



Coast Guard Mutual Assistance

**Assisted Reproductive
Services**

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

Instructions for completion: The completed application and supporting documentation shall be submitted directly to the local CGMA Rep. The CGMA Rep shall enter the case into netFORUM and forward to CGMA HQ for approval. **Only CGMA HQ may approve these applications.** The CGMA Rep shall **NOT** forward this application to anyone else for review or endorsement. The highest possible level of confidentiality shall be maintained during the processing of this application.

CGMA Client Information						
Name: First	M.I	Last	Suffix	SSN last 4	Employee/Auxiliary ID	
Home address: Line 1		Line 2		City	State	Zip Code
						Phone #
Member Status:	Active Duty	Retired	Reserve	Civilian	PHS	Other
<input type="checkbox"/>						
Rank/Rate/Title	Unit			OFPAC #	Check if client is deceased	
Married:		# of Dependent including spouse		Year joined CG	Year retired	Year of birth
Yes No						
Email address: personal/Zelle				Email address: Work		
Zelle is an electronic disbursement application between CGMA's bank and yours.						

Applicant Information						
To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)						
Name: First	M.I	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney
						Yes No
Email address: personal/Zelle				Pre-Authorization Form		Phone #
				Yes No		

Request and purpose			
Type of Assistance Requested	Amount requested	Monthly Repayment	Prefer Funds:
Loan	\$	\$	electronic disbursement Check
Reason for assistance (attach additional pages if necessary and documentation)			

CGMA Client/Applicant's Certification	
<p>I certify that I am going to receive the treatment as documented.</p> <p>I promise to repay full amount in monthly payments to the Coast Guard Mutual Assistance (CGMA) interest-free loan.</p> <p>I understand that if I fail to make regular payments, my account may be turned over to a collection agency.</p> <p>The application must include a letter or invoice from a medical provider that clearly states the program of treatment to be used and the estimated cost. This documentation should not include any specific medical information about the applicant or their spouse. It must be an authoritative document (not an email or handwritten note, etc.)</p> <p style="text-align: center;">No other endorsement required.</p> <p>Client/Applicant's Signature _____ Date _____</p>	