

**DEPARTMENT OF MILITARY AFFAIRS
MINNESOTA NATIONAL GUARD**
20 12th Street West
St. Paul, MN 55155-2004

MN National Guard Circular 621-5-1

1 July 2014

Military Personnel

MINNESOTA NATIONAL GUARD STATE INCENTIVE PROGRAMS

Summary: This circular supersedes Minnesota National Guard Circular 621-5-1, dated 1 January 2014 with changes and is in effect until June 30, 2015, unless superseded. It provides information and describes procedures for administering the Minnesota State Incentive Programs.

Applicability: This circular is applicable to all Minnesota Army & Air National Guard Units/Organizations.

Proponent and Exception Authority: The proponent of this circular is the Joint Force Headquarters – J1 (Manpower & Personnel). The proponent has the authority to approve exceptions to this circular that are consistent with controlling laws and regulations.

Interim Changes: Interim changes to this circular are not official unless authenticated by the NGMN-PEA-Z . This circular becomes obsolete on the expiration date shown above, unless sooner rescinded or amended.

SUMMARY OF CHANGES

Chapter 1, Overview

- Clarified satisfactory participant criteria related to APFT/PT.

Chapter 2, State Tuition Reimbursement Program (STR)

- STR undergraduate yearly maximum benefit has increased from \$13,000 to \$17,000 per year.
- STR graduate yearly maximum benefit has increased from \$22,000 to \$36,000 per year.

Chapter 3, Tuition Reimbursement – Survivor Benefit

- STR undergraduate yearly maximum benefit has increased from \$13,000 to \$17,000 per year.
- STR graduate yearly maximum benefit has increased from \$22,000 to \$36,000 per year.

Chapter 4, Medical Professional Student Tuition Reimbursement

- Service Members service obligation **MUST** be completed in the MNNG.
- Service members can submit an exception to policy for consideration of no recoupment action due to an unfulfilled service obligation.

Chapter 5, State Reenlistment Bonus

- Increased rate of 3 year bonus from \$3,000 to \$6,000.
- Increased rate of 6 year bonus from \$5,000 to \$15,000.
- Service members can simultaneously receive both the State Reenlistment Bonus and a federal bonus provided they meet the eligibility criteria for both.
- Unit Responsibilities are clarified

Chapter 6, State Enlistment Bonus

- Authorizes a new State Enlistment Bonus of \$15,000 for applicants enlisting into the 13, 25 and 35 series Career Management Fields.
- Unit Responsibilities are clarified

ANNEXES

- All Annexes herein must be utilized after 1 JUL 2014. Previous Annexes are obsolete.

TABLE OF CONTENTS

Chapter 1: Overview

1-1 General.....	1
1-2 References	1
1-3 Purpose	1
1-4 Responsibilities	1
1-5 Funding	2
1-6 State Fiscal Year	2
1-7 Satisfactory Participant	2
1-8 Recoupment	2
1-9 Exceptions to Policy	2

Chapter 2: Minnesota State Tuition Reimbursement Program

2-1 General.....	3
2-2 Eligibility	3
2-3 Rate of Reimbursement	4
2-4 Authorized Uses	4
2-5 Course Requirements	4
2-6 Maximum Lifetime Benefit.....	5
2-7 Guidelines	5
2-8 Additional Sources of Funding	5
2-9 Application Procedures	6
2-10 Incomplete Coursework	7
2-11 Tuition Reimbursement Option for Spouses	7
2-12 Termination	8

Chapter 3: Tuition Reimbursement – Survivor Benefit

3-1 General.....	9
3-2 Scope	9
3-3 Eligibility	9
3-4 Procedures	9
3-5 Guidelines	9
3-6 Payment Procedures.....	10
3-7 Incomplete Coursework	11
3-8 Termination	11

Chapter 4: Medical Professional Student Tuition Reimbursement

4-1 General.....	12
4-2 Eligibility	12
4-3 Rate of Reimbursement	12
4-4 Maximum Lifetime Benefit.....	12
4-5 Application Procedures	12
4-6 Incomplete Coursework	12
4-7 Service Obligation and Recoupment	12

Chapter 5: State Reenlistment Bonus

5-1 General.....	14
5-2 Eligibility	14
5-3 Payment Procedures.....	14
5-4 Taxes.....	14
5-5 Termination of Bonus Payments	15
5-6 Unit Responsibilities	16

Chapter 6: State Enlistment Bonus

6-1 General.....	17
6-2 Eligibility	17
6-3 Payment Procedures.....	17
6-4 Taxes.....	17

6-5 Termination of Bonus Payments	17
6-6 Unit Responsibilities	19

Chapter 7: Medic Recertification Bonus

7-1 General.....	20
7-2 Eligibility	20
7-3 Payment Procedures.....	20
7-4 Taxes.....	20
7-5 Termination of Bonus Payments	20
7-6 Unit Responsibilities	21

Annex A

State Tuition Reimbursement (STR) Memorandum of Understanding	A-1
STR Annual Obligation Request Form	A-2
STR Payment Request Form	A-3

Annex B

Minnesota Reenlistment Bonus Addendum	B-1
---	-----

Annex C

Minnesota Medic Recertification Bonus Addendum.....	C-1
---	-----

Annex D

Minnesota Direct Deposit Form & W9.....	D-1
---	-----

Annex E

Extended State Tuition Reimbursement (ESTR) Memorandum of Understanding	E-1
ESTR Annual Obligation Request Form	E-2
ESTR Payment Request Form.....	E-3

Annex F

Survivor STR Memorandum of Understanding	F-1
Survivor Annual Obligation Request Form	F-2
Survivor Payment Request Form	F-3

Annex G

Medical Professional State Tuition Reimbursement Contractual Service Obligation Memo.....	G-1
---	-----

Annex H

State Enlistment Bonus.....	H-1
-----------------------------	-----

CHAPTER 1

OVERVIEW

1-1. **GENERAL.** The Minnesota Legislature enacted legislation that provides funds for State Incentive Programs for members of the Minnesota National Guard. This circular describes the eligibility criteria and procedures for administering the Minnesota State Incentive Programs effective from 1 July 2014 through 30 June 2015 unless sooner rescinded or amended.

1-2. REFERENCES.

- a. Minnesota Statute 192.501, Financial Incentives for National Guard members.
- b. Minnesota Statute 190.03, Laws to Conform to United States Regulations.
- c. Department of Defense Financial Management Regulation.

1-3. PURPOSE.

- a. The purpose of the State Incentive Programs are to:

- (1) Encourage the recruitment of qualified prior and non-prior Service Members for the Minnesota National Guard.

- (2) Encourage members currently assigned to the Inactive National Guard (ING) or Individual Ready Reserve (IRR) to re-affiliate with the Minnesota National Guard.

- (3) Encourage current Minnesota National Guard members to extend their enlistment agreements.

- (4) Improve the qualifications of Minnesota National Guard members through higher education.

- (5) Reward eligible Minnesota National Guard members for their willingness to serve the needs of the State of Minnesota when ordered by the Governor and the President of the United States, in support of world-wide operational requirements.

- b. The purpose of this circular is to establish policy to administer the State Incentive Programs.

1-4. RESPONSIBILITIES.

- a. **The Adjutant General.** The Adjutant General is responsible for overall policies, guidance, administration, implementation and proper utilization of the Minnesota State Incentives Program.

- b. **The Joint Force Headquarters – J1.** The JFHQ-J1 is charged with the administration of the programs for the Adjutant General and is the official designee of the Adjutant General for such purposes. Further sub-delegation of authority may be granted to the Education Services Officer (ESO).

- c. **Recruiting and Retention Battalion.** The Recruiting and Retention Battalion is responsible to promote recruiting and retention utilizing the incentives offered by the Minnesota State Incentive Program.

- d. **State Incentives Working Group.** The State Incentives Working Group is responsible for formulating policy contained within this circular. The Working Group members are as follows:

- (1) Joint Force Headquarters - J1
- (2) Division Chief, Army Personnel
- (3) JFHQ Air Division, Military Personnel Management Officer (MPMO)
- (4) State Senior Enlisted Advisor
- (5) State Executive Director of Military Affairs
- (6) Office of the State Surgeon

- (7) 34th Infantry Division Representative
- (8) 84th Troop Command Representative
- (9) 347th Regional Support Group Representative
- (10) 133rd Airlift Wing Representative
- (11) 148th Fighter Wing Representative
- (12) Army Recruiting and Retention Manager
- (13) Air Recruiting and Retention Superintendent
- (14) Education Services Officer
- (15) Education Section NCOIC
- (16) State Incentives Program Administrators, Recorders

e. **National Guard Commanders.** Commanders at all levels are responsible for keeping members of their commands informed of the State Incentive Programs. They must continue to monitor eligibility of those members who are receiving state incentives.

f. **National Guard Members.** National Guard Members (both Army and Air National Guard) are responsible to apply for the incentives for which they are eligible according to the policies within this circular.

g. **Army AMEDD Recruiter and ANG Retention Manager.** Provide list of student officers eligible for benefits outlined in Chapter 4.

1-5. **FUNDING.** The funding available for the State Incentive Programs is limited by the appropriations set by the State Legislature. These programs will continue as long as funds are available.

1-6. **STATE FISCAL YEAR.** The current state fiscal year begins on 1 July 2014 and ends on 30 June 2015.

1-7. **SATISFACTORY PARTICIPANT.** A satisfactory participant of the Minnesota National Guard is defined as a Service Member who meets the following criteria:

- a. Is an active drilling member of his/her unit of assignment or attachment.
- b. Has no period of absent without leave (AWOL)/unsatisfactory participation within the last 12 months.
- c. Has no more than four periods of excused absence within the last 12 months.

d. Is currently deployable per criteria required for his/her current duty position. If not deployable, must be making diligent and measurable progress towards becoming deployable, or awaiting a Fit-for-Duty (FFD) determination by a Medical Review Board.

e. Is not under suspension of favorable actions (Army) or adverse administrative actions (Air) in accordance with applicable regulation and policy.

f. Has a passing "record" APFT (Army)/Physical Fitness Test (Air), and is compliant with Ht/Wt standards (Army/Air) for the current fiscal year.

1-8. **RECOUPMENT.**

a. Funds paid under the State Incentive Programs may be recouped from those individuals who fail to complete a term of enlistment or reenlistment in the Minnesota National Guard.

b. Further details regarding recoupment procedures are explained within the chapter applicable to each program.

1-9. **EXCEPTIONS TO POLICY.** When extenuating circumstances exist, a request for exception to policy may be initiated in writing by the member and endorsed by his/her chain of command to the Education Services Office, NGMN-PEA-E. The request must clearly explain the circumstances that may merit an exception to policy. Some examples may include deployment issues, State Active Duty issues, military training conflicts that result in missed suspense dates, delays, or medical issues that disrupt civilian education.

CHAPTER 2

MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM

2-1. **GENERAL.** The State of Minnesota sponsors the State Tuition Reimbursement Program (STR). The State Legislature appropriates the funding for the program biennially. If, in the future, the legislature does not fund the program, or funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

2-2. **ELIGIBILITY.** The STR program is available to the following individuals, in addition to those covered under Chapters 3 & 4:

a. **Regular STR** - Current members of the Minnesota National Guard who:

(1) Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7.

(2) Have successfully completed Basic Training (BT), Basic Military Training (BMT), a current SMP Contracted Cadet; or a Special Branch Direct Commissioned Officer (AMEDD, Chaplain, JAG Corps). Officers are authorized reimbursement if otherwise eligible regardless of military education completion date.

(3) Are between the ranks of E-1 through O-5 (to include Warrant Officers). Officers promoted to the grade of O-6 during the school term are eligible to use STR until the end of that term.

b. **Extended STR** - Former members of the Minnesota National Guard who:

(1) Have satisfactorily completed their service contract in the Minnesota National Guard or the portions of it involving selective reserve status, for which any part of that service was spent serving honorably in federal active service (Title 10 orders) or federally funded state active duty since September 11, 2001. In these cases, the person's eligibility is extended for a period of two years, plus an amount of time equal to the duration of that person's active service.

(a) A Service Member has satisfactorily completed their service contract when they have both reached their Expiration Term of Service (ETS) date and received an "Honorable" discharge. Service Members separated from the MNNG under the following conditions are not eligible:

1. Interstate Transfer (IST),
2. Conditional Release in order to access to Active Duty/Reserve Forces,
3. Separated under "General," "Other than Honorable Conditions," "Bad Conduct" or "Dishonorable" discharge,
4. Separated administratively due to adverse action(s),
5. Separated with a "Bar to Re-Enlistment",
6. Separated prior to ETS date unless separating due to:
 - i. Retirement; or
 - ii. A result of determinations made by the medical boards process (Medical Evaluation Board, Physical Evaluation Board, Medical MOS/AFSC Review Board or Non-Duty Disability Evaluation System).

(b) Service Members currently serving in any branch of the U.S. Armed Forces under an active service contract do not qualify for Extended STR.

(2) Have served honorably in the Minnesota National Guard and have been separated or discharged due to a service-connected injury, disease, or illness. In these cases, the person's eligibility is extended for eight years beyond the date of separation. Eligibility effective date is 04 June 2005.

(3) Title 10 & Title 32 Active Duty Operational Support (ADOS), Active Duty for Special Work (ADSW) and Full Time National Guard Duty – Operational Support (FTNGD-OS) are not eligible periods of service for the Extended STR program.

2-3. RATE OF REIMBURSEMENT. The Minnesota National Guard will reimburse up to 100% of the tuition charged for eligible coursework (undergraduate and graduate) at accredited post-secondary institutions.

a. **UNDERGRADUATE COURSEWORK:** Reimbursement will not exceed 100% of the University of Minnesota (U of M) Twin Cities undergraduate campus Resident Semester Hour rate. The maximum reimbursement for Quarter Hours (QH) is 2/3rds (66.6%) of the Semester Hour (SH) rate at the U of M. The total amount of STR a Service Member can receive for undergraduate coursework will not exceed \$17,000 per fiscal year (1 July 2014 through 30 June 2015).

b. **GRADUATE COURSEWORK:** Reimbursement will not exceed 100% of the Resident General Tuition Rate for the University of Minnesota (U of M) Twin Cities Graduate School. The total amount of STR a Service Member can receive for Graduate coursework will not exceed \$36,000 per fiscal year (1 July 2014 through 30 June 2015).

c. U of M undergraduate rate for the current academic year is found at http://onestop.umn.edu/finances/costs_and_tuition/index.html

2-4. AUTHORIZED USES. STR is limited to funding only one degree for each of the following levels (within the limitations of Para 2-6):

- a. One Certification Program or Certificate
- b. Associate Degree
- c. Baccalaureate (undergraduate) Degree
- d. Masters or Professional Degree
- e. Doctorate Degree

2-5. COURSE REQUIREMENTS.

a. Reimbursement is authorized for:

(1) Course(s) taken at an accredited post-secondary educational institution and its course(s) are eligible for placement on a transcript from the post-secondary educational institution, and

(2) Undergraduate course(s) completed with a grade of “C” or higher, or graduate course(s) completed with a grade of “B” or higher, and

(3) Course(s) a student is currently attending at the time of direct commission (AMEDD/Chaplain/JAG Corps Officers) into the MNNG, and

(4) Course(s) which end prior to the Service Member's ETS date; unless the Service Member qualifies under paragraph 2-2 b.

b. Reimbursement is not authorized for:

(1) Course(s) that were not completed.

(2) Course(s) taken prior to completion of BT/BMT.

(3) Exam Prep Course(s) or Exams (e.g., GRE, GMAT, LSAT, EMT).

(4) Course(s) that earn Continuing Education Units (CEUs – may be paid thru other funding sources).

(5) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school related fees.

c. If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include (but not limited to): 1) high school students who attend post-secondary coursework, where the course(s) are paid for by the high school, school district, or state; 2) college students who have no cost incurred for tuition.

2-6. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the STR Program is funding for 144 semester/208 quarter credits.

2-7. **GUIDELINES.**

- a. Tuition reimbursement is paid upon successful completion of coursework.
- b. A member must submit an STR Obligation Form no later than 45 days after the course/term begin date.
- c. A member must submit an STR Payment Request Form no later than 90 days from the last official day of the course/term.
- d. The student's final fee statement dated after course completion and provided by the institution is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the Service Member must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution. The final fee statement must list all other benefits paid directly to the institution, including:

- (1) Federal Tuition Assistance.

- (2) Chapter 33/Post 9-11 GI Bill. The Chapter 33/Post 9-11 GI Bill is the only GI Bill that must be claimed on the STR Payment request.

- (3) ROTC Scholarship. All ROTC Tuition Scholarships must be reported. Do not report Room and Board scholarships or Stipends.

2-8. **ADDITIONAL SOURCES OF FUNDING.**

a. Enlisted (Traditional, M-Day) Service Members of the MN Army National Guard **MUST** apply for Federal Tuition Assistance (FTA) in order to be eligible to use STR, regardless if they believe they have reached their maximum yearly cap. AGR Enlisted Soldiers and Airmen **MUST** apply for FTA in order to be eligible to use STR.

- (1) In the event FTA funding is exhausted before the end of the federal fiscal year (30 September 2014), the ESO may waive the above requirement to apply for FTA in order to be eligible for STR.

- (2) The ESO will establish a window of eligibility for this exception and will notify users, unit and support personnel of the short term policy change.

- (3) Educational institutions that did not sign the Department of Defense (DoD) Memorandum of Understanding (MOU) will become ineligible to receive FTA funds. Enlisted Service Members attending these educational institutions are eligible to receive STR funding and the requirement to apply for TA is waived; no formal exception to policy is required. This applies **ONLY** to schools that did not sign the DoD MOU. Participating institutions can be found at: <http://dodmou.com/InstitutionList.aspx>

- (4) In the event that a rule from the FTA program disqualifies a Service Member from FTA eligibility the Service Member should apply for STR. No exception is needed to approve a request for STR provided the Service Member meets all other eligibility requirements for STR.

b. MNNG officers are NOT required to apply for FTA in order to be eligible for STR.

c. Members receiving Federal Benefits which pay tuition costs directly to the institution are eligible to receive funds under the STR program. The combination of Federal Benefits and STR cannot exceed 100% of the tuition costs.

d. Tuition reimbursement received under this policy may not be considered in determining a person's eligibility for a scholarship or grant-in-aid by the Minnesota Higher Education Service Office or by any other state board, commission, or entity.

2-9. APPLICATION PROCEDURES.

a. Service Member's Responsibilities:

(1) Read and sign the MOU (Annex A-1) annually. This MOU specifically outlines the member's responsibility for obtaining reimbursement under the STR program. Submit the signed MOU to the Service Member's unit.

(2) Complete an Annual Obligation Request form (Annex A-2). Service Members must submit the completed Annual Obligation Request form to the unit **NO LATER THAN 45 days** after their course/term start date. Late submissions of the Annual Obligation Request form will result in non-payment. Service Members who enlist into the MN National Guard during a school term must submit the Annual Obligation Request form immediately upon enlistment. The annual obligation is a projected tuition cost for each term during the entire school year. The actual amount of reimbursement is dependent on the cost of tuition and the number of credits completed satisfactorily. The current school year is Summer Session II 2014 through Summer Session I 2015.

(3) Service Members must submit the following forms and supporting documents to the unit in sufficient time for the reimbursement request to be entered into the State Database **NO LATER THAN 90 days** from the last official day of the course/term. See paragraph 2-10 for information on incomplete coursework or late requests for reimbursement. Service Members enrolled in accelerated programs, where several terms are completed during the course of a normal semester, should submit their requests in groups that correspond with a normal semester. Forms required for reimbursement:

(a) STR Payment Request form (Annex A-3).

(b) Grade Report.

(c) Final fee statement must, 1) clearly show the amount of tuition charged; and, 2) be dated after course completion; and 3) be provided by the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electronic Funds Transfer (EFT) (Annex D-1). The Direct Deposit & W-9 form are only required for the initial STR submission, unless there are changes in a Service Member's bank account information.

(4) Service Members who are unable to submit an MOU, Obligation Request form or Payment Request form in the time required due to attendance at a military school (AIT, NCOES, OES, etc) must submit the required paperwork no later than 45 days after the military school end date. Units should add justification of school attendance in the remarks block in the State Database if this situation occurs.

b. Unit Responsibilities:

(1) Ensure Service Member reads and signs the MOU annually. Unit will upload copy of signed MOU into the STR database with the obligation request as outlined in paragraph 2 below.

(2) Ensure Service Members using STR turn in their forms, and the unit must enter each annual obligation into the STR database within the timeframe specified (45 days). Unit will upload copy of obligation request form and signed MOU into the STR database at this time.

(3) Enter payment requests into the STR Database immediately upon receipt from the Service Member. All requests for reimbursement must be submitted **NO LATER THAN 90 days** from the last day of the course/

term. Prior to submitting, the unit must perform a quality review of the Payment Request form (Annex A-3) to ensure the following:

(a) It is complete and clearly shows amount of tuition charged.

(b) Clearly shows the amount of Federal Benefits which pay tuition costs directly to institution.

(c) Verify the Service Member has completed Basic Training and has completed or is projected for the ROTC Leadership Training Course.

(d) Verify that the Service Member is in good standing IAW paragraph 1-7 on the course/term end date. If they are not in good standing, return the request to the Service Member without action and explain that they have failed to meet the required standards for payment for that course/term. Unit will notify the STR manager that the Service Member is not eligible for payment for that course/term so that funds can be reallocated.

(4) Upload payment request form, final fee statement and grade report into the STR Database.

c. Education Service Office Responsibilities:

(1) The Education Service Office allocates funds according to the Annual Obligation Requests received.

(2) Processes payment requests.

(a) Verifies all information is correct; this may include contacting the student's school.

(b) Calculates the actual amount of reimbursement.

(3) Validates Service Members have completed Basic Training and has completed or is projected for the ROTC Leadership Training Course.

(4) Denies incomplete or late payment requests or requests for those Service Members not in compliance with paragraph 1-7.

2-10. INCOMPLETE COURSEWORK.

(1) If the student has an incomplete course, the unit will request payment for completed course(s) during that course/term within the 90 day suspense. Once the student has finished the incomplete course(s), units will request payment for those course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) Upon completion of the previously incomplete coursework, complete a new Payment Request Form (Annex A-3), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Provide this request along with the initial Payment Request form and a grade report showing satisfactory completion.

2-11. TUITION REIMBURSEMENT OPTION FOR SPOUSES.

a. A Service Member who meets the following criteria may elect to have their Spouse use a portion of the remaining balance of their STR:

(1) Is serving satisfactorily as defined by paragraph 1-7.

(2) Has served at least 8 years of active drilling service (non-ING) in the Minnesota National Guard.

(3) Is between the ranks of E1 through O5 (to include Warrant Officers). Spouses of officers promoted to the grade of O6 (Colonel) during the school term are eligible to use STR until the end of that term.

b. A spouse may use up to 12 semester/17 quarter credits annually, not to exceed the sponsoring Service Member's lifetime benefit of 144 semester/208 quarter credits.

c. Payment procedures will remain the same as for the Service Member, and all payments will be direct deposited into the sponsoring Service Member's bank account.

d. Rates of reimbursement will be paid in accordance with paragraph 2-3. Spouse tuition reimbursement is counted towards the Service Member's maximum yearly benefit.

2-12. **TERMINATION.** The submission of a falsified grade report, transcript, final fee statement, Payment Request form (Annex A-3) or an attempt to receive funds a member is not eligible to receive will result in the termination from the STR Program for a minimum of one year. A Service Member who received STR funds utilizing a falsified grade report, transcript, or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

CHAPTER 3

TUITION REIMBURSEMENT - SURVIVOR ENTITLEMENT

3-1. **GENERAL.** Effective 01 July 1992, if a member of the Minnesota National Guard is killed while performing military duty, his or her surviving spouse and/or surviving dependents (to include biological children of the deceased born within 10 months after the member's death), become eligible for the State Tuition Reimbursement (STR) program.

3-2. **SCOPE.** This entitlement covers accident-related deaths that occur within the scope of a Service Member's assigned duties, while in a federal duty status or on state active service, as defined in Minnesota Statutes section 190.05. This entitlement also covers accidental death that occurs while traveling to or from the Service Member's home of record and place of duty for drill attendance or while serving in the line of duty.

3-3. **ELIGIBILITY.**

- a. The surviving spouse is eligible regardless of remarriage.
- b. Surviving dependents are eligible until their 24th birthday.
- c. Surviving spouse and eligible dependent(s) will remain eligible even if they move out of state and become a non-Minnesota resident.

3-4. **PROCEDURES.**

- a. The Office of the Adjutant General will issue a Letter of Eligibility that outlines the Tuition Reimbursement entitlement. The Education Services Office will forward the letter to the surviving spouse; or if no spouse, to the oldest adult dependent; or the guardian of minor children. The letter will indicate eligible dependent recipient(s) and must include the following information: full name, dependent status, date of birth, and social security number.
- b. The Minnesota National Guard Education Services Office will manage this benefit program and maintain files for all Letters of Eligibility issued.

3-5. **GUIDELINES.**

a. **REIMBURSEMENT RULES.** The Minnesota National Guard will reimburse up to 100% of the tuition charged for eligible coursework (undergraduate and graduate) at accredited post-secondary institutions.

(1) The rate of reimbursement will be paid out in accordance with paragraph 2-3. U of M tuition rates for the current academic year can be found at: http://onestop.umn.edu/finances/costs_and_tuition/index.html

(2) If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include (but not limited to): 1) high school students who attempt post-secondary coursework, where the course(s) are paid for by the high school, school district, or state; 2) college students who have no cost incurred for tuition.

b. **COURSE REQUIREMENTS.**

(1) Reimbursement is authorized for:

(a) Course(s) taken at an accredited post secondary educational institution and course(s) eligible for placement on a transcript from the post secondary educational institution.

(b) Undergraduate course(s) completed with a grade of "C" or higher, or graduate course(s) completed with a grade of "B" or higher.

(2) Reimbursement is not authorized for:

(a) Course(s) that were not completed.

(b) Exam Prep Course(s) or Exams (e.g., GRE, GMAT, LSAT, EMT).

(c) Course(s) that earn Continuing Education Units (CEUs).

(d) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

c. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the State Tuition Reimbursement Program is funding for 144 semester /208 quarter credits.

d. **ADMINISTRATION.**

(1) Tuition reimbursement is paid upon successful completion of coursework.

(2) A student must request tuition reimbursement no later than 90 days from the last official day of the course/term.

(3) The student's fee statement is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution.

3-6. PAYMENT PROCEDURES.

a. Memorandum of Understanding Form (MOU) (Annex F-1).

(1) This memorandum specifically outlines the student's responsibility for obtaining reimbursement under the Minnesota STR Program.

(2) Read, sign and submit the MOU to the Education Service Office annually.

b. Annual Obligation Request.

(1) Complete the Annual Survivor Obligation Request (Annex F-2) (Contact the Education Service Office for applicable form at Nq.mn.mnarnng.mbx.assets-education@mail.mil). Submit form to the Education Service Office NO LATER THAN 45 days after the course/term start date.

(2) The annual obligation is a projected tuition cost for each term during the entire school year. The actual amount of reimbursement is dependent on the cost of tuition and the number of credits satisfactorily completed. The current school year is Summer Session II 2014 through Summer Session I 2015.

c. Request for Reimbursement.

(1) Students must submit the following forms and supporting documents to the Education Service Office NO LATER THAN 90 days after the last official day of the term.

(a) Survivor Payment Request Form (Annex F-3).

(b) Grade Report.

(c) Final fee statement showing the amount of tuition charged. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and include a point of contact at the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electric Funds Transfer (EFT) (Annex D-1). If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, attach a current Annex D-1 which includes the W-9 form.

(2) By signing this application, the student is verifying all information is true and correct. It also authorizes the Education Service Office to contact the school to verify course grades or other data.

3-7. INCOMPLETE COURSEWORK.

a. If the student has an incomplete course, the student will request payment for completed course(s) during that course/term within the 90 day suspense. Once the student has finished the incomplete course(s), they will request payment for the course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. Upon completion of the previously incomplete coursework, complete a new Payment Request Form (Annex F-3), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Provide this request along with the initial Payment Request form and a grade report showing satisfactory completion.

3-8. TERMINATION.

a. The submission of a falsified grade report, transcript, final fee statement, Payment Request form (Annex F-3) or an attempt to receive funds a member is not eligible to receive will result in termination from the STR Program for a minimum of one year.

b. The Education Service Office will terminate the entitlement for the surviving dependents on the dependent's 24th birthday. The dependent will be paid for the term during which he/she turns 24.

CHAPTER 4

MEDICAL PROFESSIONAL STUDENT STATE TUITION REIMBURSEMENT

4-1. **GENERAL.** To encourage currently accepted/enrolled medical, dental, and physician assistant (PA) students to accept a direct commission in the Minnesota National Guard during completion of graduate-level medical professional degrees.

4-2 ELIGIBILITY.

a. Army and Air Guard members who initially appoint as either medical/dental student officers or are already commissioned officers and attain civilian physician assistant student status (PA-S) are eligible for this program. Allocations are 15 officers (medical, dental or physician assistant) for Army and 4 officers (medical, dental or physician assistant) for Air. The combined number of National Guard participants enrolled in the program will not exceed 19 officers per year. Participation in this program does not prohibit concurrent participation in a nationally funded Health Professional Incentive (HPI) program. AMEDD Student Recruiter (ASR) participants are restricted to State Tuition Reimbursement (STR) IAW Chapter 2 for payment rates and Time in Service (TIS) obligations for those periods of STR use.

b. To qualify for reimbursement under this program, an applicant must be:

(1) A satisfactory participant as defined in paragraph 1-7; and

(2) An AMEDD direct commissioned officer in a student officer status or a commissioned officer in a Master of Physician Assistant Studies (MPAS) program; or Enlisted members in the Minnesota Air National Guard that have been accepted in an approved Physician Assistance program and have been selected by the MDG Commander to be immediately commissioned and be placed in a valid Physician's Assistant Slot, once the ANG Service Member has completed PA School. Failure to graduate and/or be commissioned upon completion of the PA program will result in recoupment of unearned funds.

4-3. **RATE OF REIMBURSEMENT.** This program reimburses up to 100 percent of tuition costs, not to exceed 100 percent of the tuition rate of the University of Minnesota (UMN) Medical School, Twin Cities campus, for the current academic year (found at http://onestop.umn.edu/finances/costs_and_tuition/index.html).

4-4. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under any State Tuition Reimbursement Program (STR) is funding for 144 semester/208 quarter credits.

4-5. **APPLICATION PROCEDURES.** Refer to paragraph 2-9.

4-6. **INCOMPLETE COURSEWORK.** Refer to paragraph 2-10.

4-7. SERVICE OBLIGATION AND RECOUPMENT.

a. Dental and PA Officers who receive Medical Professional STR incur a contractual service obligation of two years for every year of use of Medical Professional STR. Service must be completed in the Minnesota National Guard. This obligation is effective the day after the course completion date for the last term of reimbursement use under the provisions of this chapter, typically the date that the medical professional degree is conferred. These officers must obtain unrestricted professional licensure immediately after medical professional degree completion as a term of the contractual service agreement for the use of the Medical Professional STR; failure to attain unrestricted professional licensure may initiate a recoupment action. Dental student officers are required to reappoint as Dental Corps (DC) officers; PA students must initially appoint as Army Medical Specialist Corps (SP) officers.

b. Medical officers who received Medical Professional STR incur a contractual service obligation of two years for every year of use of Medical Professional STR. Service must be completed in the Minnesota National Guard. This obligation is effective the day after the completion of the residency program. The Office of the State Surgeon is authorized to direct the TIS obligation for those officers who utilized both undergraduate rates STR and Medical Professional STR in any combination during their medical school training.

c. The Service Member must sign a Contractual Service Agreement (Annex G) at the beginning of each academic school year they receive Medical Professional STR. The contractual service obligation for use of Medical Professional STR runs concurrent with all other contractual service obligations. The Service Member must remain in an active status in the Minnesota National Guard in order to satisfy this service obligation.

d. The Service Member is subject to prorated recoupment of Medical Professional STR if the officer fails to fulfill any portion of the contractual service obligation. Service Members may submit an Exception to policy (ETP) memorandum when leaving the Minnesota National Guard for consideration of no recoupment action.

e. Individuals who received tuition reimbursement prior to 1 July 2014 retain the service obligation in accordance with the policy in effect at the time they began receiving Chapter 4 Medical Professional STR; however, they must sign a Contractual Service Obligation (Annex G) at the beginning of each academic school year.

f. Service Members can use benefits up to 100% of tuition costs as long as STR is the last payment source. A Service Member who received STR funds utilizing a falsified grade report, transcript, or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

CHAPTER 5**STATE REENLISTMENT BONUS**

5-1. **GENERAL.** The Adjutant General has authorized a \$6,000 (3 year) or a \$15,000 (6 year) State Reenlistment Bonus (SRB) for Service Members in the Minnesota National Guard.

5-2. **ELIGIBILITY.** Service Members must have completed six years total time in service (TIS) creditable for retirement and must have twelve or less years of service creditable for retirement to meet eligibility requirements on current Expiration Term of Service (ETS) date. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. Individual Ready Reserve (IRR) and Inactive National Guard (ING) time is not considered creditable time for retirement for this purpose. The reenlisting authority or unit rep must verify TIS SRB eligibility on the day of reenlistment before contracting.

- a. Meet Minnesota National Guard reenlistment eligibility criteria.
- b. Be placed in the primary MOS/AFSC and be qualified in that MOS/AFSC. Service members must also be the grade of the assigned position or one grade below the required grade of the position to be eligible.
- c. Must have been a satisfactory participant during the three months prior to the date of their reenlistment.
- d. Reenlist for three or six years.
- e. Service Members that receive a federal reenlistment bonus may also be eligible for an SRB.
- f. Permanent fulltime members of the Minnesota National Guard (AGR and Technicians) are NOT eligible for the State Reenlistment Bonus.

5-3. PAYMENT PROCEDURES.

a. Initial payment of \$2,000 (3 year) or \$2,500 (6 year) will be made on the anniversary date of ETS after the first year the re-enlistment is complete. Additional payments will be evenly distributed once a year during the Service Member's anniversary month. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, attach a current Annex D-1 which includes the W-9 form.

(1) Army National Guard: The Unit Retention Manager is responsible for submitting the Reenlistment contract and Bonus Addendum (Annex B-1) into the State Incentives Database so the member's payment can be processed. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, forward a current Annex D-1 which includes the W-9 form.

(2) Air National Guard: The Base Retention Manager is responsible for submitting the Reenlistment contract and Bonus Addendum (Annex B-1) into the State Incentives Database so the member's payment can be processed. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, forward a current Annex D-1 which includes the W-9 form.

- b. The Education Service Office monitors payments made and tracks future payments.

5-4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive Form 1099R (Miscellaneous Income) for claiming income taxes.

5-5 TERMINATION OF BONUS PAYMENTS.

a. Bonus will be terminated and subsequent scheduled payments will not be paid if the Service Member:

(1) Becomes an unsatisfactory participant by any of the following—

(a) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.

(b) Receiving one unexcused absence within a 12-month period. Termination is effective on the date of the first unexcused absence.

(c) Failing to attend or complete Annual Training (AT) without Commander's approval. Termination is effective on the first day of annual training.

(d) Not being in a deployable status per criteria required for his/her current duty position, and, is not making diligent progress toward becoming deployable. Termination is effective on the date the Service Member is considered non-deployable. Service Members that have undergone a medical process and are found fit for retention but are not allowed to deploy are exempt from termination.

(e) Is under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy on entitlement date. Termination is effective on the date of suspension of favorable actions.

(f) Does not have a current passing "record" APFT (Army), Physical Fitness Test (Air), or meet Ht/Wt standards (Army/Air) on entitlement date. The effective termination date is the date the Service Member fails to meet standards. A partial payment will be processed for the portion of the year served satisfactorily.

(2) Fails to extend enlistment for time served in the ING within 30 days after return to unit. Termination is effective on the date of transfer to the ING.

(3) Exceeds maximum time in the ING (one year). Termination is effective on the date of transfer to the ING .

(4) Separates from the Minnesota National Guard for any reason. Termination is effective from the date of separation.

(5) Interstate Transfers (IST) to another State National Guard. Termination is effective from date of transfer.

(6) Is commissioned/appointed into officer/warrant officer corps of the Minnesota National Guard. Termination is effective on commission/appointment date.

(7) Is discharged from the MNNG due to a service-connected injury/illness. Termination is effective from date of discharge.

(8) Becomes employed full-time with the Minnesota National Guard as a permanent Federal Technician or Active Guard/Reserve (AGR). Termination is effective from employment start date.

b. A Service Member is entitled to receive payment for the months served satisfactorily. The amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This proportionate dollar amount is determined by dividing the total authorized bonus amount by 12 months.

c. Termination Matrix.

EVENT	TERMINATE	TERMINATE ON
Unsatisfactory Participant – 1 AWOL	Yes	Date of 1st AWOL
Unsatisfactory Participant – more than 4 excused absences within a 12 month period	Yes	Date of 5 th Excused Absence
Unsatisfactory Participant for AT.	Yes	1 st day of AT
Fails to extend for time spent in ING.	Yes	Date transferred to ING
Under suspension of favorable actions/adverse administrative actions	Yes	Date of suspension/adverse action
Exceeds maximum time in ING.	Yes	Date transferred to ING
Failing APFT/PT and/or Ht/Wt	Yes	Date of failure
Separate from MNNG for any reason	Yes	Date of separation

5-6. UNIT RESPONSIBILITIES.

- a. Unit is responsible to offer the bonus to eligible Service Members and assist the Service Member in completing the bonus addendum.
- b. Unit will submit the bonus addendum and extension documents into the State Incentives Database.
- c. Unit will notify the Education Service Office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 5-5. Unit will provide the date Service Member became an unsatisfactory participant.

CHAPTER 6**STATE ENLISTMENT BONUS**

6-1. **GENERAL.** The Adjutant General has authorized a \$15,000 State Enlistment Bonus for applicants enlisting into the Minnesota Army National Guard.

6-2. **ELIGIBILITY.** The State Enlistment Bonus is authorized for skill level 10 vacancies within Career Management Fields (CMF) 13, 25 and 35.

- a. Enlist for a period of six years.
- b. Applicants that receive a federal enlistment bonus may also be eligible for a State Enlistment Bonus.

6-3. PAYMENT PROCEDURES.

- a. Initial payment of \$2,500 will be made upon completion of both the following criteria:
 - (1) Soldier has satisfactorily completed one-year of service, and
 - (2) Soldier has successfully completed Individual Active Duty Training (IADT) in 13, 25 or 35 CMF per State Enlistment Annex H.
- b. Subsequent payments will be paid on the anniversary date of Pay Entry Base Date (PEBD) after the first year of enlistment is complete.
 - (1) Soldier must have met requirements for the initial payment before the second payment can be processed. Note: This may mean a Soldier will receive multiple payments in the same year. Additional payments of \$2,500 will be made once a year during the Soldier's anniversary month.
 - (2) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (ANNEX D-1). If Service Members form is not on file, attach a current Annex D-1 which includes the W-9 form.
 - (3) Soldier must be a satisfactory participant IAW paragraph 1-7.
- c. Unit/Recruit, Sustain, Promote (RSP) is responsible for informing the Education Service Office of Soldier's MOS qualification.
- d. The Education Service Office monitors payments made and tracks future payments

6-4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Soldiers will receive Form 1099R (Miscellaneous Income) for claiming income taxes.

6-5. TERMINATION OF BONUS PAYMENTS.

- a. Bonus will be terminated and subsequent scheduled payments will not be paid if the Soldier:
 - (1) Becomes an unsatisfactory participant by any of the following—
 - (a) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.
 - (b) Receiving one unexcused absence within a 12-month period. Termination is effective on the date of the first unexcused absence.
 - (c) Failing to attend or complete Annual Training (AT) without Commander's approval. Termination is effective on the first day of annual training.

(d) Not being in a deployable status per criteria required for his/her current duty position, and, is not making diligent progress toward becoming deployable. Termination is effective on the date the Soldier is considered non-deployable. Soldiers that have undergone a medical process and are found fit for retention but are not allowed to deploy are exempt from termination.

(e) Is under suspension of favorable actions or IAW applicable regulation and policy on entitlement date. Termination is effective on the date of suspension of favorable actions.

(f) Does not have a current passing "record" APFT or meet Ht/Wt standards on entitlement date. The effective termination date is the date the Soldier fails to meet standards. A partial payment will be processed for the portion of the year served satisfactorily.

(2) Fails to extend enlistment for time served in the ING within 30 days after return to unit. Termination is effective on the date of transfer to the ING .

(3) Exceeds maximum time in the ING (one year). Termination is effective on the date of transfer to the ING .

(4) Separates from the Minnesota Army National Guard for any reason. Termination is effective from the date of separation.

(5) Interstate Transfers (IST) to another State National Guard. Termination is effective from date of transfer.

(6) Is commissioned/appointed into officer/warrant officer corps of the Minnesota Army National Guard. Termination is effective on commission/appointment date.

(7) Is discharged from the MNARNG due to a service-connected injury/illness. Termination is effective from date of discharge.

(8) Re-classifies into a non-bonus MOS or loses MOS qualification. Termination is required on effective date of new MOS award or effective date of loss of MOS.

(9) Becomes employed full-time with the Minnesota National Guard as a permanent Federal Technician or Active Guard/Reserve (AGR). Termination is effective from employment start date.

b. A Soldier is entitled to receive payment for the months served satisfactorily. The amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This proportionate dollar amount is determined by dividing the total authorized bonus amount by 12 months.

c. Termination Matrix.

EVENT	TERMINATE	TERMINATE ON
Unsatisfactory Participant – 1 AWOL	Yes	Date of 1st AWOL
Unsatisfactory Participant – more than 4 excused absences within a 12 month period	Yes	Date of 5 th Excused Absence
Unsatisfactory Participant for AT	Yes	1 st day of AT
Fails to extend for time spent in ING	Yes	Date transferred to ING
Under suspension of favorable actions/adverse administrative actions	Yes	Date of suspension/adverse action
Exceeds maximum time in ING	Yes	Date transferred to ING
Failing APFT and/or Ht/Wt	Yes	Date of failure
Separate from MNNG for any reason	Yes	Date of separation
Fails to maintain MOSQ	Yes	Date of change/loss of MOS

6-6. UNIT RESPONSIBILITIES.

a. Recruiting and Retention Command is responsible provide the bonus to eligible applicants and assist them in completing the bonus addendum paperwork.

b. The RSP personnel will submit the bonus addendum and DD Form 4 into the State Incentives Database.

c. Unit/RSP will notify the Education Service Office immediately upon any Soldier becoming an unsatisfactory participant per paragraph 6-5. Unit/RSP will provide the date Soldier became an unsatisfactory participant.

CHAPTER 7**MEDIC RECERTIFICATION BONUS PROGRAM**

7-1. **GENERAL.** The Adjutant General has authorized a \$1,000 bonus every two years payable in split disbursement of \$500 each year for the purpose of National Guard Medic recertification as a qualified EMT-B.

7-2. **ELIGIBILITY.** The Medic Recertification Bonus is authorized for current members of the Minnesota National Guard who:

- a. Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7; and
- b. Have successfully completed Basic Training (BT) or Basic Military Training (BMT); and
- c. Have successfully completed a Medic MOS or AFSC producing advanced training; and
- d. Are currently serving in an authorized duty position that requires EMT-B certification (e.g. ARNG 68W's; ANG 4N0X1/X4N0X1) and
- e. Have a current National Registry of Emergency Medical Technicians (NREMT) card; and
- f. Agree to serve for a period of two years starting the day after NREMT recertification.
- g. Service Members whose NREMT certification has expired are not eligible for the Medic Bonus for a period of two years.

7-3. PAYMENT PROCEDURES.

- a. Initial Payment of \$500 will be paid one year after NREMT recertification date. The subsequent payment of \$500 will be paid two years after NREMT recertification date.
- b. Service Members provide signed Statement of Understanding (Annex C-1) to the unit.
- c. Service Members provide a copy of their current National Registry of Emergency Medical Technicians (NREMT) card to the unit.
- d. To request payment, the unit will attach the documents listed above into the Service Member's profile in the State Incentive Database.
- e. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, attach a current Annex D-1 which includes the W-9 form.

7-4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive a Form 1099R (Miscellaneous Income) for claiming income taxes.

7-5. TERMINATION OF BONUS PAYMENTS.

- a. Bonuses will be terminated and subsequent scheduled payments will not be paid if the Service Member:
 - (1) Becomes an unsatisfactory participant by any of the following—
 - (a) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.
 - (b) Accumulating one unexcused absence within a 12-month period. Termination is effective on the date of the first unexcused absence.

(c) Failing to attend or complete Annual Training (AT) without the Commander's approval. Termination is effective on the first day of annual training.

(d) Not being in a deployable status per criteria required for his/her current duty position, and, is not making diligent progress toward becoming deployable. Termination is effective on the date the Service Member is considered non-deployable. Service Members that have undergone a medical process and are found fit for retention but are not allowed to deploy are exempt from termination.

(e) Is under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy on entitlement date. Termination is effective on the date of suspension of favorable actions.

(f) Does not have a current passing "record" APFT (Army), Physical Fitness Test (Air), or meet Ht/Wt standards (Army/Air) on entitlement date. The effective termination date is the date the Service Member fails to meet standards. A partial payment will be processed for the portion of the year served satisfactorily

(2) Separates from the Minnesota National Guard for any reason. Termination is effective from date of separation.

(3) Interstate Transfers (IST) to another State National Guard unit. Termination is effective from transfer date.

(4) Is commissioned/appointed into officer/warrant officer corps of the Minnesota National Guard. Termination is effective on commission/appointment date.

(5) Is discharged from the MNNG due to a service-connected injury/illness. Termination is effective from date of discharge.

(6) Re-classifies into a non-medic MOS/AFSC. Termination is effective on date new MOS is awarded.

b. A Service Member is entitled to receive payment for the months served satisfactorily. The amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This proportionate dollar amount is determined by dividing the total authorized bonus amount by 12 months.

7-6. **UNIT RESPONSIBILITIES.** Unit will notify the Education Service Office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 5-5. Unit will provide the date Service Member became an unsatisfactory participant.

The proponent of the Minnesota National Guard Circular is the Joint Force Headquarters – J1. Users are invited to send comments, suggested improvements and changes on DA Form 2028 (Recommended Changes to Publications and Blank Forms). Send to: The Office of Adjutant General, Minnesota National Guard, ATTN: NGMN-PEA-Z, 20 12th Street West, St. Paul, MN 55155-2004.

FOR THE ADJUTANT GENERAL:

ROBERT W. INTRESS
COL, MNARNG
J1 Director of Manpower & Personnel

DISTRIBUTION:
A (Army)
F (Air)

**MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM
MEMORANDUM OF UNDERSTANDING 2014-2015**

A-1. ACKNOWLEDGEMENT STATEMENT.

I, _____ (Full Name, Rank), certify I read this memorandum and fully understand the policies and procedures of the Minnesota State Tuition Reimbursement (STR) Program as described in Minnesota National Guard Circular 621-5-1 and this Memorandum of Understanding (MOU).

A-2. INTRODUCTION.

a. The State of Minnesota sponsors the STR Program. The state legislature appropriates funds for this program biennially. If, in the future, the state does not fund the STR Program, or funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. I understand if I do not meet all the criteria outlined in Minnesota National Guard Circular 621-5-1, dated 1 Jul 2014, I may jeopardize my entitlement to receive STR.

c. I understand the STR Program will reimburse me up to 100% of the semester hour tuition charged, not to exceed a maximum of \$17,000.00 per state fiscal year for undergraduate coursework and \$36,000 for graduate coursework. I understand my reimbursement will not exceed 100% of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester hour rate for undergraduate coursework or the resident general tuition rate at the U of M Twin Cities graduate School for Graduate coursework. The maximum reimbursement for quarter hours is 2/3rds (66.6%) of the semester hour rate at the U of M.

d. I understand, if I am designated as a Medical Professional Student as outlined in Chapter 4, the STR program only reimburses up to 100% of tuition costs, not to exceed 100% of the tuition rate of the University of Minnesota (UMN) Medical School, Twin Cities campus, for the current academic year.

e. I understand the U of M tuition rates for the current academic year can be found at http://onestop.umn.edu/finances/costs_and_tuition/index.html.

f. I understand if I receive federal benefits which pay tuition benefits directly to the institution, then the combination of federal benefits and STR cannot exceed 100% of the tuition charged. Federal benefits include, but are not limited to: FTA, CH 33 Post 9-11 GI Bill, and ROTC tuition scholarships.

g. I understand STR is not authorized to reimburse activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

A-3. CRITERIA FOR PARTICIPATION.

a. I understand in order to be eligible for STR payment I must meet the following membership criteria:

(1) I am a member of the Minnesota National Guard; grades from E-1 through O-5 (to include warrant officers). If I am a Lieutenant Colonel promoted to Colonel during a school term I'm able to receive a final payment for school term only but I am not eligible to participate in STR for future school terms.

(2) I successfully completed Basic Training (BT), Basic Military Training (BMT); I successfully completed or am projected for ROTC Leadership Course, or am a direct commissioned officer, AMEDD officer, Staff Specialist, Chaplain, or JAG officer.

(3) I must maintain active status in the Minnesota National Guard throughout the entire course/term for which reimbursement is tendered.

(4) I understand that if I am an Enlisted (Traditional, M-Day) Soldier of the MN Army National Guard, I **MUST** apply for Federal Tuition Assistance (FTA) in order to be eligible to use STR. If I am an AGR Enlisted

Soldier or Airmen I understand that I **MUST** apply for Federal Tuition Assistance in order to be eligible to use STR. The combination of federal benefits and STR cannot exceed 100% tuition costs.

b. I understand that to receive payment under this program I must follow the rules regarding satisfactory participation and be in good standing by the course/term end date:

(1) No periods of unauthorized absence (AWOL) within the last 12 months.

(2) No more than four periods of Excused Absence during the last 12 months.

(3) I am currently deployable as per criteria required for my current duty position. If I'm not currently deployable, I am in one of these following categories: 1) making progress towards deployment status 2) awaiting a Fit-for-Duty (FFD) determination by a Medical Review Board or 3) found FFD and retained, but profiled "Non Deployable" by a Medical Review Board.

(4) I am not under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy.

(5) I currently have a passing "record" APFT (Army) or Physical Fitness Standards (Air), and I'm compliant with Height/Weight standards.

c. I understand the following additional requirements:

(1) I or my spouse, must attend course(s) taken at an accredited post secondary educational institution, and the course(s) are eligible for placement on a transcript from the post secondary educational institution.

(2) I will be reimbursed only for course(s) that are eligible for placement on a transcript from the educational institution. Course(s) that earn Continuing Education Units (CEUs) are not eligible for STR.

(3) The maximum lifetime benefit that I may receive under this program is funding equivalent to 144 semester /208 quarter credits.

(4) To use the Tuition Reimbursement Option for Spouses, I must have served at least 8 years of (active-drilling, non-ING) service in the Minnesota National Guard.

(5) My spouse may use up to 12 semester/17 quarter credits annually, not to exceed my life time benefit of 144 semester/208 quarter credits. Spouse tuition reimbursement is counted against my maximum yearly benefit cap of \$17,000.00 for undergraduate coursework and \$36,000 for graduate coursework.

(6) Course(s) which end after my Expiration Term of Service (ETS) date are not eligible for payment, unless I qualify under the Extended Eligibility rules (See paragraph 2-2, b. of the MN State Circular).

(7) If I receive Medical Professional STR, then I incur a two year contractual service obligation for every one year of Medical Professional STR use. Dental Corps and Army Medical Specialty Corps (PA) service obligations begin immediately after professional graduation. Medical Corps service obligations begin immediately after residency completion.

(8) If I utilize a combination of STR under the provisions of Chapter 2 and Chapter 4 of the MN State Circular, the State Surgeon's Office is the final determining authority of my time-in-service contractual obligation.

d. I understand that I, or my spouse, must complete coursework in accordance with the following guidelines:

(1) Undergraduate Coursework. I, or my spouse, must achieve a grade of "C" or better, "Pass" or "Satisfactory." I understand that the National Guard will not reimburse me for any course(s) from which I, or my spouse, "withdraw" or receive a grade of "C-" or lower.

(2) Graduate Coursework. I, or my spouse, must achieve a grade of "B" or better. I understand that the National Guard will not reimburse me for any course(s) from which I, or my spouse, "withdraw" or receive a grade of "B-" or lower.

e. I understand that I will be eligible for reimbursement for the course(s) upon completion, and if the grade requirements outlined above are met.

A-4. REIMBURSEMENT PROCEDURES.

a. Memorandum of Understanding. I will carefully read, sign and submit a MOU (Annex A-1) to my unit annually.

b. Annual Obligation Request Processing.

(1) I must complete the Annual Obligation Request (Annex A-2) and submit it to my unit NO LATER THAN 45 days after the course/term start date. I understand that failure to obligate NO LATER THAN 45 days from the course start date will result in non-payment. If I enlisted during a current school term, I will submit the Annual Obligation Request immediately and understand that the Education Service Office will reimburse me for the current course/term only if I have previously completed Basic Training/Basic Military Training; or am an SMP contracted cadet, or am a Direct Commissioned Officer. Graduation from BT/BMT is a prerequisite for STR eligibility for enlisted Service Members.

(2) I understand that the Annual Obligation Request is a projected tuition cost for each term during the entire school year, Summer Session II 2014 through Summer Session I 2015. I understand that I must do my best to accurately predict my school costs for the year. I understand that the amount of reimbursement is dependent on actual charges not solely on my annual obligation.

c. STR Payment Request Processing.

(1) I understand that I must submit the following forms and supporting documents to my unit in sufficient time for them to arrive at the Education Service Office no later than 90 days after the last official day of the course/term. Service Members and Airmen enrolled in accelerated programs, where several terms are completed during the course of a normal semester/quarter schedule, should submit requests in groups that correspond with a normal semester/quarter. Request payment no more than once for each semester: Summer 2, Fall, Winter, Spring, and Summer 1 terms.

(a) Payment Request Form (Annex A-3).

(b) Grade Report.

(c) Final fee statement dated after course completion and provided by the institution that clearly shows the amount of tuition charged. The final fee statement must include all other benefits paid, or pending payment, directly to the institution on the Service Member's behalf (e.g. FTA/ACES TA, CH 33/Post 9-11 GI BILL, ROTC tuition scholarship). If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(d) Direct deposit form – State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). Payment of Spouse Tuition Reimbursement is direct deposited into the sponsoring Service Member's bank account. If Service Members Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, forward a current Annex D-1 which includes the W-9 form.

(2) I understand my signature on Annex A-1 & Annex A-3 verifies all information is true and correct. My signature authorizes the Education Service Office to contact the school to verify information.

(3) I understand I must submit my request for tuition reimbursement NO LATER THAN 90 days after the last official day of the course/term. I understand if I fail to meet this suspense, I am not eligible for reimbursement for that course/term.

A-5 INCOMPLETE COURSEWORK.

- a. I understand if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90 day suspense. Once I have finished the incomplete course(s), I will request payment for the course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.
- b. Upon completion of the previously incomplete coursework, I must complete a new Payment Request Form (Annex A-3), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will provide this request along with the initial Payment Request form and a grade report showing satisfactory completion.

A-6 TERMINATION. I understand the submission of a falsified grade report, transcript, fee statement, or Payment Request form (Annex A-3), or an attempt to receive funds which I'm not eligible, results in termination from the STR program for a minimum of one year. I further understand I may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ) for utilizing a falsified grade report, transcript, or final fee statement.

A-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

Signature of Service Member

Date

Signature of Unit Rep.

Date

ANNUAL OBLIGATION REQUEST FORM
STATE TUITION REIMBURSEMENT PROGRAM
MINNESOTA NATIONAL GUARD

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for State Tuition Reimbursement (STR) Program and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm requirements of obligation and participation requirements for the STR Program, occasionally as a basis for suspension, termination and recoupment if requirements are not met. **Due no later than 45 days after the course start date.**

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR Program.
DISCLAIMER: The funding available for the STR Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

Name: _____ SSN: _____ Rank: _____

(Last, First, MI)

Spouse Option? (Y/N) _____ Spouse Name (if using Spouse option): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Preferred Email: _____

Birth Date: _____ Gender: Male _____ Female _____ Race: _____

Pay Grade: _____ Enlistment Date: _____

Assigned Unit: _____ Unit Phone Number: _____ Unit Email Address: _____

School Year: _____ Qtrs or Sems (Circle one) **School Attending:** _____

Course Type: Certificate _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____

Anticipated **Number of Credits:** Summer2(Jul/Aug'14) _____ Fall _____ Winter _____ Spring _____ Summer1 (May/Jun'15) _____

(OR) School Spouse is Attending: _____

Spouse Course: Certificate _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____

SPOUSE Number of Credits: Summer2(Jul/Aug'14) _____ Fall _____ Winter _____ Spring _____ Summer1 (May/Jun'15) _____

Have you completed Basic Training, Basic Military Training, or have completed are enrolled in ROTC Leadership Course?
☐ Yes / ☐ No (Enter N/A for Direct Commissioned Officers - AMEDD/Chaplain/JAG officers)

Have you previously submitted a Minnesota Direct Deposit Authorization for EFT? ☐ Yes / ☐ No
 If no, contact your unit for the MN Direct Deposit form (Annex D-1) and submit with this request.

Remarks:

I understand this Annual Obligation Request is only an estimate and the actual amount of tuition reimbursement is based on the actual cost of tuition. I understand I must complete all coursework with at least a "C" grade or better for undergraduate coursework and "B" or better for post-baccalaureate/graduate-level coursework.

*I further understand it is my responsibility to ensure my requests for **PAYMENT** for reimbursement are forwarded to my unit in order to arrive at the Education Services Office **no later than 90 days** from the last day of the term.*

SIGNATURE

DATE

PAYMENT REQUEST FORM
STATE TUITION REIMBURSEMENT PROGRAM
MINNESOTA NATIONAL GUARD

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for the State Reimbursement Program (STR) and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm obligation and participation requirements for the STR Program. This may be used as a basis for suspension, termination and recoupment if your requirements are not met.

INSTRUCTIONS: Upon course completion, complete this form, **ATTACH GRADE REPORT** and **FINAL FEE STATEMENT**. Submit all to your unit. The form must arrive at the Education Service Office **no later than 90 DAYS** after the last official day of your course/ term. Payment requests submitted after 90 days will be returned to the unit without action or payment.

DISCLAIMER: The funding available for the STR Program is limited by the appropriations set by the State Legislature. Contract is valid for payment, provided funds are available in each fiscal year of eligibility.

Name: _____ SSN: _____

Spouse Option? ☐ Yes / ☐ No Spouse's Name (if using Spouse option): _____

Current Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Preferred Email: _____ Phone: _____

Unit: _____ Member Status (Circle): M-Day/Traditional - AGR - Technician

School Year: _____ Qtrs or Sems (Circle one) School Attended: _____

Course Type: Certificate ____ Associates ____ Bachelors ____ Masters ____ Doctorate ____

TERM: Summer2 (Jul/Aug'14) ____ Fall ____ Winter ____ Spring ____ Summer1 (May/Jun'15) ____

Total Credits Attempted: ____ Credits Eligible for Reimbursement: ____ Tuition Charged: \$ _____

Note: Fee statement or letter from the school must reflect the actual amount of tuition charged and must also state any other federal benefits used for tuition.

Have you completed basic training, basic military training, or are you projected for the ROTC Leadership Course? ☐ Yes / ☐ No (Enter N/A for Direct Commissioned Officers -AMEDD/Chaplain/JAG officers)

My Minnesota Direct Deposit Authorization for EFT form is currently on file or attached. _____ (initial)

Did you receive CH 33/Post 9-11 GI Bill which directly paid tuition costs to the institution? ☐ Yes ☐ No
If YES, what was the amount \$ _____

Did you apply for Federal Tuition Assistance? ☐ Yes ☐ No If YES, what was the amount received for this school term \$ _____

Were you denied/rejected Federal Tuition Assistance? ☐ Yes ☐ No

If YES, explain _____

Did you receive an ROTC Scholarship which directly paid TUITION to the institution for this school term?
☐ Yes ☐ No If YES, what was the amount \$ _____ (Do not report room and board scholarship)

FAILURE TO REPORT THE ABOVE AWARDED AMOUNTS WILL RESULT IN TERMINATION FROM THE STATE TUITION REIMBURSEMENT PROGRAM.

I verify the address and information on this form is correct. The documentation I have submitted, herewith, is true and correct. I understand failure to report Federal Benefits which directly pay tuition to the institution will result in termination from the STR program for a period of one year.

Signature

Date

Unit Administrator's Use Only:

I have verified the Service Member meets the following requirements for participation in the program:

☐ The Service Member has completed Basic Training, Basic Military Training, or is an SMP contracted ROTC Cadet. (Not applicable for Direct Commission Officers-AMEDD/Chaplain/JAG officers).

☐ The Service Member has no more than four excused absences within the last 12 months.

☐ The Service Member has no unexcused absences within the last 12 months.

☐ The Service Member is currently deployable per criteria required for his/her current duty position. If the Service Member is not deployable, I certify that he/she is making diligent progress towards becoming deployable, or is awaiting a Fit-for-Duty (FFD) determination by medical Review Board.

☐ The Service Member is not under suspension of favorable actions (ARNG) or adverse administrative actions (ANG) IAW applicable regulation and policy.

☐ The Service Member has a current passing "record" the APFT/PT, and is compliant with Height/Weight standards.

Printed Name of Unit Administrator

Unit Phone #

Date

STATE REENLISTMENT BONUS ADDENDUM
MINNESOTA NATIONAL GUARD FORM

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for the State Reenlistment Bonus (SRB) Program and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To outline and confirm eligibility requirements for the SRB Program participation. This may be used as a basis for suspension, termination and recoupment if requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the SRB Program.

DISCLAIMER: The funding available for the SRB Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

B-1. **GENERAL:** The unit will explain all procedures and entitlements of the SRB Program to the Service Member upon reenlisting. The reenlistment form, (e.g. DD Form 4, DA Form 4836 or Air Guard Extension Form), must be attached to this form, Annex B-1. A copy of both documents should be provided to the Service Member at the time of extension.

B-2. **ELIGIBILITY:** Upon my reenlistment in the Army or Air National Guard, I am eligible for a Reenlistment Bonus under the SRB Program if I meet the following criteria: **(Read and initial all. Note: Initial letters "e" OR "f" and place N/A in the block not applicable).**

a. My MOS/AFSC matches my assigned position and I hold the rank/grade of the position OR am no more than one grade below the required grade of the position. _____(initial).

b. I was an active drilling member of the MN National Guard during the 3 months prior to the date of my reenlistment. _____(initial).

c. I am a satisfactory participant as defined in paragraph 1-7 of the State Circular on the date of my reenlistment. _____(initial).

d. I am currently not employed full-time as an AGR or Dual Status Federal Technician (Permanent or Indefinite status) _____(Initial).

e. I have **completed 6 years of total time in service creditable for retirement and I have 12 or fewer years of service creditable for retirement** at current Expiration Term of Service (ETS) date. I understand any time served in the IRR or the ING is not considered as part of "creditable retirement" service for this purpose. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. I am reenlisting for **3** years within 1 year prior, or 24 hours after, completion of my current ETS. _____(Initial).
(OR)

f. I have **completed 6 years of total time in service creditable for retirement and I have 12 or fewer years of service creditable for retirement** at current Expiration Term of Service (ETS) date. I understand any time served in the IRR or the ING is not considered as part of "creditable retirement" service for this purpose. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. I am re-enlisting for **6** years within 1 year prior, or 24 hours after, completion of my current ETS. _____(Initial).

B-3. **BONUS AMOUNT and PAYMENTS:** Incentive amount and payments will be as follows **(Initial either item 1 OR 2 and place N/A in the one not applicable).** (Payments are based on the MN National Guard Circular 621-5-1 in effect at the time of your Reenlistment):

a. I will receive a bonus of \$6,000 for a 3-year reenlistment or \$15,000 for a 6-year reenlistment as indicated below.

(1) _____ For a 3 year reenlistment I will receive a total bonus of \$6,000. The first \$2,000 payment will be processed on the anniversary date of ETS (after the first year the reenlistment contract is complete). Additional payments of \$2,000 will be paid once a year during my anniversary month.

(2) _____ For a 6 year reenlistment I will receive a total bonus of \$15,000. The first \$2,500 payment will be processed on the anniversary date of ETS (after the first year the reenlistment contract is complete). Additional payments of \$2,500 will be paid once a year during my anniversary month until the \$15,000 limit is met.

b. I understand I will not receive payment if I do not meet the eligibility criteria in paragraph B-2 of this document at the time my reenlistment takes effect. My reenlistment will be verified by the Education Services Office prior to any payment being processed.

c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will attach a current Annex D-1 which includes the W-9 form.

B-4. TERMINATION OF BONUS PAYMENTS: I understand I will be terminated from bonus eligibility if I:

a. Become an unsatisfactory participant by any of the following—

(1) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.

(2) Accumulate one unexcused absence. Termination is effective on the date of the first unexcused absence.

(3) Fail to attend or complete Annual Training (AT) without Commander approval. Termination is effective on the first day of annual training.

(4) Not being deployable as per criteria required for my current duty position, or, I'm not making diligent progress toward becoming deployable, or I'm non-compliant with Fit-for Duty requirements. Termination is effective on the date of the non-deployability. (There is no termination for those that are determined thru a FFD medical evaluation to be "retained/non-deployable").

(5) Being under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Termination is effective on the date of suspension of favorable actions.

(6) Not have a current passing "record" Army Physical Fitness Test (APFT)/ Physical Training (PT) or meet Ht/Wt standards. Termination is effective on the date of the failed "record" APFT/PT or Ht/Wt.

b. Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination is effective on the date of transfer to the ING.

c. Exceed maximum time in the ING (of more than one year). Termination is effective on the date of transfer into the ING.

d. Separate from the Minnesota National Guard and enter active duty in a U.S. Armed service or Reserve Unit. Termination is effective on the date of separation.

e. Separate from the Minnesota National Guard for any reason unless due to death, injury, illness, or other impairment not the result of my own misconduct. Termination is effective on the date of separation.

f. The Education Services Office will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

B-5. TERMINATION WITHOUT RECOUPMENT.

a. I understand if I Interstate Transfer (IST) to another State National Guard unit, my Reenlistment Bonus is terminated without recoupment. All subsequent payments will not be paid.

b. I understand my Reenlistment bonus will be terminated without recoupment if I accept a commission/appointment as an officer/warrant officer into the Minnesota National Guard.

c. I understand if I'm discharged due to a service connected injury or illness which is determined not to be the result of my own misconduct, and the injury or illness occurred while not assigned to a designated combat zone or combat related operation, my bonus is terminated without recoupment. Any subsequent payments scheduled will not be paid.

d. I understand my bonus will be terminated without recoupment if I accept a permanent Federal Technician position or Active Guard/Reserve (AGR) billet. All subsequent payments will not be paid.

B-6. STATEMENT OF UNDERSTANDING: I have read this addendum and understand the requirements of my reenlistment bonus. I understand this addendum will be void if I do not meet all of the requirements. No other promises have been made to me in connection with this reenlistment bonus addendum.

Date Signed	Signature of Service Member
-------------	-----------------------------

Typed or Printed Name	SSN of Service Member
-----------------------	-----------------------

Typed or Printed Address of Service Member	
--	--

VERIFICATION BY SERVICE REPRESENTATIVE:

Unit/Address/Phone Number	Date of signature
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Typed/Printed Name/Rank of Enlisting Official	Signature of Enlisting Official
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**STATEMENT OF UNDERSTANDING
MEDIC RECERTIFICATION BONUS
MINNESOTA NATIONAL GUARD**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for State Medic Recertification Bonus and to ensure your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm requirements of obligation and participation requirements for the State Medic Recertification Bonus, occasionally as a basis for suspension, termination and recoupment if requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the State Medic Recertification Bonus.

DISCLAIMER: The funding available for the State Medic Recertification Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

C-1. ELIGIBILITY: Upon my completion of the National Registry of Emergency Medical Technician recertification (NREMT), I am eligible for a Medic Recertification Bonus under the State Medic Recertification Bonus Program if I meet the following criteria:

- a. I am qualified in and hold Medic MOS/AFSC (68W) as my primary MOS/AFSC, and I am assigned to a valid Medic MOS/AFSC duty position and hold the rank and grade of, or am no more than one grade below, the required grade of the position.
- b. I agree to serve for a period of two years beginning the day after NREMT recertification. If less than two years are remaining on my service obligation I will extend my contract.
- c. I have a current NREMT card.
- d. I have been a satisfactory participant defined by the Adjutant General in paragraph 1-7 prior to the date of my NREMT recertification.
- e. I have not allowed my NREMT certification to expire within the past two years.

C-2. BONUS AMOUNT AND PAYMENT: Incentive amount and payment will be as follows:

- a. I will receive a bonus of \$1,000 payable in split disbursement of \$500 each year for a 2-year service obligation as an EMT-B qualified medic. Initial Payment of \$500 will be paid one year after NREMT recertification date. The subsequent payment of \$500 will be paid two years after NREMT recertification date.
- b. I understand I will not receive payment if I do not meet the eligibility outlined in paragraph C-1 of this Annex at the time my service obligation takes effect. My completion of training will be verified by the State Education Services Office prior to any payment being processed. I will provide a copy of my current NREMT card to my unit.
- c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will attach a current Annex D-1 which includes the W-9 form.

C-3. TERMINATION OF BONUS PAYMENTS: I understand I will be terminated from bonus eligibility if I:

- a. Become an unsatisfactory participant by any of the following—
 - (1) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.
 - (2) Accumulate one unexcused absence. Termination is effective on the date of the first unexcused absence.
 - (3) Fail to attend or complete Annual Training (AT) without Commander approval. Termination is effective on the first day of annual training.

(4) Not being deployable as per criteria required for my current duty position, or, I'm not making diligent progress toward becoming deployable, or I'm non-compliant with Fit-for Duty requirements. Termination is effective the date of the non-deplorability. (There are no recoupments for those that are determined thru a FFD medical evaluation to be "retained/non-deployable").

(5) Being under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Termination is effective on the date of suspension of favorable actions.

(6) Not have a current passing "record" Army Physical Fitness Test (APFT)/ Physical Training (PT) or meet Ht/Wt standards. Termination is effective on the date of the failed "record" APFT/PT or Ht/Wt.

b. Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination is required from the effective date of transfer to the ING.

c. Exceed maximum time in the ING (one year). Termination is effective on the date of transfer into the ING.

d. Separate from the Minnesota National Guard and enter active federal military service. Termination is effective on the date of separation.

e. Separate from the Minnesota National Guard for any reason unless due to death, injury, illness, or other impairment not the result of my own misconduct. Termination is effective on the date of separation.

f. The Education Service Office will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

C-4 TERMINATION WITHOUT RECOUPMENT. I understand my Medic Bonus will be terminated without recoupment if I:

a. Interstate Transfer (IST) to another State National Guard unit.

b. Accept a Commission/Appointment into the Minnesota Army National Guard.

c. I understand if I'm discharged due to a service connected Injury or illness is determined not to be the result of my own misconduct, and the injury or illness occurred while not assigned to a designated combat zone or combat related operation, my Medic Bonus is terminated without recoupment. Any subsequent payments scheduled will not be paid.

d. Reclassification into a non-medic MOS/AFSC.

C-5. STATEMENT OF UNDERSTANDING: I have read this addendum and understand the requirements of my reenlistment bonus. I understand this addendum is void if I do not meet all of the requirements. No other promises have been made to me in connection with this recertification bonus addendum.

Date Signed

Signature of Service Member or Airman

Typed or Printed Name

SSN of Service Member or Airman

Typed or Printed Address of Service Member or Airmen

VERIFICATION BY SERVICE REPRESENTATIVE:

Unit/Address/Phone Number

Date of Signature

Typed/Printed Name/Rank of Unit Representative

Signature of Unit Representative



Direct Deposit Authorization for Electronic Funds Transfer (EFT)

MN Army National Guard
20 12th Street West
Saint Paul, MN 55155-2098
Attn: Education Services

State Benefits Specialist
651-282-4591
Fax: 651-282-4125
ng.mn.mnarng.mbx.assets-education@mail.mn

Instructions for completing this form are on the next page.

Please print clearly and use black ink.

Mailing Address (General)

Name _____

Address _____

City _____

[illegible]

Contact Information - Please list person who can respond if additional information is required

ContactName _____

Email Address _____

Phone

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 -

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 -

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 Ext

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 Fax

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Tax Identification Information

Federal ID/Social Security Number							
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Federal ID/Social Security Name _____

MN State ID Number

--	--	--	--	--	--	--	--

 (If a business located within Minnesota)

Financial Institution Information

Note: Do not use /, \, *, - or ~ in any fields in this section.

Replace with spaces.

ABA Routing Number								
--------------------	--	--	--	--	--	--	--	--

[illegible][illegible]

Street Address | | | | | | | | | | | | | | | | | | | | | |

City, State, ZIP Code

--	--	--	--	--	--	--	--	--	--

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Type of Account: Checking ☐ Savings ☐

Authorization to Make Electronic Fund Payments

I authorize the Commissioner of Minnesota Management & Budget to deposit, by electronic fund transfer, payments owed to me by the State of Minnesota and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Commissioner shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature	Printed Name	Title	Date
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Notice of Intent to Collect Private Data

All payment recipients are asked to provide private data to Minnesota Management & Budget for the following purposes.

State employees who support this function of the state's accounting system need to access the data to verify information. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, without this information we cannot convert you to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

Mailing Address (General)

1. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.
2. Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as "Vendor Number" and "Vendor Location."

Contact Information

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

Tax Identification Information

1. Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.
2. MN State ID Number. For businesses located in Minnesota, enter the MN state tax identification number.

Current Financial Institution Information

This information is required to verify that we are changing the correct account.

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name.

New Account Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

Authorization to Make Electronic Fund Payments

Sign the form and print your name and title (if any) and the date.

Send the Form

You can email, mail or fax the form to the Department of Military Affairs:

Email: ng.mn.mnarng.mbx.assets-education@mail.mil

J1 Education and Incentives
MN Army National Guard
20 West 12th Street
St. Paul, MN 55155-2098
Attn: State Benefits Specialist
FAX number: (651) 282-4125

Questions about this Form?

Call the State Benefits Specialist at (651)-282-4591; or, ng.mn.mnarng.mbx.assets-education@mail.mil

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

EXTENDED ELIGIBILITY PROGRAM

MINNESOTA STATE TUITION REIMBURSEMENT MEMORANDUM OF UNDERSTANDING FALL 14 - SUMMER 15

E-1. ACKNOWLEDGEMENT STATEMENT.

I, _____ (Full Name), certify I have read this memorandum prior to signing and fully understand the policies and procedures of the Minnesota Extended State Tuition Reimbursement (EXT STR) Program as described in Minnesota National Guard Circular 621-5-1 and this Memorandum of Understanding (MOU).

E-2. INTRODUCTION.

a. The State of Minnesota sponsors the EXT STR Program. The state legislature appropriates funds for this program biennially. If in the future, the state does not fund the EXT STR Program, or funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. I understand the EXT STR program will reimburse me up to 100% of the semester hour tuition charged, not to exceed a maximum of \$17,000 per state fiscal year for undergraduate coursework and \$36,000 for graduate coursework. I understand my reimbursement will not exceed 100% of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester hour rate for undergraduate coursework or the resident general tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is 2/3rds (66.6%) of the semester hour rate at the U of M.

c. I understand the U of M tuition rates for the current academic year can be found at http://onestop.umn.edu/finances/costs_and_tuition/index.html.

d. I understand if I receive federal benefits which pay tuition directly to the institution, the combination of federal benefits and EXT STR cannot exceed 100% of the tuition cost or the EXT STR maximum credit hour benefit, whichever is less. Federal benefits include, but are not limited to: CH 33/Post 9-11 GI Bill.

e. I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

E-3. CRITERIA FOR PARTICIPATION.

a. I understand the following requirements for participation:

(1) I have satisfactorily completed my service contract with the MNNG per paragraph 2-2 of the State Circular 621-5-1 and I'm not currently serving in any branch of the U.S. Armed Forces under an active service contract.

(2) I must attend course(s) taken at an accredited post secondary educational institution and course(s) are eligible for placement on a transcript.

(3) Course(s) that earn Continuing Education Units (CEUs) are not eligible for the STR Program.

(4) The maximum lifetime benefit I may receive under this program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand if my EXT STR period expires during the course/term, I am not eligible for reimbursement for that course/term.

(5) For undergraduate coursework, I must achieve a grade of "C" or better, "Pass" or "Satisfactory." I understand the MNNG will not reimburse me for any course from which I "withdraw" or receive a grade of "C-" or lower.

(6) For graduate coursework, I must achieve a grade of “B” or better. I understand that the MNNG will not reimburse me for any course from which I “**withdraw**” or receive a grade of “B-” or lower.

b. I understand I will be eligible for reimbursement for the course upon completion, and if the grade requirements outlined above are met.

E-4. REIMBURSEMENT PROCEDURES.

a. I will read, sign and submit an MOU annually (Annex E-1) to the Education Services Office.

b. Annual Obligation Request.

(1) I must complete the Annual Obligation Request (Annex E-2) and submit it to the Education Services Office within 45 days of the course/term start date.

(2) I understand the Annual Obligation is an estimate of tuition for each term during the school year. The actual amount of reimbursement is dependent on the school, credits and terms attended. The school year is Summer Session II 2014 through Summer Session I 2015.

(3) I understand failure to obligate will result in non-payment for that course/term.

c. Request for Reimbursement Payment:

(1) I understand I must submit the following forms and supporting documents to the Education Services Office within 90 days after the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during the course of a normal semester/quarter schedule, I will submit requests in groups corresponding with a normal semester/quarter. I will request payment no more than once each semester: Fall, Winter, Spring, Summer 1 and Summer 2 terms.

a. Payment Request Form (Annex E-3).

b. Grade Report.

c. Fee statement must clearly show the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf (e.g. CH 33/Post 9-11 GI BILL). If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

d. Direct deposit form – State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (ANNEX D-1). If my form is not on file, I will attach a current Annex D-1 which includes the W-9 form.

(2) I understand my signature on the MOU (Annex E-1) verifies all information is true and correct. My signature also authorizes the Education Services Office to contact the school to verify course grades.

(3) I understand I must submit my request for tuition reimbursement within 90 days after the last official day of that course/term. I understand if I fail to meet this suspense, I am not eligible for reimbursement.

E-5 INCOMPLETE COURSEWORK.

a. Incomplete Coursework.

(1) I understand if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90 day suspense. Once I have finished the incomplete course(s), I will request payment for those course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) Upon completion of the previously incomplete coursework, I must complete a new Payment Request Form (Annex E-3), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will provide this request along with the initial Payment Request form and a grade report showing satisfactory completion.

E-6 TERMINATION. I understand the submission of a falsified grade report, transcript, fee statement, or Payment Request form (Annex E-3), or an attempt to receive funds for which I'm not eligible, results in termination from the EXT STR Program for a minimum of one year.

E-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

Signature

Date

EXTENDED ELIGIBILITY PROGRAM**MINNESOTA STATE TUITION REIMBURSEMENT
ANNUAL OBLIGATION REQUEST FORM**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members**PRINCIPLE PURPOSE:** To explain obligation and participation requirements for Extended State Tuition Reimbursement (EXT STR) Program and to ensure that your agreement to these conditions is a matter of record.**ROUTINE USES:** To confirm requirements of obligation and participation requirements for the EXT STR Program, occasionally as a basis for suspension, termination and recoupment if requirements are not met. **Due no later than 45 days of the course start date.****DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the EXT STR Program.**DISCLAIMER:** The funding available for the EXT STR Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.Name: _____ SSN: _____
(Last, First, MI)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Preferred Email: _____

Birth Date: _____ Gender: Male _____ Female _____ Race: _____

School Year: _____ Qtrs or Sems (Circle one) School Attending: _____

Course Type: Certificate _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____

Anticipated **Number of Credits:** Summer2(Jul/Aug'14) _____ Fall _____ Winter _____ Spring _____ Summer1(May/Jun'15) _____Have you previously submitted a Minnesota Direct Deposit Authorization for EFT? ☐ Yes / ☐ No

If no, contact the Education Services office for the MN Direct Deposit form (Annex D-1) and submit with this request.

Remarks:

I understand this Annual Obligation Request is an estimated amount and the actual tuition reimbursement is based on the cost of tuition. I understand I must complete all coursework with at least a "C" grade of better for undergraduate and "B" or better for post-baccalaureate/graduate-level coursework. I understand I'm not eligible for reimbursement under the EXT STR program if I'm currently serving or become an active serving member in any component of the U.S. Armed Forces during the school term for which I'm requesting EXT STR.

*I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the Education Services Office **within 90 days** of the last day of the term.*

(SIGNATURE)_____
(DATE)

EXTENDED ELIGIBILITY PROGRAM**MINNESOTA STATE TUITION REIMBURSEMENT
PAYMENT REQUEST FORM**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members**PRINCIPLE PURPOSE:** To explain obligation and participation requirements for Extended State Tuition Reimbursement (EXT STR) Program and to ensure that your agreement to these conditions is a matter of record.**ROUTINE USES:** To confirm requirements of obligation and participation requirements for the EXT STR Program, occasionally as a basis for suspension, termination and recoupment if requirements are not met.**INSTRUCTIONS:** Complete this form, **attach grade report** and a **fee statement** and submit to Education Services Office. The form must arrive at the Education Services Office **within 90 days** after the last official day of the term.**DISCLAIMER:** The funding available for the EXT STR Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

Name: _____ SSN: _____

Current Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Preferred Email: _____ Phone: _____

School Year _____ Qtrs or Sems (Circle one) School Attended _____

Course Type: Certificate ____ Associates ____ Bachelors ____ Masters ____ Doctorate ____

Anticipated **Number of Credits:** Summer2(Jul/Aug'14) _____ Fall _____ Winter _____ Spring _____ Summer1 (May/Jun'15) _____

Total Number of Credits Attempted: _____ Credits Eligible for Reimbursement: _____ Tuition Charged: \$ _____

Note: Fee statement or letter from the school must reflect the actual amount of tuition charged.

My Minnesota Direct Deposit Authorization for EFT form is currently on file or attached (Annex D-1). _____ (initial)

Did you receive CH33/Post 9-11 GI Bill Benefits which directly paid tuition costs to the institution? ☐ Yes / ☐ No

If YES, what was the amount \$ _____

Remarks:

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

Signature_____
Date

SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM**MINNESOTA NATIONAL GUARD
MEMORANDUM OF UNDERSTANDING FALL 14 - SUMMER 15****F-1. ACKNOWLEDGEMENT STATEMENT.**

I, _____ (Full Name), certify I have read this memorandum prior to signing and understand the policies and procedures of the Minnesota State Tuition Reimbursements (STR) Program as described in Minnesota National Guard Circular 621-5-1 and this Memorandum of Understanding (MOU).

F-2. INTRODUCTION.

a. The State of Minnesota sponsors the STR Program. The state legislature appropriates funds for this program biennially. If in the future, the state does not fund the STR Program, or funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. I understand the STR Program will reimburse me up to 100% of the Semester Hour tuition charged, not to exceed a maximum of \$17,000 per state fiscal year for undergraduate coursework and \$36,000 for graduate coursework. I understand my reimbursement will not exceed 100% of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester hour rate for undergraduate coursework or the resident general tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is 2/3rds (66.6%) of the semester hour rate at the U of M.

c. I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

F-3. CRITERIA FOR PARTICIPATION.

a. I understand the following additional requirements:

(1) I must attend course(s) taken at an accredited post secondary educational institution and course(s) are eligible for placement on a transcript from the post secondary educational institution.

(2) Course(s) that earn Continuing Education Units (CEUs) are not eligible for the STR Program.

(3) The maximum lifetime benefit that I may receive under this program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand that if my Survivor STR period expires during the course/term, I am not eligible for reimbursement for that course/term.

(4) For undergraduate coursework, I must achieve a grade of "**C**" or better, "**Pass**" or "**Satisfactory**." I understand that the National Guard will not reimburse me for any course from which I "**withdraw**" or receive a grade of "**C-**" or lower.

(5) For graduate coursework, I must achieve a grade of "**B**" or better. I understand that the National Guard will not reimburse me for any course from which I "**withdraw**" or receive a grade of "**B-**" or lower.

b. I understand I will be eligible for reimbursement for the course upon completion, and if the grade requirements outlined above are met.

F-4. REIMBURSEMENT PROCEDURES.

a. Memorandum of Understanding. I will carefully read, sign and submit an MOU annually to the Education Services Office.

b. Annual Obligation Request.

(1) I must complete the Annual Obligation Request (Annex F-2) and submit it to the Education Services Office within 45 days of the course/term start date

(2) I understand the annual obligation is an estimate of tuition cost for each term during the school year. The actual amount of reimbursement is dependent on the school, credits and terms attended. The school year is Summer Session II 2014 through Summer Session I 2015.

(3) I understand failure to obligate may result in non-payment for that course/term.

c. Request for Reimbursement Payment.

(1) I understand I must submit the following forms and supporting documents to the Education Services Office within 90 days after the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during the course of a normal semester I will submit requests in groups that correspond with a normal semester. I will request payment no more than once for each Semester: Fall, Winter, Spring, Summer 1 and Summer 2.

(a) Payment Request Form (Annex F-3).

(b) Grade Report.

(c) Fee statement must clearly show the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf (e.g. CH 33/Post 9-11 GI BILL). If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(2) I understand my signature on the Annex F-3 verifies that all information is true and correct. My signature also authorizes the Education Services Office to contact the school to verify course grades.

(3) I understand I must submit my request for tuition reimbursement within 90 days after the last official day of the course.

F-5 INCOMPLETE COURSEWORK.

a. Incomplete Coursework.

(1) I understand if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90 day suspense. Once I have finished the incomplete course(s), I will request payment for those course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) Upon completion of the previously incomplete coursework, I must complete a new Payment Request Form (Annex F-3), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will provide this request along with the initial Payment Request form and a grade report showing satisfactory completion..

F-6 TERMINATION. I understand the submission of a falsified grade report, transcript, fee statement, or Payment Request Form (Annex F-3), or an attempt to receive funds for which I'm not eligible, results in termination from the STR Program for a minimum of one year.

F-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

Signature

Date

SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM**MINNESOTA NATIONAL GUARD
ANNUAL OBLIGATION REQUEST FORM**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members**PRINCIPLE PURPOSE:** To explain obligation and participation requirements for State Tuition Reimbursement (STR) Program and to ensure that your agreement to these conditions is a matter of record.**ROUTINE USES:** To confirm requirements of obligation and participation requirements for the STR Program, occasionally as a basis for suspension, termination and recoupment if requirements are not met.**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR Program.**DISCLAIMER:** The funding available for the STR Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.-----
-----Name: _____ SSN: _____
(Last, First, MI)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Preferred Email: _____

Birth Date: _____ Gender: Male _____ Female _____ Race: _____

School Year: _____ Qtrs or Sems (Circle one) School Attending: _____

Course Type: Certificate _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____

Anticipated **Number of Credits**: Summer2(Jul/Aug'14) _____ Fall _____ Winter _____ Spring _____ Summer1(May/Jun'15) _____Have you previously submitted a Minnesota Direct Deposit Authorization for EFT? ☐ Yes / ☐ No
If no, contact the ESO for the MN Direct Deposit form (Annex D-1) and submit with this request.Remarks:

I understand that this Annual Obligation Request is only an estimate and that the actual amount of tuition reimbursement will be based on the actual cost of tuition. I understand that I must complete all coursework at least a "C" grade of better for undergraduate and "B" or better for post-baccalaureate/graduate- level coursework

*I further understand that it is my responsibility to ensure that my requests for reimbursement are forwarded to the Education Services Office **within 90 days** of the last day of the term.*

SIGNATURE_____
DATE

SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM
MINNESOTA NATIONAL GUARD
PAYMENT REQUEST

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for State Tuition Reimbursement (STR) Program and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm requirements of obligation and participation requirements for the STR Program, occasionally as a basis for suspension, termination and recoupment if requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR Program.

DISCLAIMER: The funding available for the STR Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

INSTRUCTIONS: Complete this form, attach grade report and a fee statement and mail to: The Department of Military Affairs, Veteran Service Building, 20 12th Street West, Saint Paul, MN 55155. The form must arrive at the Education Services Office within 90 days after the last official day of the term.

Name: _____ SSN: _____

Current Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Preferred Email: _____ Phone: _____

School Year _____ Qtrs or Sems (Circle one) School Attended _____

Course Type: Certificate ____ Associates ____ Bachelors ____ Masters ____ Doctorate ____

TERM: Summer2(Jul/Aug'14) ____ Fall ____ Winter ____ Spring ____ Summer1 (May/Jun'15) ____

Total Number of Credits Attempted: _____ Credits Eligible for Reimbursement: _____ Tuition Charged: \$ _____

Note: Fee statement or letter from the school must reflect the actual amount of tuition charged.

My Minnesota Direct Deposit Authorization for EFT form is currently on file or attached. _____ (initial)

Did you receive CH 33/Post 9-11 GI Bill Benefits which directly paid tuition costs to the institution? Yes ____ No ____

If YES, what was the amount \$ _____

Remarks:

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

Signature

Date

UNIT LETTERHEAD

UNIT OFFICE SYMBOL

DATE

MEMORANDUM FOR The Adjutant General of Minnesota National Guard, Joint Forces Headquarters, 20 12th ST West, St Paul, MN, 55155

SUBJECT: Acknowledgement of Contractual Service Obligation for use of Medical Professional State Tuition Reimbursement.

1. I acknowledge that I incur a (initial letter "a" if you have ever received Medical Professional STR prior to 1 JUL 2013; or, letter "b" if you began receiving Medical Professional STR after 01 JUL 2014).
 - a. _____ One-year Contractual service obligation for every year of use of Medical Professional STR.
 - b. _____ Two-Year contractual service obligation for every year of use of Medical Professional STR.
2. This contractual service obligation will begin effective (initial letter "a." if you are a Dental or Physician Assistant Officer; or, letter "b." if you are a Medical Officer):
 - a. _____ the day after the course completion date for the last term of reimbursement use under the provisions of Chapter 4 (typically the date the medical professional degree is conferred).
 - b. _____ the day after the completion of the residency program.
3. I acknowledge that this contractual obligation will run concurrently with any other obligations I may have incurred.
4. I further acknowledge that I must serve in an active status in the National Guard during the period of this obligation requirement.

Soldier Signature Block

**STATE ENLISTMENT BONUS ADDENDUM
MINNESOTA NATIONAL GUARD FORM**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for the State Enlistment Bonus Program and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To outline and confirm eligibility requirements for the State Enlist Bonus Program participation. This may be used as a basis for suspension, termination and recoupment if requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the SRB Program.

DISCLAIMER: The funding available for the State Incentives Program is limited by the appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

H-1. **GENERAL:** Recruiting and Retention Command will explain all procedures and entitlements of the State Enlistment Program to the applicant upon enlisting. The enlistment form (DD Form 4) must be attached to this form, Annex H-1. A copy of both documents should be provided to the applicant at the time of enlistment.

H-2. **ELIGIBILITY:** Upon my enlistment in the Army National Guard, I am eligible for an Enlistment Bonus under the State Incentives Program if I meet the following criteria:

- a. I enlist into a skill level 10 vacancy within Career Management Field (CMF) 13, 25 or 35.
- b. I enlist for a period of six years.

H-3. **BONUS AMOUNT and PAYMENTS:** Incentive amount and payments will be as follows (*Payments are based on the MN National Guard Circular 621-5-1 in effect at the time of your Enlistment*):

- a. _____(initial) For a 6 year enlistment I will receive a total bonus of \$15,000. The first \$2,500 payment will be processed on the anniversary of my Pay Entry Basic Date (PEBD) (after the first year the enlistment contract is complete) AND I have successfully completed Individual Active Duty Training (IADT) in the 13, 25 or 35 Career Management Field. (Note: This may mean a Soldier is will receive multiple payments in the same year.) Additional payments of \$2,500 will be paid once a year during my anniversary month until the \$15,000 limit is met.
- b. _____(initial) I understand I will not receive payment if I do not meet the eligibility criteria in paragraph H-2 of this document at the time my enlistment takes effect or meet termination criteria outlined in paragraph H-4 & H-5 (below). My enlistment will be verified by the Education Services Office prior to any payment being processed.
- c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will attach a current Annex D-1 which includes the W-9 form.

H-4. **TERMINATION OF BONUS PAYMENTS:** I understand I will be terminated from bonus eligibility if I:

- a. Become an unsatisfactory participant by—
 - (1) Accumulating more than four excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence.
 - (2) Accumulate one unexcused absence. Termination is effective on the date of the first unexcused absence.
 - (3) Failing to attend or complete Annual Training (AT) without Commander approval. Termination is effect on the first day of annual training.
 - (4) Not being deployable as per criteria required for my current duty position, or, I'm not making diligent progress toward becoming deployable, or I'm non-compliant with Fit-for Duty requirements. Termination is effective on the date of the non-deployability. (There is no termination for those that are determined thru a FFD medical evaluation to be "retained/non-deployable").

(5) Being under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy on entitlement date. Termination is effective on the date of suspension of favorable actions.

(6) Not having a current passing "record" Army Physical Fitness Test (APFT)/ Physical Training (PT) or meet Ht/Wt standards on entitlement date.

b. Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination is effective on the date of transfer to the ING.

c. Exceed maximum time in the ING (of more than one year). Termination is effective on the date of transfer into the ING.

d. Separate from the Minnesota Army National Guard and enter active duty in a U.S. Armed service or Reserve Unit. Termination is effective on the date of separation.

e. Separate from the Minnesota Army National Guard for any reason unless due to death, injury, illness, or other impairment not the result of my own misconduct. Termination is effective on the date of separation.

f. The Education Services Office will recoup a prorated amount of the bonus if the Soldier does not fulfill their contracted service obligation.

H-5. **TERMINATION.**

a. I understand if I Interstate Transfer (IST) to another State National Guard unit, my Enlistment Bonus is terminated without recoupment. All subsequent payments will not be paid.

b. I understand my Enlistment bonus will be terminated without recoupment if I accept a commission/appointment as an officer/warrant officer into the Minnesota National Guard.

c. I understand if I'm discharged due to a service connected injury or illness which is determined not to be the result of my own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation, my bonus is terminated without recoupment. Any subsequent payments scheduled will not be paid.

d. I understand my bonus will be terminated without recoupment if I accept a permanent Federal Technician position or Active Guard/Reserve (AGR) billet. All subsequent payments will not be paid.

H-6. STATEMENT OF UNDERSTANDING: I have read this addendum and understand the requirements of my Enlistment bonus. I understand this addendum will be void if I do not meet all of the requirements. No other promises have been made to me in connection with this Enlistment bonus addendum.

Date Signed

Signature of Service Member

Typed or Printed Name

SSN of Service Member

Typed or Printed Address of Service Member

VERIFICATION BY SERVICE REPRESENTATIVE:

Unit/Address/Phone Number

Date of signature

Typed/Printed Name/Rank of Enlisting Official

Signature of Enlisting Official