

MONTGOMERY GI BILL ACT OF 1984 (MC 350/08)
(Chapter 30, Title 38, U.S. Code)

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.
PRINCIPAL PURPOSE: To establish eligibility to participate in the Montgomery GI Bill Act of 1984.
ROUTINE USES: Information will be used as a source document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.
DISCLOSURE: Voluntary; however, failure to provide Social Security Number and other personal information may delay processing of this form and may result in the respondent being automatically enrolled in the MGIB.

1. SERVICE MEMBER (Print)

a. NAME (LAST, First, Middle Initial) MANN, MICHAEL, A.	b. SOCIAL SECURITY NUMBER (SSN)
---	---------------------------------

2. STATEMENT OF UNDERSTANDING

a. ACADEMY / ROTC SCHOLARSHIP GRADUATES
 I am **NOT** eligible for the MGIB because I am a Service Academy graduate / Reserve Officers' Training Corps (ROTC) scholarship graduate.

(1) SERVICE MEMBER SIGNATURE	(2) RANK / GRADE	(3) DATE SIGNED (YYMMDD)
------------------------------	------------------	--------------------------

b. PRIOR SERVICE MEMBER
 I am **NOT** eligible for the MGIB based upon this enlistment because this is not my initial entry on active duty.

(1) SERVICE MEMBER SIGNATURE	(2) RANK / GRADE	(3) DATE SIGNED (YYMMDD)
------------------------------	------------------	--------------------------

c. ALL OTHER SERVICE MEMBERS

- (1) I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985.
- (2) I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services.
- (3) I understand that **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for **EACH** of the first 12 full months of active duty and this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**.
- (4) I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months.
- (5) If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months.
- (6) I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service
- (7) If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994.
- (8) I must use the MGIB within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6).
- (9) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB.
- (10) I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less.
- (11) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA).
- (12) I cannot receive any combination of DVA benefits in excess of 48 months and if I have received 12 months or more of benefits under any other VA program, my MGIB benefits will be appropriately adjusted.
- (13) My qualifying period of active duty service will not entitle me to both active duty MGIB and Selected Reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE Michael A. Mann	(b) RANK/GRADE E-1	(c) DATE SIGNED (YYMMDD) 96 JUL 05
--	------------------------------	--

3. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

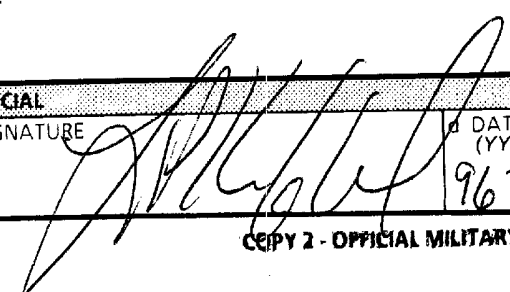
MGIB

4. STATEMENT OF DISENROLLMENT

I **DO NOT** desire to participate in the MGIB. I understand that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED (YYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE
-------------------------	---------------	-----------------------------

5. WITNESSING OFFICIAL

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial) KUFFEL, P.	b. RANK/GRADE E-5	c. SIGNATURE 	d. DATE SIGNED (YYMMDD) 96 JUL 05
---	-----------------------------	--	---