

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

MN National Guard Circular 621-5-1

1 July 2016

Military Personnel

**MINNESOTA NATIONAL GUARD STATE INCENTIVE PROGRAMS**

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**Summary:** This circular supersedes Minnesota National Guard Circular 621-5-1, dated 1 July 2015, with changes and is in effect until June 30, 2017, unless superseded. It provides information and describes procedures for administering the Minnesota state incentive programs.

**Applicability:** This circular is applicable to all Minnesota Army and 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authenticated by the NGMN-PEA-Z. This circular becomes obsolete on the expiration date shown above, unless sooner rescinded or amended.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

- Change to Para 1-3. Defines timeframes that constitute “current” Army Physical Fitness Test, Army Body Composition Program and Fitness Assessment to determine state incentive program eligibility.

### Chapter 2, State Tuition Reimbursement Program (STR)

- Change to Para 2-9 b. Adds link to STR SOPs on the STR SharePoint page.

### Chapter 3, Tuition Reimbursement – Survivor Benefit

- Change to Para 3-2. Amends language to match state statute regarding eligibility for STR survivor benefit.

### Chapter 4, Medical Professional Student State Tuition Reimbursement

- Change to Paras. 4-1, 4-2, 4-7. Removes all reference to physician assistant (PA) student officers. PA students are no longer required to use Chapter 4 STR for PA school; they are authorized Chapter 2.

### Chapter 5, State Reenlistment Bonus (SRB)

- Change to Para 5-2. Clarifies eligibility based on years of service creditable for retirement: “If the service member will attain 13 years of creditable service toward retirement on their scheduled ETS date, they are not eligible for the SRB.”
- Change to Para 5-2 g. Clarifies that SMs who signed an SRB under state incentive circulars dated 1 July 2010 - 1 July 2013 are not subject to career or subsequent reenlistment limits for SRBs.
- Change to Para 5-6 b. Adds link to SRB SOP on the state incentives SharePoint page.
- Change to Para 5-6 d. Adds additional guidance to Army and Air units/squadrons/flights on procedure for submitting SRBs: Army and Air units/squadrons/flights upload SRB annexes to state incentives database; additionally, Army units submit SRB annexes through Retention Management System (RMS).

### Chapter 6, State Enlistment Bonus (SEB)

- Change to Para 6-2. Clarifies language regarding eligibility for prior service enlistees and overstrength positions.
- Change to Para 6-6 b. Adds link to SEB SOP on the state incentives SharePoint page.

### Chapter 7, Medic Recertification Bonus

- Change to Para 7-6 a. Adds link to medic bonus SOP on the state incentives SharePoint page.

### Chapter 8, State Reclassification Bonus

- Change to Para 8-2 f. Authorizes reclassification bonus for federal technicians.
- Change to Para 8-5 a. (8). Clarifies that reclassification bonus will be terminated with recoupment if member voluntarily reclassifies, or voluntarily or involuntarily loses MOS/AFSC qualification.
- Change to Para 8-6 a. Adds link to reclassification bonus SOP on the state incentives SharePoint page.

### Annexes

- All annexes herein must be utilized after 1 July 2016. Previous annexes are obsolete.

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## 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 2016 through 30 June 2017 unless earlier 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) Incentivize the recruitment of qualified prior and non-prior Service Members for the Minnesota National Guard.

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

(3) Incentivize current Minnesota National Guard members to extend their enlistment agreements or to retrain/reclassify into a critical MOS/AFSC.

(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 incentive 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 (SIWG) 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) 34<sup>th</sup> Infantry Division representative
- (8) 84<sup>th</sup> Troop Command representative
- (9) 347<sup>th</sup> Regional Support Group representative
- (10) 133<sup>rd</sup> Airlift Wing representative
- (11) 148<sup>th</sup> Fighter Wing representative
- (12) Army Recruiting and Retention Manager
- (13) Air Recruiting and Retention Superintendent
- (14) Education Services Officer
- (15) Education Services NCOIC
- (16) State incentive 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. **ARNG AMEDD Recruiter and ANG Recruiting and Retention Superintendent.** Provide list of student officers eligible for benefits outlined in Chapter 4 prior to the student's application for benefits. Advise potential student officers of the requirement to use Chapter 4 Medical Professional STR for medical or dental school, and the contractual obligation incurred through use of the program.

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 2016 and ends on 30 June 2017.

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 MUTAs/RSDs 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 toward becoming deployable, or awaiting a fit-for-duty (FFD) determination by a medical review board.

- e. Is not under suspension of favorable actions (Army) in accordance with applicable regulation and policy.

f. For ARNG members, has current, passing Army Physical Fitness Test (APFT) and Army Body Composition Program (ABCP) or Air Force Fitness Assessment (FA), defined as follows: Last record APFT is compliant with Army standards with an effective date within 14 months of contract date, obligation or payment request; last record ABCP data is compliant with Army standards with an effective date within eight months of contract signature date, obligation or payment request. For ANG members, the last record FA is compliant with Air Force standards with an effective date within 12 months of contract date, obligation or payment request.

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.

**CHAPTER 2****MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM**

2-1. **GENERAL.** The State of Minnesota sponsors the state tuition reimbursement (STR) program. The state legislature appropriates the funding for the program biennially. If, in the future, the legislature does not fund the program, or if 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 and 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); are current SMP contracted cadets; or are special branch direct commissioned officers (AMEDD, Chaplain, JAG corps). Chapter 2 state tuition reimbursement may not be used for medical or dental school in lieu of Chapter 4, except with an approved exception to policy.

(3) Are in 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 reenlistment
6. Separated prior to ETS date unless separating due to:
  - i. Retirement, or
  - ii. A result of determinations made by the medical board 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 individual's eligibility is extended for eight years beyond the date of separation. Eligibility effective date is 4 June 2005.

(3) Title 10 active duty operational support (ADOS)/active duty for special work (ADSW), Title 32 ADOS/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 percent of the tuition charged for eligible coursework (undergraduate and graduate) at accredited post-secondary institutions.

a. **UNDERGRADUATE COURSEWORK:** Reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester hour rate. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour 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 2016 through 30 June 2017).

b. **GRADUATE COURSEWORK:** Reimbursement will not exceed 100 percent 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 2016 through 30 June 2017).

c. U of M tuition rates for the current academic year are found at [http://onestop.umn.edu/finances/costs\\_and\\_tuition/index.html](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. Certificate (undergraduate or post-baccalaureate/graduate certificate)
- b. Associate degree
- c. Baccalaureate (undergraduate) degree
- d. Master's degree
- e. Professional degree
- f. Doctorate degree

**2-5. COURSE REQUIREMENTS.**

a. Reimbursement is authorized for:

(1) Course(s) taken at an accredited post-secondary educational institution 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 (i.e. GRE, GMAT, LSAT, EMT).

(4) Course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement is authorized for some

certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(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 are not limited to high school students who attend post-secondary course(s) where the course(s) are paid for by the high school, school district or state; and student teachers/teaching assistants whose tuition is waived in lieu of pay.

**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 annual 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 certain other benefits paid directly to the institution, including:

- (1) Federal Tuition Assistance (FTA)

- (2) Chapter 33/Post 9-11 GI Bill or any other federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter 1606/1607 or any other GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's transferred GI Bill benefits must report this benefit on their STR payment request form, and the combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.

- (3) ROTC tuition scholarship. Do not report room and board scholarships or stipends.

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

a. Members receiving FTA, ROTC tuition scholarships, and federal GI Bill chapters which pay directly to the institution (to include students using a parent's transferred GI Bill benefits) are eligible to receive funds under the STR program, with restrictions. The combination of these specific additional sources of funding and STR cannot exceed 100 percent of the member's tuition costs.

b. Members receiving other additional sources of funding not listed in 2-8 a. are eligible to receive funds under the STR program, without restrictions. Examples of other additional sources of funding include, but are not limited to: grants, federal or private student loans, employer-paid tuition assistance, non-ROTC scholarships, ROTC room and board scholarships, Minnesota GI Bill and work study payments.

c. 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) Complete an annual obligation form (Annex A-1). Service Members must submit the completed annual obligation request form to the unit/squadron/flight **NO LATER THAN 45 DAYS** after their course/term start date. Late submissions of the annual obligation form will result in non-payment. Service Members who enlist in the MNNG during a school term must submit the annual obligation 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 upon the actual cost of tuition and the number of credits completed satisfactorily. The current school year is summer session II, 2016, through summer session I, 2017.

(2) Service Members must submit the following forms and supporting documents to the unit/squadron/flight in sufficient time for the reimbursement request to be entered into the state incentives 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-2).

(b) Grade report.

(c) Final fee statement which clearly shows the amount of tuition charged, is dated after course completion, and is 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 and W-9 form are only required for the initial STR submission, unless there are changes in a Service Member's bank account information.

(3) Service Members who are unable to submit an annual obligation 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. Unit/squadron/flight should add justification of school attendance in the remarks block in the state incentives database if this situation occurs.

b. Unit/Squadron/Flight Responsibilities: See the "How to Obligate" and "How to Request Payment" SOPs on the STR SharePoint page for detailed instructions on how to obligate and request payment at: [http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Education/State%20Tuition%20Reimbursement/G1\\_MILPO\\_STR.aspx](http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Education/State%20Tuition%20Reimbursement/G1_MILPO_STR.aspx)

(1) Ensure Service Member reads and signs the obligation form annually. Unit/squadron/flight will upload copy of signed obligation form and enter the obligation into the state incentives database NLT 45 days after the course start date.

(2) Enter payment requests into the state incentives 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/squadron/flight must perform a quality review of the payment request form (Annex A-2) to ensure the following:

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

(b) Clearly shows the amount of FTA, federal GI Bill paid directly to the school, and ROTC tuition scholarship, if applicable.

(c) Verify the Service Member has completed BT/BMT; or, 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/squadron/flight will notify the state incentives lead that the Service Member is not eligible for payment for that course/term so that funds can be reallocated.

(3) Upload payment request form, final fee statement and grade report into the state incentives database.

c. Education Services Office Responsibilities:

(1) The education services office allocates funds according to the annual obligation form received.

(2) Processes payment requests.

(a) Verifies all information is correct. This may require contacting the student's school.

(b) Calculates the actual amount of reimbursement.

(3) Validates Service Members have completed BT/BMT; or, have completed or are 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.

a. If the student has an incomplete course, the unit/squadron/flight will request payment for completed course(s) during that course/term within the 90-day suspense. 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 previously incomplete coursework, complete a new payment request form (Annex A-2), 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 allow their spouse to 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 in an active drilling service (non-ING) in the Minnesota National Guard.

(3) Is in the rank of E1 through O5 (to include warrant officers). Spouses of officers promoted to the grade of O6 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 against 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-2) or any other 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. 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 1 July 1992, if a member of the Minnesota National Guard is killed in the line of state active service or federally funded state active service, 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 members of the Minnesota National Guard killed in the line of duty while performing state active service or federally funded state active service, as defined in Minnesota Statute 192.501.

3-3. **ELIGIBILITY.**

- a. The surviving spouse is eligible regardless of remarriage.
- b. Surviving dependents are eligible until their 24<sup>th</sup> 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 legal 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 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 percent of the tuition charged for eligible coursework (undergraduate and graduate) at accredited post-secondary institutions.

(1) The rate of reimbursement will be paid in accordance with paragraph 2-3. University of Minnesota tuition rates for the current academic year can be found at:

[http://onestop.umn.edu/finances/costs\\_and\\_tuition/index.html](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 are not limited to high school students who attend post-secondary coursework, where the course(s) are paid for by the high school, school district, or state; and student teachers/teaching assistants whose tuition is waived in lieu of pay.

(3) 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 surviving spouse or dependent 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 certain other benefits paid directly to the institution, including:

(a) Federal Tuition Assistance (FTA)

(b) Chapter 33/Post 9-11 GI Bill or any other federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter

1606/1607 or any other federal GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's transferred GI Bill benefits must report this benefit on their STR payment request form, and the combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.

(c) ROTC tuition scholarship. Do not report room and board scholarships or stipends.

b. COURSE REQUIREMENTS.

(1) Reimbursement is authorized for:

(a) Course(s) taken at an accredited post-secondary educational institution and 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 (GRE, GMAT, LSAT, EMT, etc.).

(c) Course(s) that earn Continuing Education Units (CEUs) that are required to maintain professional licensure (CEUs these courses may be paid through other funding sources). Reimbursement is authorized for some courses that earn CEUs if they are academic in nature, not required for professional licensure, and conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn 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. Annual Obligation Form.

(1) Read and sign the annual survivor obligation form (Annex F-1) (contact the education services office for applicable form at [Nq.mn.mnarnng.mbx.assets-education@mail.mil](mailto:Nq.mn.mnarnng.mbx.assets-education@mail.mil)). Submit form to the education services 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 upon the cost of tuition and the number of credits satisfactorily completed. The current school year is summer session II 2016 through summer session I 2017.

b. Request for Reimbursement.

(1) Students must submit the following forms and supporting documents to the education services office **NO LATER THAN 90 DAYS** after the last official day of the term.

(a) Survivor payment request form (Annex F-2).

(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 the student's Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, email 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 services 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-2), 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-2) or an attempt to receive funds a student is not eligible to receive will result in termination from the STR program for a minimum of one year.

b. The education services office will terminate the entitlement for the surviving dependents on the dependent's 24<sup>th</sup> 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 and dental school students to accept a direct commission in the Minnesota National Guard during completion of graduate-level medical or dental professional degrees.

4-2 **ELIGIBILITY.**

a. Army and Air National Guard members who initially appoint as medical/dental student officers or who are already commissioned officers are eligible for this program. Allocations are 15 student officers (medical or dental) for ARNG and 4 student officers (medical or dental) for ANG. 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 federally funded health professional incentive program.

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.

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 (U of M) Medical School, Twin Cities campus, for the current academic year (found at [http://onestop.umn.edu/finances/costs\\_and\\_tuition/tuition\\_and\\_fees/professional\\_school\\_tuition.html](http://onestop.umn.edu/finances/costs_and_tuition/tuition_and_fees/professional_school_tuition.html)).

4-4. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under any state tuition reimbursement (STR) program 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 student officers who receive Chapter 4 STR incur a contractual service obligation of two years for every year of Chapter 4 STR. One year of use is defined as three academic terms. Service obligations may be prorated based on evaluation by the education services officer. Service must be completed in the Minnesota National Guard. This obligation is effective the day after the professional degree is conferred. Dental corps officers must obtain unrestricted professional licensure immediately after professional degree completion as a term of the contractual service obligation. Failure to attain unrestricted professional licensure will initiate a recoupment action. Dental student officers using Chapter 4 are required to reappoint as Dental Corps (DC) officers as soon as eligible.

b. Medical student officers who receive Chapter 4 STR incur a contractual service obligation of two years for every year of use of Chapter 4 STR. One year of use is defined as three academic terms. Service obligations may be prorated based on evaluation by the education services officer. Service must be completed in the Minnesota National Guard. This obligation is effective the day after completion of residency. Officers who interstate transfer for residency must return to Minnesota to begin serving their contractual obligation within 6 months of residency completion or recoupment action will be initiated. The education services officer is authorized to direct the service obligation for those officers who utilized medical professional STR and/or Chapter 2 STR (with an approved exception to policy) in any combination during their medical school training. Medical corps officers must maintain unrestricted professional licensure as a term of the contractual service obligation. Failure to maintain unrestricted professional licensure will initiate a recoupment action. Medical student officers using Chapter 4 are required to reappoint as Medical Corps (MC) officers as soon as eligible.

c. The Service Member must sign a contractual service agreement (Annex G-1) at the beginning of each academic school year they receive Chapter 4 STR. The contractual service obligation for use of Chapter 4 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 full or partial recoupment of Chapter STR if the officer fails to fulfill any portion of the contractual service obligation; does not successfully complete medical/dental school; fails to complete residency; or does not obtain or maintain unrestricted licensure.

e. Individuals who received tuition reimbursement prior to 1 July 2016 retain the service obligation in accordance with the policy in effect at the time they began receiving Chapter 4 STR; however, they must sign a contractual service obligation (Annex G-1) at the beginning of each academic school year.

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

#### **4-8. ROLES AND RESPONSIBILITIES.**

a. ARNG Recruiting and Retention Battalion (RRB) or ANG Recruiting and Retention Superintendent (RRS) is responsible for advising potential student officers of the requirement to use Chapter 4 STR for medical or dental school, and to advise them of the contractual obligation incurred through use of Chapter 4. RRB/RRS will verify that student officers' specialties are compatible with service in the MNNG before using Chapter 4.

b. Office of the State Surgeon will track ARNG medical and dental student status through degree completion and residency, and provide the education services office updates on projected medical/dental school graduation dates, projected residency completion dates, and interstate transfer status as requested. Wing Medical Administrative Officers will track ANG medical and dental student status through degree completion and residency, and provide the education services office updates on projected medical/dental/PA school graduation dates, projected residency completion dates, and interstate transfer status as requested.

c. The education services officer will determine service obligations based on past/combined Chapter 2 STR/Chapter 4 use and initiate recoupment action as needed for officers who fail to complete their contractual service obligation.

**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 6 years of service creditable for retirement and must have less than 13 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. If the Service Member will attain 13 years of creditable service toward retirement on their scheduled ETS date, they are not eligible for the SRB. Individual Ready Reserve (IRR) and Inactive National Guard (ING) time is not considered creditable time for retirement for this purpose. The reenlisting authority, ROM or unit/squadron/flight rep must verify SRB eligibility on the day of reenlistment before contracting.

- a. Meet Minnesota National Guard reenlistment eligibility criteria.
- b. ARNG members must be duty-MOS qualified. ANG members must be at least 3-level qualified in assigned duty AFSC. All 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 3 or 6 years.
- e. Service Members that receive a federal reenlistment bonus may also be eligible for a SRB.
- f. Permanent full-time members of the Minnesota National Guard (AGR and technicians) are not eligible for the SRB.
- g. State incentives circulars dated 1 July 2010 - 1 July 2013 established career-limit amounts of \$5,000 for SRBs. Those circulars are obsolete. SMs contracting under current policy are authorized SRBs that exceed those previously established limits, provided they are otherwise eligible.
- h. No retroactive incentives authorized. Incentives offered after reenlistment are not valid for payment.**

**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 reenlistment is complete. Additional payments will be evenly distributed once a year during the Service Member's anniversary month.
- b. The unit or Wing ROM is responsible for uploading the reenlistment contract and bonus addendum (Annex B-1) into the state incentives database no later than 30 days after the date of extension. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Member's Minnesota Direct Deposit Authorization (Annex D-1) form is not on file, email a current Annex D-1 which includes the W-9 form to [nq.mn.mnarnq.mbx.assets-education@mail.mil](mailto:nq.mn.mnarnq.mbx.assets-education@mail.mil).
- c. The education services office monitors payments made and tracks future payments.

5-4. **TAXES.** Taxes are not withheld from bonus payments. 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 filing.

**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 MUTAs/RSDs of excused absences within a 12-month period. Termination is effective the date of the fifth excused absence.

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

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

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

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



(f) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air) on entitlement date. The effective termination date is the date the Service Member failed 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 the date of transfer to the ING.

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

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

(5) Interstate transfers (IST) to another state National Guard. Termination is effective 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 on date of discharge.

(8) Becomes employed full-time with the Minnesota National Guard as a permanent federal technician or AGR. Termination is effective employment start date.

b. A Service Member is entitled to receive payment for 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 <sup>th</sup> excused absence
Unsatisfactory Participant – AT	Yes	1 <sup>st</sup> day of AT
Fails to extend for time spent in ING.	Yes	Date transferred to ING
Under suspension of favorable actions	Yes	Date flag initiated

Exceeds maximum time in ING	Yes	Date transferred to ING
Failing APFT/ABCP or FA	Yes	Date of failure
Separate from MNNG for any reason	Yes	Date of separation

#### 5-6. RESPONSIBILITIES.

a. Unit/ROM is responsible to offer the bonus to eligible Service Members **BEFORE** reenlistment and assist the Service Member in completing the bonus addendum at the time of or prior to reenlistment.

b. See the "State Reenlistment Bonus SOP" on the state bonus/incentives SharePoint page for detailed instructions on how to request the state reenlistment bonus:  
[http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1\\_MILPO\\_State\\_Bonus.aspx](http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1_MILPO_State_Bonus.aspx)

c. Unit/ROM will upload the bonus addendum and extension/reenlistment documents into the state incentives database no later than 30 days after the signature date of extension/reenlistment.

d. All units/ROMs (Army and Air) will upload SRB annexes to the state incentives database. Army units will also submit SRB annexes, with the associated DA Form 4836, to SIDPERS using the Retention Management System (RMS). The federal incentives manager, upon validating and processing the extension in SIDPERS, will process the appropriate documents through iPERMS to facilitate filing in the Soldier's Army Military Human Resources Record (AMHRR).

e. Unit/squadron/flight will notify the education services office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 5-5. Unit/squadron/flight will provide the date the 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 (SEB) for applicants enlisting into the Minnesota National Guard.

6-2. **ELIGIBILITY.** The SEB is authorized for non-prior service or prior service Army skill-level 10 (E-4 and below) and Air E-3 and below (training level 1 or 3) enlisting into hard slot or overstrength vacancies within the career management fields (CMF) and AFSCs listed in Annex H-2 (subject to change quarterly) who meet the eligibility criteria below:

- a. Enlist for a period of 6 years.
- b. Applicants that receive a federal enlistment bonus may also be eligible for a SEB.
- c. No retroactive incentives authorized. Incentives offered after enlistment are not valid for payment.

**6-3. PAYMENT PROCEDURES.**

- a. Initial payment of \$2,500 will be made upon completion of both the following criteria:

- (1) Service Member has satisfactorily completed 1 year of service, and

- (2) Service Member has successfully completed initial active duty training (IADT) in the bonus-qualifying CMF or AFSC per SEB addendum (Annex H-2).

- b. Subsequent payments will be made on the anniversary date of pay entry base date (PEBD)/pay date after the first year of enlistment is complete.

- (1) Service Member must have met requirements for the initial payment before the second payment can be processed. This may mean a Service Member will receive multiple payments in the same year. Additional payments of \$2,500 will be made once a year during the Service Member's anniversary month.

- (2) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Member's form is not on file, email a current Annex D-1, which includes the W-9 form, to [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil).

- (3) Service Member must be a satisfactory participant IAW paragraph 1-7.

- c. The education services office monitors payments made and tracks future payments.

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

**6-5. 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 MUTAs/RSDs of excused absence within a 12-month period. Termination is effective the date of the fifth excused absence.

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

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

(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 the date the Service Member is considered non-deployable. Service Member that have completed a medical board process and are found fit for retention but not allowed to deploy are exempt from termination.

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

(f) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air) on entitlement date. The effective termination date is the date the Service Member failed 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 the date of transfer to the ING.

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

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

(5) Interstate transfers (IST) to another state National Guard. Termination is effective the 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 Minnesota National Guard due to a service-connected injury/illness. Termination is effective from date of discharge.

(8) Re-classifies into a non-bonus MOS/AFSC or loses MOS/AFSC qualification. Termination is effective the date the new MOS/AFSC is awarded or effective date of loss of MOS/AFSC.

(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 Service Member is entitled to receive payment for 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 <sup>th</sup> excused absence
Unsatisfactory Participant – AT	Yes	1 <sup>st</sup> day of AT
Fails to extend for time spent in ING	Yes	Date transferred to ING
Under suspension of favorable actions	Yes	Date flag is initiated
Exceeds maximum time in ING	Yes	Date transferred to ING
Failing APFT/ABCP or FA	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. RESPONSIBILITIES.**

a. Recruiting personnel are responsible to offer the bonus to eligible applicants **BEFORE** enlistment and assist them in completing the bonus addendum.

b. See the "State Enlistment Bonus SOP" on the state bonus/incentives SharePoint page for detailed instructions on how to request the state enlistment bonus at:  
[http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1\\_MILPO\\_State\\_Bonus.aspx](http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1_MILPO_State_Bonus.aspx)

c. RSP, MEPS or Wing recruiting office will upload the bonus addendum and DD Form 4 into the state incentives database within 30 days of date of enlistment.

d. Unit/squadron/flight/RSP will notify the education services office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 6-5. Unit/squadron/flight/RSP will provide the date Service Member 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 medic MOS- or AFSC-producing advanced training; and
- d. Are currently serving in an authorized duty position that requires EMT-B certification (i.e. ARNG 68W, 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.
- h. No retroactive incentives authorized. Medic bonus requests submitted after certification expiration are not authorized.

**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/squadron/flight/RSP.
- c. Service Members provide a copy of their current NREMT card to the unit/squadron/flight/RSP.
- d. To request payment for currently valid NREMT cards, the unit/squadron/flight/RSP will attach the documents listed above into the Service Member's profile in the state incentive database NLT 30 JUN.
- e. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Member's Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, email a current Annex D-1, which includes the W-9 form to: ng.mn.mnarnng.mbx.assets-education@mail.mil.

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 tax filing.

**7-5. 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 MUTAs/RSDs of excused absence within a 12-month period. Termination is effective the date of the fifth excused absence.

(b) Accumulating one MUTA/RSD of unexcused absence within a 12-month period. Termination is effective the date of the first unexcused absence.

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

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

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

(f) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air) on entitlement date. The effective termination date is the date the Service Member failed 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 the date of separation.

(3) Interstate Transfers (IST) to another state National Guard. Termination is effective on 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 on 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 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. RESPONSIBILITIES.

a. See the "Medic Recertification Bonus SOP" on the state bonus/incentives SharePoint page for detailed instructions on how to request the medic recertification bonus at:  
[http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1\\_MILPO\\_State\\_Bonus.aspx](http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1_MILPO_State_Bonus.aspx)

b. Unit/squadron/flight/RSP will notify the education services office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 7-5. Unit/squadron/flight/RSP will provide the date Service Member became an unsatisfactory participant.

**CHAPTER 8****STATE RECLASSIFICATION BONUS**

8-1. **GENERAL.** The Adjutant General has authorized a \$10,000 state reclassification bonus for applicants reclassifying into critical Military Occupational Specialties (MOS)/Air Force Specialty Codes (AFSC) in the Minnesota National Guard.



8-2. **ELIGIBILITY.** The state reclassification bonus is authorized for E-5 through E-7 vacancies in MOS/AFSCs identified by the Adjutant General in Annex I-2. State reclassification bonus-eligible MOS/AFSCs may change quarterly, IAW the readiness needs of the MNNG. Service Members must have 16 or fewer years of service creditable for retirement on signature date of state reclassification bonus contract. Source verifying document is the NGB Form 23B (RPAM) or ANG PCARS. Individual Ready Reserve (IRR) and Inactive National Guard (ING) time is not considered creditable time for retirement for this purpose. The unit/squadron/flight/ROM or representative must verify eligibility before contracting for this incentive. In addition, Service Member must:

- a. Meet Minnesota National Guard reenlistment eligibility criteria.
- b. Be placed in a valid vacancy in an E-5, E-6 or E-7 position (including authorized overstrength) and agree to become qualified in that MOS/AFSC.
- c. Be in the grade of the assigned position or one grade below the required grade of the position to be eligible.
- d. Extend for the period necessary to complete MOS/AFSC training in bonus-eligible MOS/AFSC upon contracting for reclassification bonus.
- e. Execute three-year extension within 30 days of date bonus-eligible MOS/AFSC is awarded if Service Member does not have three years remaining to ETS on date MOS/AFSC is awarded.
- f. Permanent full-time AGR members of the Minnesota National Guard are not eligible for the state reclassification bonus. Federal technicians are eligible.
- g. No retroactive incentives authorized.

**8-3. PAYMENT PROCEDURES.**

- a. One lump-sum payment of \$10,000 will be processed upon award of the reclassification bonus-contracted MOS/AFSC, provided the Service Member meets the eligibility criteria in paragraph 8-2.
- b. Service Members must also be a satisfactory participant IAW paragraph 1-7 to receive payment.
- c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (ANNEX D-1). If Service Member's form is not on file, email a current Annex D-1, which includes the W-9 form to: ng.mn.mnarnng.mbx.assets-education@mail.mil.
- d. Unit/squadron/flight/ROM is responsible for providing the education services office evidence of Service Member's MOS/AFSC qualification.
- e. Service Members may receive payment on existing federal and/or state reenlistment bonuses, or may contract for new federal and/or state reenlistment bonuses concurrent with the state reclassification bonus. Service Members may also be eligible for a federal reclassification bonus concurrent with the state reclassification bonus.

8-4. **TAXES.** Taxes are not withheld from bonus 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 tax filing.

**8-5. TERMINATION OF BONUS.**

a. Paid bonus contracts will be terminated with recoupment, and bonus contracts awaiting payment will not be paid if the Service Member:

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

(a) Accumulating more than four MUTAs/RSDs of excused absences within a 12-month period. Termination with recoupment is effective the date of the fifth excused absence.

(b) Receiving one MUTA/RSD of unexcused absence within a 12-month period. Termination with recoupment is effective the date of the first unexcused absence.

(c) Failing to attend or complete annual training (AT) without commander's approval. Termination with recoupment is effective the first day of annual training.

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

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

(f) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air) on entitlement date. The effective termination date is the date the Service Member failed to meet standards. Termination with recoupment is effective the date the Service Member fails an APFT/FA, becomes non-compliant with ABCP, or becomes overdue for APFT/FA/ABCP.

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

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

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

(5) Interstate transfers (IST) to another state National Guard. Termination with recoupment is effective on date of transfer.

(6) Accepts appointment as a commissioned officer. Termination with recoupment is effective on commission date.

(7) Is discharged from the MNNG due to a service-connected injury/illness. Termination without recoupment is effective the date of discharge.

(8) Voluntarily reclassifies, or voluntarily/involuntarily loses MOS/AFSC qualification. Termination with recoupment is effective the date new MOS/AFSC is awarded or the date bonus-qualifying MOS/AFSC is lost. Bonus will not be terminated if SM reclassifies due to reorganization.

(9) Enters the AGR program. Termination with recoupment is effective on AGR order start date.

(10) Fails to become MOS/AFSC-qualified in bonus-contracted MOS/AFSC.

## b. 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 <sup>th</sup> excused absence
Unsatisfactory Participant for AT	Yes	1 <sup>st</sup> day of AT
Fails to extend for time spent in ING	Yes	Date transferred to ING
Under suspension of favorable actions	Yes	Date of suspension/unfavorable action
Exceeds maximum time in ING	Yes	Date transferred to ING
Failing APFT/ABCP or FA	Yes	Date of failure
Separate from MNNG for any reason	Yes	Date of separation
Fails to complete/maintain MOS/AFSC qualification	Yes	Date of change/loss of MOS

## 8-6. RESPONSIBILITIES.

a. See the “Reclassification Bonus SOP” on the state bonus/incentives SharePoint page for detailed instructions on how to request the state reclassification bonus at:  
[http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1\\_MILPO\\_State\\_Bonus.aspx](http://ngmns2010/j1/g1MILPO/Pages/Education%20and%20Incentives/Incentives/State%20Bonus/G1_MILPO_State_Bonus.aspx)

b. Unit/squadron/flight/ROM will notify the education services office immediately upon a Service Member becoming an unsatisfactory participant per paragraph 8-5. Unit/squadron/flight/ROM 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). Email to: [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil).**

FOR THE ADJUTANT GENERAL:

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

DISTRIBUTION:  
 A (Army)  
 F (Air)

**ANNUAL OBLIGATION FORM**  
**STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**2016-2017**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for state tuition reimbursement (STR) program; to ensure that your agreement to these conditions is a matter of record; and to obligate funds for STR program use for the current FY.

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

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**A-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_(rank, full name), certify that I have 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 annual obligation form.

**A-2. INTRODUCTION.**

a. \_\_\_\_ (initial) 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 if 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. \_\_\_\_ (initial) I understand that if I do not meet all the criteria outlined in Minnesota National Guard Circular 621-5-1, dated 1 July 2016, I may jeopardize my entitlement to receive STR.

c. \_\_\_\_ (initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$17,000 per state fiscal year (1 July 2016-30 June 2017) for undergraduate coursework and \$36,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester-hour rate for undergraduate coursework or the resident general tuition rate at the U of M Twin Cities campus graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester hour rate at the U of M.

d. \_\_\_\_ (initial) I understand that if I am designated as a medical professional student as outlined in Chapter 4 and utilizing Chapter 4 medical professional STR, the program only reimburses up to 100 percent of tuition cost up to the tuition rate of the University of Minnesota (U of M) Medical School Twin Cities campus, for the current academic year.

e. \_\_\_\_ (initial) 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](http://onestop.umn.edu/finances/costs_and_tuition/index.html).

f. \_\_\_\_ (initial) I understand that if I receive certain other benefits as defined in Minnesota National Guard Circular 621-5-1 paragraph 2-7 d. (Federal Tuition Assistance, Chapter 33 Post 9-11 GI Bill or any other federal GI Bill Chapter that pays tuition directly to the institution, and ROTC tuition scholarships) the combination of those benefits and STR cannot exceed 100 percent of tuition charged. I understand that my STR payment request form and tuition statement from my school must reflect the amount of those benefits I receive each term.

g. \_\_\_\_ (initial) 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 that in order to be eligible for STR payment I must meet the following membership criteria:

(1) \_\_\_\_ (initial) I am a member of the Minnesota National Guard in the grade of E-1 through O-5 (to include warrant officers). If I am an O5 promoted to O6 during a school term, I'm able to receive a final payment for that term only, but I am not eligible to participate in STR for future terms.

(2) \_\_\_\_ (initial) I successfully completed basic training (BT) or basic military training (BMT); or successfully completed or am projected for ROTC Leadership Training Course; or am a direct-commissioned officer, AMEDD officer, staff specialist, chaplain or JAG officer.

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

(4) \_\_\_\_ (initial) I understand that the combination of certain benefits as defined in Minnesota National Guard Circular 621-5-1 paragraph 2-7 d. and STR cannot exceed 100 percent of 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) \_\_\_\_ (initial) No periods of unauthorized absence (AWOL) within the last 12 months.

(2) \_\_\_\_ (initial) No more than four MUTAs/RSDs of excused absence during the last 12 months.

(3) \_\_\_\_ (initial) I am currently deployable IAW criteria required for my current duty position. If I'm not currently deployable, I am in one of the following categories: making progress toward deployable status; awaiting a fit-for-duty (FFD) determination by a medical review board (MRB); or found FFD and retained, but profiled non-deployable by an MRB.

(4) \_\_\_\_ (initial) I am not under suspension of favorable actions (Army) IAW applicable regulation and policy.

(5) \_\_\_\_ (initial) I currently have a passing record APFT (Army) or FA (Air), and am in compliance with ABCP standards (Army).

c. I understand the following additional requirements:

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

(2) \_\_\_\_ (initial) I will not be reimbursed for course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement is authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

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

(4) \_\_\_\_ (initial) To use the tuition reimbursement option for spouses, I must have served at least eight years of active drilling, non-ING service in the Minnesota National Guard.

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

(6) \_\_\_\_\_(initial) Course(s) which end after my expiration term of service (ETS) date are not eligible for payment unless I qualify under extended eligibility rules (see Minnesota National Guard Circular 621-5-1, paragraph 2-2 b.).

(7) \_\_\_\_\_(initial) If I receive medical professional STR, I incur a two-year contractual service obligation to the MNNG for every one year of Chapter 4 medical professional STR use. If I used medical professional STR prior to 1 July 2016, my service obligation is based on the policy in effect at the time I began using medical professional STR.

(8) \_\_\_\_\_(initial) If I utilize a combination of STR under the provisions of Chapter 2 and Chapter 4, the education services office is the final determining authority of my contractual service obligation.

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

(1) \_\_\_\_\_(initial) Undergraduate coursework. My spouse or I must achieve a grade of C or better, "pass" or "satisfactory." Grades of C- and below are not eligible for reimbursement.

(2) \_\_\_\_\_(initial) Graduate coursework. My spouse or I must achieve a grade of B or better. Grades of B- and below are not eligible for reimbursement.

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

#### A-4. REIMBURSEMENT PROCEDURES.

a. Annual Obligation Form Processing.

(1) \_\_\_\_\_(initial) I must complete this annual obligation form (Annex A-1) and submit it to my unit/squadron/flight in sufficient time for my unit/squadron/flight to upload it to the state incentives database 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 form immediately and understand that the education services office will reimburse me for the current course/term only if I have previously completed basic training (BT) /basic military training (BMT); 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) \_\_\_\_\_(initial) I understand that the annual obligation form is a projected tuition cost for each term during the entire school year, summer session II 2016 through summer session I 2017. I understand that I must do my best to accurately predict the number of credits I intend to take each term during the year. I understand that the amount of reimbursement is dependent on actual tuition charges, not solely on my annual obligation, and that I should not over-estimate the number of credits I intend to take.

b. STR Payment Request Processing.

(1) \_\_\_\_\_(initial) I understand that I must submit the following forms and supporting documents to my unit/squadron/flight in sufficient time for them to arrive at the education services office no later than 90 days after the last official day of the course/term. Service Members 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 II, fall, winter, spring and summer I terms.

(a) \_\_\_\_\_(initial) Payment Request Form (Annex A-2).

(b) \_\_\_\_\_(initial) Grade report.

(c) \_\_\_\_\_(initial) 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 (i.e. FTA, federal GI Bill paid directly



to the institution, 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) \_\_\_\_\_(initial) 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 my Minnesota Direct Deposit Authorization (Annex D-1) form is not on file, I will forward a current Annex D-1, which includes the W-9 form, to my unit/squadron/flight administrator.

(2) \_\_\_\_\_(initial) I understand my signature on Annex A-1 and Annex A-2 verifies all information is true and correct. My signature authorizes the education services office to contact my school to verify information.

(3) \_\_\_\_\_(initial) 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. \_\_\_\_\_(initial) 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. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. \_\_\_\_\_(initial) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex A-2), 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. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

A-6 **TERMINATION.** \_\_\_\_\_(initial) I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex A-2), 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. 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.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

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 Attending:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Spouse Option (circle one) Yes or No      Spouse Name (if using spouse option): \_\_\_\_\_

**Degree type (check one):**

☐ Certificate (undergraduate/graduate)  
☐ Associate  
☐ Baccalaureate degree (undergraduate)  
☐ Master's degree (graduate)  
☐ Professional degree (i.e. J.D., D.C., M. Div.)  
☐ Doctorate (i.e. Ph. D.)

**Enter number of credits anticipated:**

☐ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
☐ Fall  
☐ Winter  
☐ Spring  
☐ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

Have you completed Basic Training, Basic Military Training, or have completed/are enrolled in ROTC Leadership Training Course?

☐ Yes / ☐ No / ☐ N/A (check N/A for direct commissioned officers - AMEDD/Chaplain/JAG)

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:

\_\_\_\_\_  
SERVICE MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

# PAYMENT REQUEST FORM

## STATE TUITION REIMBURSEMENT PROGRAM

### MINNESOTA NATIONAL GUARD

### 2016-2017

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the state reimbursement program (STR).

**ROUTINE USES:** To confirm eligibility requirements for the STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report** and **final fee statement** and submit to your unit. The form must arrive at the education services 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 an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ Member Status: ☐ M-Day/Traditional ☐ AGR ☐ Technician

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

Spouse Option: ☐ Yes / ☐ No Spouse's Name (if using spouse option): \_\_\_\_\_

**Degree Type (check one):**

\_\_\_\_ Certificate (undergraduate/graduate)  
 \_\_\_\_ Associate  
 \_\_\_\_ Baccalaureate degree (undergraduate)  
 \_\_\_\_ Master's degree (graduate)  
 \_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
 \_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

\_\_\_\_ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
 \_\_\_\_ Fall  
 \_\_\_\_ Winter  
 \_\_\_\_ Spring  
 \_\_\_\_ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

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 amount of Federal Tuition Assistance (FTA), ROTC tuition scholarship or any federal GI Bill chapter that pays directly to the institution (i.e. Chapter 33 Post 9/11 GI Bill).**

Have you completed basic training, basic military training, or are you projected for the ROTC Leadership Training Course? ☐ Yes / ☐ No / ☐ N/A (select N/A for direct-commissioned officers)

Is this the last semester before graduation? ☐ Yes ☐ No When is your estimated graduation date \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_%

Did you receive Federal Tuition Assistance (FTA)? ☐ Yes ☐ No If YES, what was the amount received for this school term \$ \_\_\_\_\_

Did you receive an ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?  
☐ 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 is true and correct. I understand failure to report benefits which directly pay tuition to the institution as listed in the state incentives circular para 2-7 d. will result in termination from the STR program for a minimum of one year and possibly result in punitive action through the Minnesota Code of Military Justice.

\_\_\_\_\_  
SERVICE MEMBER SIGNATURE\_\_\_\_\_  
DATE

Unit administrator use only:

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

\_\_\_ Has completed Basic Training, Basic Military Training, or is an SMP contracted ROTC Cadet (not applicable for direct commissioned-officers-AMEDD/chaplain/JAG officers).

\_\_\_ Has no more than four MUTAs/RSDs of excused absences within the last 12 months.

\_\_\_ Has no MUTAs/RSDs of unexcused absences within the last 12 months.

\_\_\_ 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 toward becoming deployable, or is awaiting a fit-for-duty determination by medical review board.

\_\_\_ Is not under suspension of favorable actions (Army) IAW applicable regulation and policy.

\_\_\_ Has a current passing record APFT/FA, and is compliant with ABCP standards (Army only).

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME\_\_\_\_\_  
PHONE NUMBER\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE\_\_\_\_\_  
DATE

## STATE REENLISTMENT BONUS ADDENDUM

### MINNESOTA NATIONAL GUARD 2016-2017

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL 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 appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

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B-1. **GENERAL:** The unit, squadron/flight, reenlisting official, or ROM will explain all procedures and entitlements of the SRB program to the Service Member upon reenlisting. The reenlistment form DD Form 4 (Air), DA Form 4836 (Army), 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, and the Service Member should be advised to maintain a personal copy to ensure future payment.

B-2. **ELIGIBILITY:** Upon my reenlistment in the Minnesota Army or Air National Guard, I am eligible for a reenlistment bonus under the SRB program if I meet the following criteria (**initial all except choose "e" OR "f" and place N/A in any blocks that are not applicable**).

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

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

c. \_\_\_\_\_(initial) I am a satisfactory participant as defined in paragraph 1-7 of MN National Guard Circular 621-5-1 on the date of my reenlistment.

d. \_\_\_\_\_(initial) I am currently not employed full-time as an AGR or dual status federal technician (permanent or indefinite status).

e. \_\_\_\_\_(initial) I have **completed 6 years of total time in service creditable for retirement and I have less than 13 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 creditable service for retirement 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 my current ETS.

**OR**

f. \_\_\_\_\_(initial) I have **completed 6 years of total time in service creditable for retirement and I have less than 13 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 creditable service for retirement 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 my current ETS.

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 any fields that are not applicable**):

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) \_\_\_\_\_ (initial) 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) \_\_\_\_\_ (initial) 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. \_\_\_\_\_ (initial) 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. \_\_\_\_\_ (initial) 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 email a current Annex D-1, which includes the W-9 form, to [ng.mn.mnarnng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarnng.mbx.assets-education@mail.mil).

**B-4. TERMINATION OF BONUS PAYMENTS:** I understand my bonus will be terminated and I will not receive future payments if I:

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

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

(2) \_\_\_\_\_ (initial) Accumulate one MUTA/RSD of unexcused absence. Termination is effective on the date of the first unexcused absence.

(3) \_\_\_\_\_ (initial) Fail to attend or complete annual training (AT) without commander's approval. Termination is effective the first day of AT.

(4) \_\_\_\_\_ (initial) Not being deployable per criteria required for my current duty position, or not making diligent progress toward becoming deployable, or I'm non-compliant with fit-for duty (FFD) requirements. Termination is effective the date of non-deployability. There is no termination for those who are determined through an FFD medical evaluation to be retained/non-deployable.

(5) \_\_\_\_\_ (initial) Being under suspension of favorable actions (Army) IAW applicable regulation and policy. Termination is effective the date of suspension of favorable actions.

(6) \_\_\_\_\_ (initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or failing to meet ABCP standards. Termination is effective the date of the failed record APFT/FA or ABCP failure, or the date that the Service Member becomes overdue for APFT, FA or ABCP.

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

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

d. \_\_\_\_\_ (initial) Separate from the Minnesota National Guard and enter active duty or a reserve unit. Termination is effective the date of separation.

e. \_\_\_\_\_ (initial) Separate from the Minnesota National Guard for any reason. Termination is effective the date of separation.

f. \_\_\_\_\_ (initial) Interstate transfer (IST) to another state National Guard. Termination is effective the date of separation.

g. \_\_\_\_\_(initial) Accept a commission/appointment as an officer/warrant officer in the Minnesota National Guard. Termination is effective the date of commission/appointment.

h. \_\_\_\_\_(initial) Discharged due to a service-connected injury or illness. Termination is effective the date of discharge.

i. \_\_\_\_\_(initial) Accept a permanent federal technician position or Active Guard/Reserve (AGR) position. Termination is effective the date of hire or the first day of AGR orders.

j. \_\_\_\_\_(initial) Recoupment will be initiated if payment is received after termination date.

**B-5. 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.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
UNIT NAME / UNIT ADDRESS / UNIT PHONE NUMBER

\_\_\_\_\_  
TYPED OR PRINTED NAME OF ENLISTING OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ENLISTING OFFICIAL

## MEDIC RECERTIFICATION BONUS ADDENDUM

### MINNESOTA NATIONAL GUARD 2016-2017

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL 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 for the state medic recertification bonus, and to serve 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 bonus program is limited by an appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

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**C-1. ELIGIBILITY:** Upon my completion of the National Registry of Emergency Medical Technician (NREMT) recertification, I am eligible for a medic recertification bonus under the state medic recertification bonus program if I meet the following criteria:

- a. \_\_\_\_\_(initial) I am qualified in and hold a medic MOS/AFSC as my primary MOS/AFSC; 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. \_\_\_\_\_(initial) I agree to serve for a period of two years beginning the day after NREMT recertification.
- c. \_\_\_\_\_(initial) I have a current, valid NREMT card.
- d. \_\_\_\_\_(initial) I have been a satisfactory participant defined by the Adjutant General in paragraph 1-7 prior to the date of my NREMT recertification.
- e. \_\_\_\_\_(initial) 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. \_\_\_\_\_(initial) I will receive a bonus of \$1,000 payable in split disbursement of \$500 each year for a two-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. \_\_\_\_\_(initial) 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. \_\_\_\_\_(initial) 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 email a current Annex D-1, which includes the W-9 form, to [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)
- d. \_\_\_\_\_(initial) Current valid NREMT cards must be submitted to the education services office NLT 30 JUN of the applicable year to be eligible for payment.

**C-3. TERMINATION:** I understand I will be terminated from bonus eligibility and any bonus payments received may be subject to recoupment if I:

- a. Become an unsatisfactory participant by any of the following:

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

- (2) \_\_\_\_\_(initial) Accumulate one MUTA/RSD of unexcused absence. Termination is effective the date of the absence.



(3) \_\_\_\_\_(initial) Fail to attend or complete Annual Training (AT) without commander's approval. Termination is effective the first day of AT.

(4) \_\_\_\_\_(initial) Not being deployable per criteria required for my current duty position, not making diligent progress toward becoming deployable, or non-compliant with fit-for duty (FFD) requirements. Termination is effective the date of non-deployability. There will be no recoupment for those who are determined through an FFD medical evaluation to be retained/non-deployable.

(5) \_\_\_\_\_(initial) Being under suspension of favorable actions (Army) IAW applicable regulation and policy. Termination is effective the date of suspension of favorable actions.

(6) \_\_\_\_\_(initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or fail to meet ABCP standards. Termination is effective the date of the failed record APFT/FA or ABCP failure, or the date I become overdue for APFT, FA or ABCP.

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

c. \_\_\_\_\_(initial) Exceed maximum time in the ING (one year). Termination is effective the date of transfer to ING.

d. \_\_\_\_\_(initial) Separate from the Minnesota National Guard and enter active federal military service or another reserve component. Termination is effective the date of separation.

e. \_\_\_\_\_(initial) Separate from the Minnesota National Guard for any reason. Termination is effective the date of separation.

f. \_\_\_\_\_(initial) Interstate transfer (IST) to another state National Guard. Termination is effective the date of transfer.

g. \_\_\_\_\_(initial) Accept a commission/appointment in the Minnesota National Guard. Termination is effective the date of commission/appointment.

h. \_\_\_\_\_(initial) Am discharged due to a service-connected injury or illness. Termination is effective the date of separation.

i. \_\_\_\_\_(initial) Reclassify into a non-medic MOS/AFSC. Termination is effective the date of reclassification.

j. \_\_\_\_\_(initial) Recoupment will be initiated if payment is received after termination date.

**C-4. STATEMENT OF UNDERSTANDING:** I have read this addendum and understand the requirements of my medic recertification bonus. I understand this addendum is void if I do not meet all of the requirements.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

**VERIFICATION BY SERVICE REPRESENTATIVE:**


\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME/RANK

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT NAME / UNIT ADDRESS / UNIT PHONE NUMBER

 <b>MINNESOTA Management &amp; Budget</b>	<h2 style="margin: 0;">Direct Deposit Authorization for Electronic Funds Transfer (EFT)</h2>		
<p>MN Army National Guard 20 12th Street West Saint Paul, MN 55155-2098 Attn: Education Services</p>	<p>State Benefits Specialist 651-282-4591 Fax: 651-282-4125 ng.mn.mnarmg.mbx.assets-education@mail.mil</p>		
<p><i>Instructions for completing this form are on the next page. Please print clearly and use black ink.</i></p>			
<b>Mailing Address (General)</b>			
<p><b>Name</b> <input style="width: 100%;" type="text"/></p> <p><b>Address</b> <input style="width: 100%;" type="text"/></p> <p><b>City</b> <input style="width: 100%;" type="text"/></p> <p><b>State</b> <input style="width: 10%; text-align: center;" type="text"/> <b>Zip Code</b> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> (State incentives will fill out) <b>Vendor Number</b> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p>			
<b>Contact Information -</b>			
<p><b>Email Address</b> <input style="width: 100%;" type="text"/></p> <p><b>Phone</b> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p>			
<b>Tax Identification Information</b>			
<p><b>Federal ID/Social Security Number</b> <input style="width: 30%; text-align: center;" type="text"/></p>			
<b>Financial Institution Information</b> <span style="float: right;"><i>Note: Do not use /, \, *, - or ~ in any fields in this section. Replace with spaces.</i></span>			
<p><b>ABA Routing Number</b> <input style="width: 30%; text-align: center;" type="text"/></p> <p><b>Customer Account Number</b> <input style="width: 40%; text-align: center;" type="text"/></p> <p><b>Financial Institution</b> <input style="width: 100%; text-align: center;" type="text"/></p> <p><b>Street Address</b> <input style="width: 100%; text-align: center;" type="text"/></p> <p><b>City, State, ZIP Code</b> <input style="width: 40%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p><b>Type of Account:</b>    <b>Checking</b> <input type="radio"/>    <b>Savings</b> <input type="radio"/></p>			
<b>Authorization to Make Electronic Fund Payments</b>			
<p>I authorize the Commissioner of Minnesota Management &amp; 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.</p> <p>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.</p>			
<b>Authorized Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>

**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.mnarmg.mbx.assets-education@mail.mil](mailto:ng.mn.mnarmg.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.mnarmg.mbx.assets-education@mail.mil](mailto:ng.mn.mnarmg.mbx.assets-education@mail.mil)



Form	<b>W-9</b>	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give Form to the requester. Do not send to the IRS.</b>
<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
<b>2</b> Business name/disregarded entity name, if different from above			
Print or type See Specific Instructions on page 2.	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code		
	<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

### 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.

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.

**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.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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* above.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **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 Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should 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 line 1. 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 line 2, "Business name/disregarded entity name." 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.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(c)(3), 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 U.S. commonwealth or possession, 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 U.S. commonwealth or possession
- 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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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 reportable under section 6045(f), 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 requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(c)(3) 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 U.S. commonwealth or possession, 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 Regulations 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 Regulations 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

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**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 this page), 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 SSA office or get this form online at [www.ssa.gov](http://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](http://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](http://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 line 1 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>1</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor <sup>1</sup>
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 <sup>4</sup>
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 Regulations section 1.671-4(b)(2)(i) (B))	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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 2.

**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, 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](mailto: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 (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://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.



**ANNUAL OBLIGATION FORM**  
**EXTENDED STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2016-2017**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for extended state tuition reimbursement (E-STR) program, to ensure that your agreement to these conditions is a matter of record, and to obligate funds for the current FY.

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

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

**DISCLAIMER:** The funding available for the E-STR program is limited by an appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

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**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 (E-STR) program as described in Minnesota National Guard Circular 621-5-1 and this annual obligation form.

**E-2. INTRODUCTION.**

a. \_\_\_\_\_(initial) The State of Minnesota sponsors the E-STR program. The state legislature appropriates funds for this program biennially. If in the future the state does not fund the E-STR program, or if 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. \_\_\_\_\_(initial) I understand the E-STR program will reimburse me up to 100 percent of 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 percent 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 two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. \_\_\_\_\_(initial) 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](http://onestop.umn.edu/finances/costs_and_tuition/index.html).

d. \_\_\_\_\_(initial) I understand that if I receive Chapter 33 Post 9/11 GI Bill (or any other federal GI Bill chapter which pays directly to the institution) and/or an ROTC tuition scholarship, the combination of those benefits and E-STR cannot exceed 100 percent of my tuition cost.

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

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



(3) \_\_\_\_ (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the E-STR program if they are required to obtain or maintain professional licensure (these courses may be paid through other funding sources). Reimbursement is authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

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

(5) \_\_\_\_ (initial) 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 below.

(6) \_\_\_\_ (initial) 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.

#### E-4. REIMBURSEMENT PROCEDURES.

##### a. Annual Obligation Form.

(1) \_\_\_\_ (initial) I will read, sign and submit an obligation form (Annex E-1) annually to the education services office NLT 45 days after the course/term start date.

(2) \_\_\_\_ (initial) I understand the annual obligation form 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 2016 through summer session I 2017.

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

##### b. Request for Reimbursement:

(1) \_\_\_\_ (initial) 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 session I and summer session II terms.

(a) \_\_\_\_ (initial) Payment Request Form (Annex E-2).

(b) \_\_\_\_ (initial) Grade Report.

(c) \_\_\_\_ (initial) Fee statement that clearly shows 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 (i.e. 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) \_\_\_\_ (initial) 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 email a current Annex D-1, which includes the W-9 form, to [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil).

(2) \_\_\_\_ (initial) I understand my signature on this form (Annex E-1) verifies all information is true and correct. My signature also authorizes the education services office to contact my school to verify course grades.

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

**E-5. INCOMPLETE COURSEWORK.****a. Incomplete Coursework.**

(1) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. 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-2), 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. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

**E-6. TERMINATION.** I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex E-2), or an attempt to receive funds for which I'm not eligible, will result in termination from the E-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 extended state tuition reimbursement program.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree type (check one):**

\_\_\_\_ Certificate undergraduate/graduate  
\_\_\_\_ Associate  
\_\_\_\_ Baccalaureate (undergraduate)  
\_\_\_\_ Master's degree (graduate)  
\_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
\_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits anticipated:**

\_\_\_\_ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
\_\_\_\_ Fall  
\_\_\_\_ Winter  
\_\_\_\_ Spring  
\_\_\_\_ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

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 is an estimated amount and actual 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 and B or better for post-baccalaureate/graduate-level coursework. I understand I am not eligible for reimbursement under the E-STR program if I am 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 E-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

# PAYMENT REQUEST FORM

## EXTENDED STATE TUITION REIMBURSEMENT

### MINNESOTA NATIONAL GUARD

### 2016-2017

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the extended state tuition reimbursement (E-STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the E-STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report and final fee statement** and submit to the education services office. The form must arrive at the education services office **no later than 90 days** after the last official day of your course/ term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the E-STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Degree type (check one):**

\_\_\_\_ Certificate undergraduate/graduate  
 \_\_\_\_ Associate  
 \_\_\_\_ Baccalaureate degree (undergraduate)  
 \_\_\_\_ Master's degree (graduate)  
 \_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
 \_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

\_\_\_\_ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
 \_\_\_\_ Fall  
 \_\_\_\_ Winter  
 \_\_\_\_ Spring  
 \_\_\_\_ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

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.**

Is this the last semester before graduation? ☐ Yes ☐ No When is your estimated graduation date \_\_\_\_\_

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

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_%

Did you receive an ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?  
☐ Yes ☐ No If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

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

**ANNUAL OBLIGATION FORM**  
**SURVIVOR STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2016-2017**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for state tuition reimbursement (STR) program; to ensure that your agreement to these conditions is a matter of record; and to obligate funds for STR program use for the current FY.

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

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**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 survivor state tuition reimbursement (STR) program as described in Minnesota National Guard Circular 621-5-1 and this annual obligation form.

**F-2. INTRODUCTION.**

a. \_\_\_\_\_(initial) 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 if 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. \_\_\_\_\_(initial) I understand the STR program will reimburse me up to 100 percent of 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 percent 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 two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. \_\_\_\_\_(initial) 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) \_\_\_\_\_(initial) 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) \_\_\_\_\_(initial) Course(s) that earn continuing education units (CEUs) are not eligible for the STR program if they are required to obtain or maintain professional licensure (these courses may be paid through other funding sources). Reimbursement is authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(3) \_\_\_\_\_(initial) 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 my survivor STR entitlement expires on my 24<sup>th</sup> birthday. I understand that I may be paid for the course/term during which I turn 24.

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

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

#### F-4. REIMBURSEMENT PROCEDURES.

##### a. Annual Obligation Form.

(1) \_\_\_\_ (initial) I must complete the annual obligation form (Annex F-1) and submit it to the education services office within 45 days of the course/term start date

(2) \_\_\_\_ (initial) 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 2016 through summer session I 2017.

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

##### b. Request for Reimbursement.

(1) \_\_\_\_ (initial) I understand I must submit the following forms and supporting documents to the education services office within 90 days of 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 session I and summer session II.

(a) \_\_\_\_ (initial) Payment request form (Annex F-2).

(b) \_\_\_\_ (initial) Grade report.

(c) \_\_\_\_ (initial) Fee statement which clearly shows 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: Federal Tuition Assistance (FTA), Chapter 33 Post 9-11 GI Bill or any other federal GI Bill chapter which pays directly to the institution, and/or 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.

(2) \_\_\_\_ (initial) I understand my signature on the Annex F-2 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) \_\_\_\_ (initial) 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) \_\_\_\_ (initial) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) \_\_\_\_ (initial) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex F-2) 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. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

F-6. **TERMINATION.** I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex F-2), or an attempt to receive funds for which I'm not eligible will result 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 survivor tuition reimbursement program.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree type (check one):**

\_\_\_\_ Certificate undergraduate/graduate  
\_\_\_\_ Associate  
\_\_\_\_ Baccalaureate degree (undergraduate)  
\_\_\_\_ Master's degree (graduate)  
\_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
\_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits anticipated:**

\_\_\_\_ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
\_\_\_\_ Fall  
\_\_\_\_ Winter  
\_\_\_\_ Spring  
\_\_\_\_ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

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 is an estimated amount and the actual tuition reimbursement is based on the actual 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 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

**PAYMENT REQUEST FORM**  
**SURVIVOR STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2016-2017**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the survivor state tuition reimbursement (STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the survivor STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report and final fee statement**, and submit to the education services office. The form must arrive at the education services office **no later than 90 days** after the last official day of the course/term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree type (check one):**

☐ Certificate undergraduate/graduate  
☐ Associate  
☐ Baccalaureate degree (undergraduate)  
☐ Master's degree (graduate)  
☐ Professional degree (i.e. J.D., D.C., M. Div.)  
☐ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

☐ Summer II (Jul/Aug16) (classes starting AFTER 1JUL)  
☐ Fall  
☐ Winter  
☐ Spring  
☐ Summer I (May/Jun17) (classes starting BEFORE 1JUL)

Total Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_%

Did you receive Federal Tuition Assistance (FTA)? ☐ Yes ☐ No If YES, what was the amount received for this school term \$ \_\_\_\_\_

Did you receive an ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?  
☐ Yes ☐ No If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

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



# ACKNOWLEDGEMENT OF CONTRACTUAL SERVICE OBLIGATION

## CHAPTER 4 MEDICAL PROFESSIONAL STR

### MINNESOTA NATIONAL GUARD

#### 2016-2017

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To establish a contractual obligation IAW policies set forth in MN National Guard Circular 621-5-1, Chapter 4.

**ROUTINE USES:** To serve as a basis for suspension, termination and recoupment if contractual obligation requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the medical professional state tuition reimbursement program.

**DISCLAIMER:** The funding available for the medical professional state tuition reimbursement program is limited by the appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds.

#### G-1. ACKNOWLEDGEMENT STATEMENT.

I, \_\_\_\_\_ (full name), certify I have read this addendum prior to signing and fully understand the policies and procedures of the medical professional state tuition reimbursement (STR) program (commonly referred to as "Chapter 4 STR") as described in Minnesota National Guard Circular 621-5-1 Chapter 4, and this acknowledgement of contractual service obligation. By initialing below, I further acknowledge that (initial either "a" or "b"):

a. \_\_\_\_\_ (initial) If I am using medical professional STR for the first time, I incur a contractual service obligation to the Minnesota National Guard equal to two years for every one year that I use medical professional STR.

b. \_\_\_\_\_ (initial) If I began using medical professional STR during a previous state fiscal year, my contractual service obligation remains IAW the obligation established by the state incentives policy that was in effect at that time (see chart below):

First state fiscal year of Medical Professional STR use	Contractual service obligation based on years of use	Obligation to be served in
2011	1 for 1	National Guard (any state)
2012	1 for 1	National Guard (any state)
2013	2 for 1	National Guard (any state)
2014	2 for 1	National Guard (any state)
2015	2 for 1	Minnesota National Guard
2016	2 for 1	Minnesota National Guard

\* Note: One year of use is defined as three academic terms. The education services officer may prorate a contractual service obligation based on a partial year of use.

c. \_\_\_\_\_ (initial) One year of medical professional STR use equals three academic terms for purposes of determining contractual service obligation.

d. \_\_\_\_\_ (initial) For dentists, this obligation is effective the last day of the last term of reimbursement use or the date professional degree is conferred. This obligation runs concurrently with all other contractual service obligations I may have incurred.

e. \_\_\_\_\_ (initial) For medical doctors, this obligation is effective the day after completion of residency. This obligation runs concurrently with all other contractual service obligations I may have incurred.

f. \_\_\_\_ (initial) I understand that I must obtain unrestricted professional licensure as soon as I am eligible, and maintain licensure for the duration of my contract. Failure to do so will initiate a recoupment action.

g. \_\_\_\_ (initial) Officers with a contractual service obligation to the Minnesota National Guard who interstate transfer for residency must begin serving their contractual obligation within six months of residency completion or recoupment action will be initiated.

h. \_\_\_\_ (initial) If I use(d) a combination of Chapter 2 STR and Chapter 4 STR for medical or dental school, the education services officer is authorized to calculate my service obligation based on applicable Chapter 4 obligation policy.

i. \_\_\_\_ (initial) I understand that I am subject to full or partial recoupment of STR paid if I fail to complete any portion of my contractual service obligation; if I do not successfully complete medical or dental school or residency; or if I fail to obtain or maintain unrestricted professional licensure.

j. \_\_\_\_ (initial) I understand that the specialty I am pursuing must be compatible with service in the MNNG, and that I will not be exempt from my contractual obligation if that is not the case.

**G-2. 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 REPRESENTATIVE

\_\_\_\_\_  
DATE

## STATE ENLISTMENT BONUS ADDENDUM

### MINNESOTA NATIONAL GUARD 2016-2017

-----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 (SEB) program and to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To outline and confirm eligibility requirements for SEB 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 SEB program.

**DISCLAIMER:** The funding available for the state incentive programs is limited by 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:** Minnesota National Guard Army or Air recruiting office will explain all procedures and entitlements of the state enlistment bonus (SEB) program to the applicant upon enlistment. 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 and the Service Member should be advised to maintain a personal copy in order to ensure future payments.

H-2. **ELIGIBILITY:** Upon enlistment in the Minnesota National Guard, I am eligible for an enlistment bonus under the state incentive program if I meet the following criteria:

a. I enlist into a skill-level 10 (Army) or skill level 1 or 3 (Air) vacancy (including authorized overstrength) within the career management field (CMF) or AFSCs listed in Annex H-2.

b. I enlist for a period of six years.

H-3. **BONUS AMOUNT AND PAYMENTS:**

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)/pay date (after the first year the enlistment contract is complete) AND I have successfully completed Initial Active Duty Training (IADT) in the enlistment bonus-qualifying MOS/AFSC. This may mean I will receive multiple payments in the same year. Additional payments of \$2,500 will be paid once per 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 if I meet termination criteria outlined in paragraph H-4. My enlistment will be verified by the education services office prior to any payment being processed.

c. \_\_\_\_ (initial) 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 email a current Annex D-1 which includes the W-9 form, to [ng.mn.mnang.mbx.assets-education@mail.mil](mailto:ng.mn.mnang.mbx.assets-education@mail.mil).

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

a. Become an unsatisfactory participant by:

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

(2) \_\_\_\_ (initial) Accumulate one MUTA/RSD of unexcused absence. Termination is effective on the date of the first unexcused absence.

(3) \_\_\_\_ (initial) Failing to attend or complete Annual Training (AT) without commander's approval. Termination is effective the first day of AT.

(4) \_\_\_\_ (initial) Not being deployable per criteria required for my current duty position, not making diligent progress toward becoming deployable, or non-compliant with fit-for duty (FFD) requirements. Termination

is effective the date of non-deployability. There is no termination for those who are determined through a FFD medical evaluation to be retained/non-deployable.

(5) \_\_\_\_\_(initial) Being under suspension of favorable actions (Army) IAW applicable regulation and policy on entitlement date. Termination is effective on the date of suspension of favorable actions.

(6) \_\_\_\_\_(initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or fail to meet Army Bodyfat Control Program (ABCP) standards. Termination is effective the date of the failed record APFT/FA or ABCP failure, or the date the I became overdue for APFT, FA or ABCP.

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

c. \_\_\_\_\_(initial) Exceed maximum time in the ING (one year). Termination is effective the date of transfer to the ING.

d. \_\_\_\_\_(initial) Separate from the Minnesota Army or Air National Guard and enter active duty or reserves. Termination is effective the date of separation.

e. \_\_\_\_\_(initial) Separate from the Minnesota Army or Air National Guard for any reason. Termination is effective the date of separation.

f. \_\_\_\_\_(initial) Interstate Transfer (IST) to another state National Guard unit. Termination is effective the date of transfer.

g. \_\_\_\_\_(initial) Accept a commission/appointment as an officer/warrant officer. Termination is effective the date of commission/appointment.

h. \_\_\_\_\_(initial) Accept a permanent federal technician or Active Guard/Reserve (AGR) position. Termination is effective the date of hire or first day of AGR orders.

**H-5. 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.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME/RANK

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT NAME / UNIT ADDRESS / UNIT PHONE NUMBER

## STATE ENLISTMENT BONUS-ELIGIBLE CMFs/AFSCs

### MINNESOTA NATIONAL GUARD 2016-2017

This list of state enlistment bonus-qualifying MOS/AFSCs is effective 1 JUL 2016, and is valid until amended or rescinded. This list is subject to change without notice.

<b>Career Management Field</b>
13 series
25 series
35 series

<b>AFSC</b>
2A313/2A333 – Crew Chief
2A314C/2A334C – Avionics
2A611/2A631 – Jet Engine
2W111/2W131 – Weapons
3E311/3E331 – CES Structures
3E811/3E831 - EOD
1C311/1C331 – Command Post
2R111/2R131 – Maint. Mgt. Prod.
2A612/ 2A632 – AGE
2R011/2R031 – MXS Mgt. Analysis
1C812/1C832 – Airfield Systems
2A511/2A531 – Aerospace Maint.
2T211/2T231 – Air Transportation
2T311/2T331 – Veh./Equip. Maint.
3D117/3D137 – Cable/Antenna Syst.
3E511/3E531 - Engineering

**RECLASSIFICATION BONUS ADDENDUM****MINNESOTA NATIONAL GUARD  
2016-2017**

-----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 reclassification 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 reclassification 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 reclassification bonus program.

**DISCLAIMER:** The funding available for the state incentive programs is limited by appropriations set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility.

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I-1. **GENERAL:** Unit administrator, squad/flight administrator, ROM or representative will explain all procedures and entitlements of the state reclassification bonus program to the Service Member requesting reclassification. The unit will pre-qualify Service Members to preliminarily determine qualification for reclassification, including applicable line scores, security clearance requirements, etc. If initially qualified, unit/squadron/flight/ROM is responsible to offer the bonus to eligible Service Members and assist them in completing this bonus addendum. The RPAM/PCARS and extension document (if applicable) must be attached to this form (Annex I-1) and uploaded to the state incentives database within 30 days of contract signature date. A copy of all documents should be provided to the Service Member at the time of contracting.

I-2. **ELIGIBILITY:** To be eligible for the state reclassification bonus, I understand that I must:

- a. \_\_\_\_ (initial) Meet Minnesota National Guard reenlistment eligibility criteria.
- b. \_\_\_\_ (initial) Be placed in a valid vacancy in an E-5 through E-7 position (including authorized overstrength) and agree to become qualified in that MOS/AFSC.
- c. \_\_\_\_ (initial) Be in the grade of the assigned position or one grade below the required grade of the position to be eligible.
- d. \_\_\_\_ (initial) Extend for the period necessary to complete MOS/AFSC training in bonus-eligible MOS/AFSC upon contracting for reclassification bonus.
- e. \_\_\_\_ (initial) Execute a three-year extension within 30 days of the date my bonus-eligible MOS/AFSC is awarded if I do not have three years remaining to ETS on the date my new MOS/AFSC is awarded.
- f. \_\_\_\_ (initial) Permanent full-time AGR members of the Minnesota National Guard are not eligible for the state reclassification bonus. Federal technicians are eligible.

I-3. **BONUS AMOUNT AND PAYMENTS:**

a. \_\_\_\_ (initial) One lump-sum payment of \$10,000 will be processed upon award of the reclassification bonus-contracted MOS/AFSC, provided I have three years remaining to ETS. If I do not have three years remaining to ETS at the time my new MOS/AFSC is awarded, I will sign a three-year extension within 30 days. If I fail to extend, my contract will be void and I will not receive a bonus payment.

b. \_\_\_\_ (initial) I understand I will not receive payment if I do not meet the eligibility criteria in paragraph I-2 of this document at the time my new MOS/AFSC is awarded, or if I meet termination criteria outlined in paragraphs I-4. My eligibility will be verified by the education services office prior to any payment being processed. My unit/squadron/flight will notify the state education services office if I become eligible for bonus termination.

c. \_\_\_\_ (initial) 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 email a current Annex D-1, which includes the W-9 form.

I-4. **TERMINATION OF BONUS:** I understand my reclassification bonus will be terminated or, if I am awaiting payment, my contract will be terminated and payment will not be made if I:

a. Become an unsatisfactory participant by:

(1) \_\_\_\_ (initial) Accumulating more than four MUTAs/RSDs of excused absences within a 12-month period. Termination with recoupment is effective on the date of the fifth excused absence.

(2) \_\_\_\_ (initial) Accumulating one MUTA/RSD of unexcused absence. Termination with recoupment is effective the date of the first unexcused absence.

(3) \_\_\_\_ (initial) Failing to attend or complete Annual Training (AT) without commander's approval. Termination with recoupment is effective the first day of AT.

(4) \_\_\_\_ (initial) Not being deployable per criteria required for my current duty position, not making diligent progress toward becoming deployable, or non-compliant with fit-for duty (FFD) requirements. Termination with recoupment is effective the date of non-deployability. There is no termination for those who are determined through an FFD medical evaluation to be retained/non-deployable.

(5) \_\_\_\_ (initial) Am under suspension of favorable actions (Army) IAW applicable regulation and policy on entitlement date. Termination with recoupment is effective on the date of suspension of favorable actions.

(6) \_\_\_\_ (initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or fail to meet ABCP standards. Termination with recoupment is effective the date of the failed record APFT/FA or ABCP failure, or the date that the Service Member becomes overdue for APFT, FA or ABCP.

b. \_\_\_\_ (initial) Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination with recoupment is effective the date of transfer to the ING.

c. \_\_\_\_ (initial) Exceed maximum time in the ING (one year). Termination with recoupment is effective the date of transfer into the ING.

d. \_\_\_\_ (initial) Separate from the Minnesota Army National Guard and enter active duty or Army Reserves. Termination with recoupment is effective the date of separation.

e. \_\_\_\_ (initial) 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 with recoupment is effective the date of separation.

f. \_\_\_\_ (initial) Interstate Transfer (IST) to another state National Guard unit. Termination with recoupment is effective the date of separation.

g. \_\_\_\_ (initial) Accept appointment as a commissioned officer. Termination with recoupment is my date of commission.

h. \_\_\_\_ (initial) Am 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. Bonus is terminated without recoupment.

i. \_\_\_\_ (initial) Accept a permanent Active Guard/Reserve (AGR) position. Termination with recoupment is effective the date AGR orders begin.

j. \_\_\_\_\_(initial) The education services office will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

I-5. **STATEMENT OF UNDERSTANDING:** \_\_\_\_\_(initial) I have read this addendum and understand the requirements of my reclassification bonus. I understand this addendum will be void if I do not meet all of the requirements, and that **failing to meet all of the requirements for the duration of my three-year contract may result in recoupment of my bonus.** I understand that if I have existing federal incentives including but not limited to enlistment bonus, reenlistment bonus or student loan repayment, **reclassifying may impact my eligibility for those federal incentives and that termination with or without recoupment may occur.** I have reviewed the implications of this reclassification with a representative of my unit and have been counseled regarding the impact of this move/reclassification on my other incentives.

Losing Unit UIC \_\_\_\_\_ Losing Unit PARA/LIN \_\_\_\_\_ Previous MOS/AFSC \_\_\_\_\_

Gaining Unit UIC \_\_\_\_\_ Gaining Unit PARA/LIN / MOS/AFSC / Rank of slot \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME/RANK

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT NAME / UNIT ADDRESS / UNIT PHONE NUMBER



**RECLASSIFICATION BONUS-ELIGIBLE MOS/AFSCs****MINNESOTA NATIONAL GUARD  
2016-2017**

This list of reclassification bonus-qualifying MOS/AFSCs is effective 1 JUL 2016, and is valid until amended or rescinded. This list is subject to change without notice.

<b>MOS</b>
15T UH-60 Helicopter Repairer
15U CH-47 Helicopter Repairer
25D Cyber Network Defender
25E Electromagnetic Spectrum Manager
25S Satellite Communication Systems Operator-Maintainer
27D Paralegal Specialist
29E Electronic Warfare Specialist
35F Human Intelligence (HUMINT)
35M Human Intelligence Collector
35T Military Intelligence Systems Maintainer/Integrator
68W Health Care Specialist
91F Small Arms/Artillery Repairer
91M Bradley Fighting Vehicle System Maintainer

<b>AFSC</b>
2R151/2R171 – Maint. Mgmt. Production
2A353/2A373 – Crew Chief
2A355C/2A375C – Avionics
2W151/2W171 – Weapons
3E351/3E371 – CES Structures
2A651/2A671 – Jet Engine
3E851/3E871 – EOD
1A151/1A171 – Flight Engineer
1C351/1C371 – Command Post
1C852/1C872 – Airfield Systems
2A551/2A571 – Aerospace Maint.
2A652/2A672 - AGE
2R051/2R071 – MXS Mgt. Analysis
2T151/2T171 – Air Transportation
2T351/2T371 – Vehicle/Equip. Maint.
3D157/3D177 – Cable/Antenna Sys.
3E551/3E571 – Engineering