



FISCAL POLICY MEMORANDUM

TRANSMITTAL NO: VP-009-B

DATE: August 5, 2022

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Service Member's Group Life Insurance Premium Reimbursement Program

1. Purpose

This Fiscal Policy Memorandum (FPM) supersedes FPM VP-009-A dated August 20, 2018. The purpose of this FPM is to establish the policies for the administration, eligibility, and certification process required by DMNA Service Member's Group Life Insurance (SGLI) Premium Reimbursement Program. This regulation implements the provisions of New York State Military Law, Section 210, Subdivision 9.

2. Administration

The Office of Budget and Finance (MNBF) is responsible for the overall administration and management of the SGLI Premium Reimbursement Program. MNBF will provide guidance, establish reimbursement request submission deadline dates, perform a final review of reimbursement requests, submit reimbursement requests to the Business Service Center (BSC) for payment, and maintain all copies of approved reimbursement requests according to the New York State Records and Privacy Protection Law.

3. Components

Joint Task Force Empire Shield Administrative Personnel (JTFES-JFHQ-NY), Federal Human Resources (MNHF), New York Air National Guard Headquarters (MNAF-HQ), and NY Naval Militia (MNNM) are the components responsible for the dissemination of all information pertaining to the SGLI Premium Reimbursement Program, the initial review and certification of reimbursement requests, submission to MNBF before the deadline, corrections requested by MNBF, and maintaining all copies of reimbursement requests submitted to MNBF according to the New York State Privacy Protection Law. Unit commanders at all levels should ensure this FPM and all SGLI documentation is readily available to all service members.

4. Policy

- A.** Each service member of the NYS Organized Militia, who is eligible for and has not elected to decline the SGLI benefit, can be reimbursed by the State for certain SGLI premium costs actually incurred during periods of qualifying service.
- B.** To be eligible for reimbursement, service members must be an active member of the NYS Organized Militia serving in:
 - i.** Title 10 or Title 32 of the United States Code, status as listed below:
 - a.** Full-time Active Duty;
 - b.** Full-time National Guard Duty, Active Duty Operational Support (ADOS);
 - c.** New York Air National Guard (NYANG) Military Personnel Appropriation (MPA) Tour.
 - ii.** State Active Duty (SAD) status, under Military Law, Section 6 (Ordering Organized Militia into State Service for Emergencies), but not under Military Law, Section 46 (State Active Duty for Assemblies, Annual Training and Other Duty).
 - iii.** NY Naval Militia members in Title 10 of the United States Code who are active, drilling reservists (e.g. US Navy Reserve, US Marine Corps Reserve, or US Coast Guard Reserve), but not including training (e.g. initial entry training, advanced training, military schools, drills, or annual training).
- C.** Reimbursement will not exceed the premiums paid for a maximum of \$400,000 worth of SGLI coverage.
- D.** Family SGLI premiums are not eligible for reimbursement.
- E.** Reimbursement is limited to the available State budget appropriations and resources available during each State Fiscal Year.

5. Reimbursements

Reimbursement requests can be submitted to MNBF as data downloaded directly from the system of record, or through an application.

- A.** Data downloaded directly from the system of record must contain the following:
 - i.** Service member's full name;
 - ii.** Last 4 of the service member's social security number;

- iii. Service member's mailing address; and
- iv. Reimbursement amount requested.

B. Applications must contain the following:

- i. Completed Appendix A;
- ii. Copy of orders, showing an eligible status listed in Section 4.B and a period of qualifying service (MNBF will not accept memos); and
- iii. Copy of Leave and Earning Statement (LES) for each month of qualifying service, showing a SGLI deduction or debt payment.

C. Applications can only be signed by the service member who is enrolled in the SGLI benefit. MNBF will not accept "unavailable for signature" or no signature.

D. It is the service member's individual responsibility to provide all required documentation to the appropriate component in order to receive reimbursement.

E. Applications should be submitted by service members to the appropriate component no later than November 1.

F. Data downloads and applications should be submitted by the components to MNBF no later than December 1.

6. Constructive Notice

This FPM is a lawful general policy promulgated by MNBF by direction of TAG and binding upon all members of the NYS Organized Militia who are eligible for benefits under the SGLI Premium Reimbursement Program. By virtue of this FPM being a lawful general policy, all members of the NYS Organized Militia are considered to have at least constructive knowledge of its terms. This FPM is therefore binding upon all members of the NYS Organized Militia regardless of whether they have read, understood, or otherwise have knowledge of this FPM.

7. This reimbursement is subject to State and Federal income tax. Service members who receive reimbursement should receive a Form 1099 from the New York Office of the State Comptroller for tax purposes.

8. Any questions regarding this program should be directed to the components listed in Section 3. MNBF will only address questions from the components, not individual service members.

Attachment: Appendix A – Service Member's Group Life Insurance Premium Reimbursement Application

APPENDIX A

**SERVICE MEMBER'S GROUP LIFE INSURANCE
PREMIUM REIMBURSEMENT APPLICATION**

Proponent is OTAG, Prescribing Directive is MNBF

APPLICANT'S INFORMATION
(*Required fields)

*LAST NAME: _____

*FIRST NAME: _____

*MIDDLE INITIAL: _____

*LAST 4 OF SSN: XXX-XX-_____

*ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

*CITY: _____

*STATE: _____

*ZIP CODE: _____

*PHONE: _____

Authority for maintaining this information comes from the United States Office for Personnel Management (OPM). Furnishing this information is mandatory. The primary use of this information is to distinguish you from other members with the same name as well as match data maintained at the State Level on your earnings. Publications containing this data are protected from disclosure by any means of communication to any person or agency. This means individuals or agencies outside of DMNA or DMNA employees and activities outside of collecting unit. These provisions are provided to you in accordance with the Privacy Act of 1974 and the New York State Privacy Protection Law. Failure to disclose this information may degrade or prevent DMNA's ability to process your claim. Uses of this information could include verifying your social security number with financial institutions on your behalf:

- FOR VERIFICATION PLEASE ATTACH:**
- 1) COPY OF ORDERS
 - 2) COPY OF LEAVE AND EARNING STATEMENTS FOR MONTHS OF QUALIFYING SERVICE

THIS APPLICATION IS SUBMITTED IN ACCORDANCE WITH MNBF FPM VP-009-A AND MILITARY LAW, SECTION 210, SUBDIVISION 9. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SERVICE MEMBER'S SIGNATURE OF CERTIFICATION

DATE

SERVICE MEMBER'S PRINTED NAME

FOR DESIGNATED APPROPRIATE OFFICE USE ONLY

THIS APPLICATION HAS BEEN REVIEWED AND IS CERTIFIED FOR REIMBURSEMENT OF SGLI PREMIUMS IN ACCORDANCE WITH MNBF FPM VP-009-A AND MILITARY LAW, SECTION 210, SUBDIVISION 9.

CERTIFICATION AUTHORITY AND DIRECTORATE

DATE