



Coast Guard Mutual Assistance

**Assistance for
Retirees and Annuitants**

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.

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:		Retiree	Annuitant (Widow or Widower of Retiree)		
Rank/Rate/Title	Unit		OFPAC #	Check if client is deceased	
Married:		# of Dependent including spouse		Year joined CG	Year retired
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 Grant	\$	\$	electronic disbursement	Check
Reason for assistance (attach additional pages if necessary and documentation)				

CGMA Client/Applicant's Certification	
<p>Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds of denial of this request. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.</p> <p>I hereby authorize the US Coast Guard to supply CGMA with any requested information contained in my official Coast Guard Personnel and pay files in connection with this assistance. I further authorize the US Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested.</p> <p>I understand that CGMA is an independent private entity, not part of the US government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary.</p>	
Client/Applicant's Signature _____	Date _____

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Instructions for completion: Once completed the form should be taken to the nearest CGMA representative (if you are located within a reasonable commuting distance of a Coast Guard unit). Otherwise, the completed form, along with the required documentation, should be emailed to Cases@cgmahq.org.

Required Documentation

ESSENTIAL: ALL APPLICATIONS MUST INCLUDE VERIFICATION OF IDENTITY. The best way is to provide this is a CG Leave and Earnings statement with an address that matches the address on the application. Other official documents or letters (including a copy of a W-2 Form) from the CG with the name and address of the retiree/annuitant may suffice. All applications must include (as applicable):

EMERGENCY REPAIR: Copies of work estimate or invoices.

EMERGENCY TRAVEL: Copy of ticket(s) or invoice for airline tickets.

UTILITIES: Copies of all bills due (or overdue)

MEDICAL/DENTAL: Copies of cost estimates or bills. Must include explanation of why the procedure is not covered by insurance.

OTHER: Authoritative documentation that supports the cost and the need. (Bills, estimates, letters related to the matter, etc.)

Monthly Expenses		Monthly Income	
Housing <i>(Rent or Mortgage)</i>	\$ _____	CG Retirement	\$ _____
Telecomms <i>(Phone, TV, Computer, etc)</i>	\$ _____	VA Disability	\$ _____
Utilities <i>(Water, Power, Etc)</i>	\$ _____	Social Security	\$ _____
Insurance <i>(Health, Homeowners, Etc)</i>	\$ _____	Other Job	\$ _____
Groceries	\$ _____	Spouse's Job	\$ _____
Personal <i>(Barber/Beauty, Laundry, etc)</i>	\$ _____	Other <i>(Investments, Rental Property, Etc)</i>	\$ _____
Debt <i>(Car Payments, Credit Card Payments, Etc)</i>	\$ _____	TOTAL INCOME	\$ _____
Other <i>(Alimony, Club Dues, Etc)</i>	\$ _____	TOTAL EXPENSES	\$ _____
Available Funds: <i>(Savings, Checking, Other, Etc)</i>	\$ _____	Surplus or Deficit: <i>(Income minus Expenses)</i>	\$ _____