REQUEST FOR CONTINUATION PAY (BLENDED RETIREMENT SYSTEM)

The proponent agency is DCS, G-1.

AUTHORITY:	37 USC 356: Continuation pay, and 37 USC 373: Repayment of unearned portion of incentive pay when conditions of payment not met.
PRINCIPAL PURPOSE(S):	To explain the conditions under which continued entitlement of Continuation Pay may be terminated and unearned portion of advanced incentive payments recouped. Information may be referred to appropriate authorities if individual becomes subject to termination and/or recoupment of incentive.
ROUTINE USES:	Data collected is used to document a Soldier's additional obligated service period; the Continuation Pay rate for continued service; to explain the conditions of the entitlement; and to document a Soldier's formal acknowledgment of the incentive obligations.
DISCLOSURE:	Voluntary. However, failure to furnish information requested may result in denial of Continuation Pay.

AGREEMENT

1. NAME *(Last, First, MI)*	2. Pay Grade	3. DoD ID Number
4. Organization/Unit (Include UIC)	**5. PEBD (YYYYMMDD)**	**6. Control Number**
TJAGLCS, W1ETLE		CPFY260601

a. I understand that I am receiving Continuation Pay (CP), as part of the Blended Retirement System (BRS), in return for my continued service in the (select one): [X] U.S. Army [ ] U.S. Army Reserve [ ] U.S. Army National Guard

b. I agree to accept CP in accordance with AR 637-1 and the Current Year Blended Retirement Policy.

c. Amount of payment, in accordance with the above policy message, will be **2.5** times the monthly basic pay rate of $_____ for a Gross Amount of $_____, for my current pay grade and years of service as listed on the monthly basic pay table provided by the Defense Finance and Accounting Service , (DFAS) in effect on the date in block 8 (block 7 if digitally signed).

d. I agree to an Additional Obligated Service (AOS) of 4 years commencing from the date in block 8 (block 7 if digitally signed).

e. This CP is in addition to any other career bonuses which I may be (or become) eligible for and will not count toward the limit in accordance with DoDI 1304.31 on incentive payments over my career, unless those other incentives specifically require consideration of this CP in the calculation of career incentives.

f. If I receive a Selective Retention Bonus, then the bonus will be prorated by the amount of Continuation Pay received.

g. I understand the incentive payment will be subject to income tax withholdings in accordance with DOD 7000.14-R, Financial Management Regulation, Vol. 7A.

h. I understand that a portion of my incentive may be allocated to my Thrift Savings Plan (TSP), based on my TSP elections in effect at the time payment is received.

i. The incentive program is a voluntary retention program; I will not be voluntarily released from my current duty status before fulfilling the term of AOS agreed to above.

j. The effective date of my entitlement, once approved by the appropriate authority, to CP and AOS start date is identified in block 8 (block 7 if digitally signed).

k. I request my CP to be paid out as follows (select one):

[ ] In one single, lump-sum payment [ ] In equal, annual payments to be paid out over the next ____ years (2, 3, or 4)

l. I understand that failure to complete the four-year service obligation agreed to above, may result in termination of this agreement and repayment of any unearned portion of the CP payment on a pro rata basis, unless the failure to complete the four-year service obligation specified in this agreement is due to:

1) Death, illness, injury, or other physical impairment that is not the result of my own misconduct or willful negligence, or is the result of any other circumstance determined to be reasonably beyond my control and not incurred during a period of unauthorized absence; or

2) Separation from military service by operation of law or regulation of DoD or the Army, when waiver for recoupment has been approved by the Secretary of the Army, or the delegated authority.

m. I acknowledge that this form also service as my required counseling as outlined in The Army Financial Literacy Policy, dated March 26, 2021.

7. SIGNATURE OF RECIPIENT	8. DATE (YYYYMMDD)	9. CERTIFYING OFFICIAL (O-5/LTC or above)	10. DATE (YYYYMMDD)