Yes \square No

e. Service agreements signed on and after 2 November 2009: If your flight contract is disapproved following commissioning you will remain obligated, under contract, to serve 4 years as a ground officer. Do you understand this service obligation requirement? $\Box N/A \Box Yes \Box No$

MEDICAL INFORMATION:

36. Have you had a military physical exam	within the last two years? Yes No	Month	Year
---	-----------------------------------	-------	------

37. Have you completed, and do, you have in your possession all your NAVMED 6120/3s (Annual Certificates of Physical Condition), including one completed within the year?

38. Have you suffered any injuries or illnesses since your last physical (to include minor pain or illness)? 🗌 Yes 🗌 No 🛛 If yes, please explain.

Candidate Name(Last, First, MI)	OSO/ MOI/ OIC/I&I:	

39. In regard to question # 38, if medical treatment or therapy was required, do you understand that you must bring those documents to OCS? \square N/A \square Yes \square No If no, please explain.

40. In regard to question # 38, if an injury or illness required medical treatment or therapy, did the treatment or therapy prevent you from physically preparing for OCS for the previous six weeks? \square N/A \square Yes \square No If yes, please explain.

41. Do you have any medical conditions, either currently or in the past, that have not been revealed? 🗌 Yes 🗌 No If yes, please explain.

42. Do you have a copy of your current immunizations records and do you understand that you must bring a copy with you to OCS? \Box Yes \Box No If no, please explain.

43. Have you had any vision correction surgery (e.g. PRK/LASIK) surgery in the last 180 days and do you understand that you must bring those documents to OCS? \square N/A \square Yes \square No If yes, please explain.

44. Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers (or will you have them prior to shipping to OCS)? \Box Yes \Box No If no, please explain.

45. If commissioning, have you completed your dental screening? TYes No If no, please explain.

46. Have you seen a dentist in the last 60 days? (NOTE: Returning PLC Seniors do not need to have a dental screening until they are ready to accept their commission.) \square N/A \square Yes \square No If no, please explain.

47. Are you currently under or do you have any pending orthodontic care? 🗌 N/A 🗌 Yes 🗌 No 🛛 If yes, please explain.

48. OCS will not induct candidates with braces; if you have braces you must have them removed prior to shipping to OCS. Do you understand this requirement? $\square N/A \square$ Yes \square No

49. Do you possess a current (within one year) prescription for glasses to be submitted to OCS during in processing (this prescription will be used to produce military issued glasses at OCS)? Contact lenses are not authorized for use at OCS at any time. $\square N/A \square$ Yes \square No If no, please explain.

50. Do you possess a pair of sturdy civilian glasses that can be used during the first 7-10 days of training at OCS? Contact lenses are not authorized for use at OCS at any time. \square N/A \square Yes \square No If no, please explain.

51. Do you possess a sturdy, small (conservative in style), black headband to hold your glasses in place? 🗌 N/A 🗌 Yes 🗌 No

52. Have you added any tattoos since completing your last physical and/or prior to reporting to OCS? 🗌 N/A 🗌 Yes 🗋 No If yes, please explain.

53. You will be administered a urinalysis upon reporting to OCS. Is there any reason why you should not pass it? \Box Yes \Box No If yes, please explain.

54. Are you currently under any doctor's care or are you currently taking any medication that has been prescribed by a doctor? \Box Yes \Box No If yes, please explain.

55. Are you currently taking any non-prescription or over the counter medication for any illness or alignment previously diagnosed or not diagnosed by a doctor or physician? \Box Yes \Box No If yes, please explain.

56. Are you aware that if you are found not to be 100% truthful in your medical disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? \square Yes \square No

57. <u>MECEP/RECP/SMCR/RESERVISTS</u>: Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers? \square N/A \square Yes \square No If no, please explain.

58. <u>MECEP/R-ECP/SMCR/RESERVISTS</u>: Do you have a current (within one year) Preventative Health Assessment (PHA) in your medical record? N/A Yes No

59. **FEMALES ONLY:** If you will be commissioned within one year of graduating OCS or you are over the age of 21, do you have a copy of a current (within the last two years) Pap smear result from your doctor? \square N/A \square Yes \square No If no, please explain.

60. FEMALES ONLY: Do you have any reason to believe you are currently pregnant? 🗌 N/A 🗌 Yes 🗌 No If yes, please explain.

Candidate Name(Last, First, MI) OSO/ MOI/ OIC/I&I:

61. <u>FLIGHT CONTRACTS ONLY</u>: All aviation contract candidates must have their aviation-related physicals and medical follow-ups completed <u>prior</u> to arriving at OCS. The Bradley Branch Health Clinic/OCS is not staffed with a flight surgeon or specialty providers to assist with completion of flight physicals. Do you understand that all flight physical issues must be resolved prior to arriving at OCS? N/A Yes N or If no, please explain.

62. <u>MECEP/ECP/SMCR/RESERVISTS</u>: Will you have your SRB/Medical records in hand to take with you to OCS? N/A Yes No If no, please explain.

ADMINISTRATIVE INFORMATION:

63. <u>OCC PROGAM CANDIDATE</u>: Were you previously a member of the PLC or NROTC program? \square N/A \square Yes \square No If yes, did you receive monies from the Financial Assistance Program (FAP) and/or the Marine Corps Tuition Assistance Program (MCTAP)? \square N/A \square Yes \square No

64. <u>ACTIVE/RESERVE CANDIDATE</u>: Have you deployed recently? \square N/A \square Yes \square No If yes, did you receive your 30, 60, and 90 day Post-Deployment Health Assessment (MARADMIN 112/07)? \square N/A \square Yes \square No If no, please explain.

65. <u>ACTIVE DUTY CANDIDATE (ECP/MECEP)</u>: Do you possess the required serviceable uniforms with nametags removed? (For a list of required uniform items see MCBUL 10120 Chapter 7) \square N/A \square Yes \square No If no, please explain.

66. <u>ACTIVE DUTY CANDIDATE (ECP/MECEP)</u>: If you are single and in receipt of BAH (own-right), do you understand that if you have PCS orders your BAH (own-right) will be reduced to the BAH Transient rate upon arrival to OCS? (NOTE: If you have TAD orders as a part of the MECEP program your BAH will remain unchanged.) \square N/A \square Yes \square No If yes, do you have sufficient funds to retain your current lease/mortgage? \square Yes \square No If no, please explain.

67. <u>OVERSEAS ECP CANDIDATES ONLY</u>: Do you understand that movements of dependents and household goods is authorized to port of entry (U.S. only) until OCS is completed and should take place prior to reporting to OCS (failure to do so will result in the candidate paying for flight to/from overseas station following OCS)? \square N/A \square Yes \square No If no, please explain.

68. <u>SMCR CANDIDATE:</u> Has the candidate's transfer orders to OCS been provided to the appropriate admin support station (e.g. I&I Unit)?

69. <u>SMCR CANDIDATE:</u> Have the required unit diary entries been completed, particularly the transfer entry? N/A Yes No Unit Diary Number______ Transfer Date_____

70. <u>SMCR CANDIDATE</u>: Have all of your unserviceable items been surveyed? (NOTE: MCO P10120.28G, Reservists can survey unserviceable items) \square N/A \square Yes \square No If no, please explain.

71. **<u>RETURNING PLC SENIORS</u>**: Do you have all of your issued uniform items to bring with you to OCS? \square N/A Yes \square No \square If no, please explain.

72. <u>MEMBER OF A DIFFERENT SERVICE</u>: Have you provided the OSO the appropriate Release of Service documents from the other military service that allows you to be contracted into the USMC prior to being shipped to OCS? \square N/A \square Yes \square No If no, please explain.

<u>OSO/MOI/OIC:</u> YOU MUST COMPLETE QUESTIONS 73-90. PLACE A CHECK IN THE APPROPRIATE BOX ALONG WITH YOUR INITIALS AND PROVIDE A DETAILED EXPLANATION WHEN REQUIRED.

73. Does the candidate have a copy of their orders sending them to OCS? 🗌 Yes 🗌 No If no, please explain. Int.____

74. Have you instructed the candidate on proper civilian attire while at OCS? 🗌 Yes 🗌 No If no, please explain. Int. _____

75. What is the candidate's most current PFT score? (Must be within 30 days of shipping): Int._____ Pull-ups/ flex arm hang _____ Crunches ______ Run _____ Score _____ Date_____ OCS Scienciae Miniary 8 arm lang 6 arm lang 6 arm for formulae 70 arms here 24:00 for multiple 77.00 for form

OCS Shipping Minimums: 8 pull ups for males/50 sec flex arm for females; 70 crunches; 24:00 for males/ 27:00 for females

76. What is the candidate's current height, weight, and body fat %. HT _____ WT ____ Max Weight_____ Body fat percentage _____% Date_____ If you are within 5lbs of max weight submit body fat photos. Does the candidate meet the Marine Corps height/weight/body fat standards according to MCO 6110.3 W/CH1 (Final) __ Yes __ No Int.___

77. AVIATION OPTION: Are any additional tests or final approvals/documents needed? 🗌 N/A 🗌 Yes 🗌 No If yes, please explain. Int.__

Candidate Name(Last, First, MI)	OSO/ MOI/ OIC/I&I:
78. <u>SMCR CANDIDATE</u> : Have the candidate's transfer orders to OCS	been provided to the appropriate admin support station (e.g. I&I Unit)?
79. <u>ACTIVE DUTY/SMCR CANDIDATES</u> : Will a TD Fitness Report	t or Pro/Cons be completed before the candidate reports to OCS?
80. <u>SMCR CANDIDATE</u> : Has the candidate's admin support station be particularly the transfer entry? \square N/A \square Yes \square No If no, please exp	
Unit Diary Number Transfer Date	
81. <u>CANDIDATE WHO WAS A MEMBER OF A DIFFERENT SER</u> documents from the other military service that allow the candidate to be a signed DD 368)? \square N/A \square Yes \square No If no, please explain.	
82. <u>DUAL CITIZEN</u> : If a dual citizen, has the candidate documented at If no, please explain. Int	nd renounced citizenship of the foreign country? \square N/A \square Yes \square No
83. Have you provided your phone number and the OCS duty phone num provided by shipping day. The OCS contact number is (703) 784-2351/5	
84. Have you reviewed and candidate's 100 word essay and OSO evaluat well in writing? (Does not apply for Enlisted to Officer or NROTC ca	tion form 1530? Yes No If yes, does the candidate communicate ndidates). N/A Yes No Int
85. Do you know of anything that would prevent this candidate from star	ting training at OCS? 🔲 Yes 🗌 No 🛛 If yes, please explain. Int
86. <u>OPM</u> : Do you have a case number from OPM? \square N/A \square Yes \square	No Case #
87. DIRECT DEPOSIT: Does the candidate have a valid savings/check	ing account? 🗌 Yes 🗌 No Int
88. Have you informed the candidate that he or she MUST bring a compl	eted direct deposit form SF 1199a and voided check with them to OCS?
89. Have you made the candidate aware that if he or she has not been 100 induction at OCS they will be sent home from OCS and may be found un	
90. Has the candidate been briefed that if there are any changes in their s immediately? And, that they are not authorized to report to OCS with any	status (medical, moral, or otherwise) they must notify their OSO/MOI/OIC y unresolved medical or moral issues. Yes No Int
91. Has the candidate completed the 30 Day Medical Screening Question	naire and do you have a copy to submit to MCRC? Yes No Int.
92. If candidate is driving, has a proper vehicle inspection been conducted	d? 🗌 Yes 🗌 No Int
CERTIFICATION This pre-ship checklist was answered to the best of the candidate's and in OCS.	nterviewing officer's knowledge. The officer candidate is qualified to attend
Candidate's Signature: Print Name:	Date:
OSO/MOI/OIC Signature: Print Name:	Date:

If you were required to explain any of your answers above please provide that information on a supplemental sheet.

30 DAY MEDICAL QUESTIONNAIRE

ļ 1	HEALTI	H REC	ORD CHRONOLOGICAL RECO	RD OF MEDICAL CARE
			NAVAL HEALTH CLINIC QUANTICO - JOHN H. B 3259 CATLIN AVE, QUANTI	
DA.	TE		NEURO/ MUSCULOSKELETAL SPORT	S MEDICINE SCREENING
	```			
				Comments: Place Question Number and describe all answers
YES	NO	ı	Have you been treated by a doctor in the last year?	
YES	NO	2	Have you <b>EVER</b> been diagnosed with asthma or used an inhaler?	
YES	NO	3	Have you <b>EVER</b> had difficulty breathing, chest pain, light-headedness or dizziness, or passing out or nearly passing out?	
YES	NO	4	Frequent or severe headaches?	
YES	NO	5	Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Narfan's syndrome?	
YES	NO	6	History of absent or irregular menstrual cycle (females only)?	
YES	NO	. 7.	History of heat exhaustion, heat illness, or cold weather injuries (i.e hypothermia, frostbite)?	
YES	NO	8	Concussion or other head and neck injury?	
YES	NO	9	Have you <b>EVER</b> had any fractures, stress fractures, sprains, strains, ligament, tendon, or muscle injuries?	
YES	NO	10	Have you EVER had any subluxation or dislocations of your shoulders?	
YES	NO	11	Any surgeries done on the musculoskeletal system <b>EVER</b> ?	
YES	NO	12	Have you <b>EVER</b> had any back or neck pain or injury?	
YES	NO	13	Have you <b>EVER</b> had shin splints, shin pain or leg pain?	
YES	NO	14	Have you-EVER been seen by an Orthopedist or Podiatrist for any treatment?	
YES	NO	15	Have you <b>EVER</b> experienced any pain or treated for any musculoskeletal injury?	
YES	NO	16	Previous attendance at OCS? (List Program and Dates and successfully completed or not)	

Yes / No Yes/ No Secondary Screening Needed _____ (Screener's Initials) Secondary Musculoskeletal Screening Needed _____ (Screener's Initials)

RECORDS MAINTAINED AT:	John H. Bradley Br	John H. Bradley Branch Health Clinic, Quantico, VA 22134			
PATIENT'S NAME (Last. F	irst, Middle Initial)		SEX MALE / FEMALE		
RELATIONSHIP TO SPON	SOR	STATUS ACTIV	RANK/GRADE OC		
SPONSOR'S NAME SELF	•		ORGANIZATION CO:PLT:		
DEPART/SERVICE DOD/ USMC	SSN/IDENTIFICATIO	ON NO.	DOB (YY/MM/DD)	-	
<b></b>			<b>GIAS</b> (	2,	

Standard Form 1199A (EG) (Rev. August 2012) Prescribed by Treasury Department Treasury Dept. Cir. 1076

# **DIRECT DEPOSIT SIGN-UP FORM**

#### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1	(TO BE COMPLETED BY PAYEE)
-----------	----------------------------

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
			Ε	DEPOSITOR ACCOUNT NUMBER	
	ADDRESS (street, route, P.O. Box, APO/FPO)				
	CITY STATE	ZIP CODE		TYPE OF PAYMENT (Check only one)         Social Security         Fed. Salary/Mil. Civilian Pay	
	TELEPHONE NUMBER			Supplemental Security Income Mil. Active	
	AREA CODE			Railroad Retirement Mil. Retire.	
в	NAME OF PERSON(S) ENTITLED TO PAYMENT			Civil Service Retirement (OPM)	
_				VA Compensation or Pension Other Other	
			C		
С	CLAIM OR PAYROLL ID NUMBER		-	THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
			ΤY	PE AMOUNT	
	Prefix Suffix				
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIC	GNATURE	DATE	SIC	GNATURE DATE	
SIC	GNATURE	DATE	SIC	GNATURE DATE	

# **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS				
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)					

NAME AND ADDRESS OF FINANCIAL INSTITUTION							
		DEPOSITOR ACCO	UNT TITLE				
	FINANCIAL INSTITUTION CE	RTIFICATION					
I confirm the identity of the above-named payee( certify that the financial institution agrees to rece 210.							
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	TATIVE	TELEPHONE NUMBER	DATE			
Financial in	Financial institutions should refer to the GREEN BOOK for further instructions.						

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

#### **GOVERNMENT AGENCY COPY**

Standard Form 1199A (EG) (Rev. August 2012) Prescribed by Treasury Department Treasury Dept. Cir. 1076

# DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

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SECTION 1	(TO BE COMPLETED BY PAYEE)
-----------	----------------------------

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
		E DEPOSITOR ACCOUNT NUMBER			
ADDRESS (street, route, P.O. Box, APO/FPO)					
CITY STATE	ZIP CODE	F       TYPE OF PAYMENT (Check only one)         Social Security       Fed. Salary/Mil. Civilian Pay			
TELEPHONE NUMBER		Supplemental Security Income Mil. Active			
AREA CODE		Railroad Retirement			
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT	•	Civil Service Retirement (OPM)			
		VA Compensation or Pension Other Other			
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )			
		TYPE AMOUNT			
Prefix Suffix					
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE	SIGNATURE DATE			
SIGNATURE	DATE	SIGNATURE DATE			

# SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS				
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)					

NAME AND ADDRESS OF FINANCIAL INSTITUTION				
		DEPOSITOR ACCO	UNT TITLE	
	FINANCIAL INSTITUTION CE	RTIFICATION		
I confirm the identity of the above-named payee( certify that the financial institution agrees to rece 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	TATIVE	TELEPHONE NUMBER	DATE
	stitutions should refer to the GREEN			

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

#### FINANCIAL INSTITUTION COPY

1199-207 Designed using Perform Pro, WHS/DIOR, Mar 97 ENCL (3)

Standard Form 1199A (EG) (Rev. August 2012) Prescribed by Treasury Department Treasury Dept. Cir. 1076

# DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
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SECTION 1	(TO BE COMPLETED BY PAYEE)
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A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
			Ε	DEPOSITOR ACCOUNT NUMBER	
	ADDRESS (street, route, P.O. Box, APO/FPO)				
	CITY STATE	ZIP CODE		TYPE OF PAYMENT (Check only one)         Social Security         Fed. Salary/Mil. Civilian Pay	
	TELEPHONE NUMBER			Supplemental Security Income Mil. Active	
	AREA CODE			Railroad Retirement Mil. Retire.	
в	NAME OF PERSON(S) ENTITLED TO PAYMENT			Civil Service Retirement (OPM)	
_				VA Compensation or Pension Other Other	
			C		
С	CLAIM OR PAYROLL ID NUMBER		-	THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
			ΤY	PE AMOUNT	
	Prefix Suffix				
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIC	GNATURE	DATE	SIC	GNATURE DATE	
SIC	GNATURE	DATE	SIC	GNATURE DATE	

# SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS				
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)					

NAME AND ADDRESS OF FINANCIAL INSTITUTION				
		DEPOSITOR ACCO	UNT TITLE	
I confirm the identity of the above-named payee( certify that the financial institution agrees to rec		title. As representativ		
210. PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESEN	TATIVE	TELEPHONE NUMBER	DATE
Financial ir	stitutions should refer to the GREEN	BOOK for further instructi	ons.	

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

### **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

#### PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

#### PLEASE READ THIS CAREFULLY

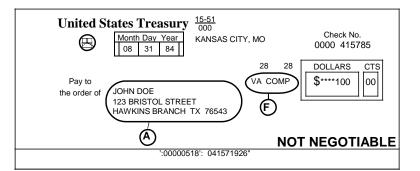
All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.

(F) Type of payment is printed to the left of the amount.



### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

#### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.