

**ELECTION OF RESERVE PAY AND ALLOWANCES OR BENEFITS FROM PRIOR MILITARY SERVICE** DATE \_\_\_\_\_  
 (PRIVACY ACT OF 1974 APPLIES - SEE REVERSE)

TYPED IDENTIFICATION DATA OF RESERVIST (Name, Grade, SSN, Address) \_\_\_\_\_ UNIT OF ASSIGNMENT \_\_\_\_\_

**I - DECLARATION OF BENEFITS RECEIVED**

I certify that I  am  am not drawing a pension, retired pay, or disability compensation from any United States Government agency because of prior military service. I further certify that I  have  have not a claim pending with any United States Government agency for any of the aforementioned types of compensation. I understand that I may not accept both pay and allowances and a pension, retired pay, or disability compensation for any periods I have served on active duty, active duty training, or inactive duty training. I further understand that at any time my situation changes, I must report each change to my Personnel Officer immediately. (10 USC 684)

SIGNATURE OF RESERVIST \_\_\_\_\_

**II - ELECTION TO RECEIVE PAY AND ALLOWANCES IN LIEU OF BENEFITS**

I hereby waive  retired pay  VA benefits for each day of active duty, active duty training or day in which one or more periods of inactive duty training is performed during fiscal year \_\_\_\_\_ as shown in schedule below. VA CLAIM NO. \_\_\_\_\_ VA OFFICE \_\_\_\_\_

TYPE OF TRAINING	SCHEDULE OF TRAINING												
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
ACTIVE DUTY DAYS													
* AFTP DAYS													
* DAYS UTAS SCHEDULED													
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.)												TOTAL DAYS WAIVED	
SIGNATURE OF RESERVIST _____													

**III - ELECTION TO RECEIVE BENEFITS IN LIEU OF PAY AND ALLOWANCES**

I hereby elect to waive pay and allowances for fiscal year \_\_\_\_\_ while on active duty, active duty training and inactive duty training in lieu of benefits I am receiving from \_\_\_\_\_. I understand that this election precludes my entitlement to receive any pay and allowances authorized for inactive duty training and while on active duty training including travel and other expenses incident thereto. I agree to pay all of my transportation expenses and all meals furnished by Government mess. I further agree to reimburse the Government for such expenses incurred on my behalf. This waiver will remain in effect for the entire fiscal year or remainder thereof or until such time as I may change my election during fiscal year \_\_\_\_\_

SIGNATURE OF RESERVIST \_\_\_\_\_

**IV - SUPPLEMENTAL WAIVER**

This section is to be used only when a previously filed AF1962 did not include total training actually performed, or which is to be performed. I hereby waive  retired pay  VA benefits for the additional days of active duty, active duty training, and/or days in which I performed one or more periods of inactive duty training during fiscal year \_\_\_\_\_, which were not included in my initial schedule of training.

TYPE OF TRAINING	SCHEDULE OF TRAINING												
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.)												TOTAL DAYS WAIVED	
SIGNATURE OF RESERVIST _____													

**V - RECOUPMENT OF BENEFITS WAIVED FOR TRAINING NOT PERFORMED**

I declare that I was a member of (Unit) \_\_\_\_\_ during fiscal year \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ and qualified to receive pay for active duty, active duty training and/or inactive duty training for \_\_\_\_\_ days, as indicated by the above revised (complete schedule in Item II to show only days of training actually performed). I hereby apply for \_\_\_\_\_ days (type of benefit) \_\_\_\_\_ as the difference between the days I waived and the days for which active duty, active duty training and/or inactive duty training pay received.

SIGNATURE OF RESERVIST \_\_\_\_\_ SIGNATURE OF CBPO \_\_\_\_\_ DATE \_\_\_\_\_

Recoupment data verified as correct \_\_\_\_\_ VERIFIED BY (Signature) \_\_\_\_\_ DATE \_\_\_\_\_