



Coast Guard Mutual Assistance

Breast Milk Shipment Reimbursement

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.

Program Information: Reimbursement to eligible clients: Active Duty members (including PHS Officers and Chaplains assigned to the Coast Guard), Reservists on ADOS, Civilian Employees, and spouses of Active Duty and Reservists on ADOS whose job requires business travel, for expenses to ship breast milk home while on deployment, underway, TDY or on permissive orders for a period of 72 hours or longer. The CGMA client will complete the form and submit it, with proper supporting documentation, to their local CGMA representative.

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 (including PHS Officers and Chaplains Assigned to the CG)					Reserve: ADOS		ADT	IDT	Civilian
Rank/Rate/Title		Unit			OFPAC #		Check if client is deceased		
Married:		# of Dependent including spouse			Year joined CG		Year of birth		
Yes		No							
Email address: personal/Zelle					Email address: Work				
<p>Zelle is an electronic disbursement application between CGMA's bank and yours.</p>									

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			
Amount requested (limited to \$750 per 12 months)		Prefer Funds:	
\$		Apply to my CGMA loan	Electronic disbursement
Check			
Reason for assistance (attach additional pages if necessary and documentation)			

CGMA Client/Applicant's Certification	
I certify:	
The shipment contains only expressed breast milk and nothing else.	
Reimbursement I am requesting during the 12 months period will not exceed \$750.	
Request was submitted within 60 days of the end of the period away from home.	
I have attached the following documents:	
I have attached receipt for Shipping.	
Copy of Orders (TDY or ADOS) or Documentation from non-government job verifying that travel occurred.	
Applicant's Signature _____	Date _____