

National Guard Bureau  
ARNG-HRM-I  
111 South George Mason Dr.  
Arlington, VA 22204-1373

**HRM-I Only**

**BRS- CP Control #:** \_\_\_\_\_

## Blended Retirement System- Continuation Pay (BRS-CP) Control Number Request Form

**This form is used to request a BRS-CP control number.** No payments are authorized until BRS-CP eligibility can be verified and the BRS-CP Election Form is signed. The BRS-CP Election Form cannot be signed prior to the control number being issued by HRM-I. **ADSO code S4 must be present in IPPS-A for all Soldiers receiving BRS-CP.**

### Service Members Information

<b>Name:</b> _____ <i>(Last, First, Middle)</i>	<b>Last 4:</b> _____	<b>State:</b> _____
<b>DODID:</b> _____	<b>MOS:</b> _____	<b>Status:</b> _____

<b>Pay Grade:</b> _____ <i>(Input current Pay Grade)</i>	<b>Date Required Training Completed:</b> <i>(G09-COM-0006, "Prepare Finances for Continuation Pay under Blended Retirement System." Must be recorded in Digital Training Management System (DTMS))</i>
<b>PEBD:</b> _____ <i>(Input Service Members Pay Entry Base Date (PEBD))</i>	
<b>ETS:</b> _____ <i>(Must have a minimum 4 year service obligation remaining. Enlisted Soldiers not meeting the minimum service obligation will be required to extend via DA Form 4836. Soldier's 4 year obligation begins on Soldier's signature date of the BRS-CP Election Form.)</i>	
<b>Organization/Unit:</b> _____	<b>UIC:</b> _____
<b>Projected Contract Signature Date:</b> _____	
<b>Requested Payment Schedule:</b> <i>In one single, lump-sum payment</i> <i>In equal, annual payments to be paid out over the next _____ years.</i>	
<b>FOR STATE INCENTIVE MANAGER ONLY</b>	
I certify that this Service Member meets all eligibility requirements stipulated within current ARNG BRS-CP policy and that all information provided above is true and correct. If identified that false information was provided and CP contract was issued, it may result in the contract being marked invalid.	
<b>State Incentive Manager CAC Signature</b>	_____ <i>(Last, First, Middle)</i>
<b>**No agreement can be signed prior to the control number being issued.**</b>	
<b>HRM-I REPRESENTATIVE ONLY</b>	
I certify that this Service Member meets all eligibility requirements stipulated within current ARNG BRS-CP policy based on the information provided as of the date requesting the CP contract. I also verify that the contract will not be signed prior to the control number being issued.	
<b>HRM-I Representative CAC Signature</b>	_____ <i>(Last, First, Middle) (Rank)</i>