

ATTORNEY'S LETTERHEAD

(Date)

Address to Client:

RE: Advisory Concerning Election to Waive Either a Portion of Military Retired Pay or Coverage Under the Survivor Benefit Plan as Preventing Eligibility for Continued Health Care Benefit Program

Dear (Client)

This letter is to confirm our conversation and my advice regarding your options for resolving certain issues in your divorce (dissolution) (annulment) concerning your receipt of a portion of your military spouse's retired pay and former spouse coverage under the Survivor Benefit Plan. Your decision to forego either as part of your divorce may impact, if not disqualify you, for eligibility to enroll in the Continued Health Care Benefit Plan (CHCBP) and for "unlimited coverage."

Despite my advice concerning the consequences of doing so, you have elected to waive any interest you have in your spouse's military retirement pay or to receive former spouse coverage under the DoD Survivor Benefit Plan. By doing so, you are not only waiving the actual monetary payments, but you are also waiving certain other benefits that are contingent upon your retaining an interest in your spouse's military retirement or coverage under the Survivor Benefit Plan. One of the most important interests you are waiving may be the right to continued medical coverage through the CHCBP. While you may retain eligibility for up to 36 months of *transitional* coverage, by waiving your interest in receiving a portion of retired pay or to former spouse survivor benefit coverage, you will also be waiving your ability to claim "*unlimited*" coverage (i.e., for as long as you may request it) under the CHCBP.

If you qualify for TRICARE coverage as a 20/20/20 Former Spouse under 10 U.S.C. §1072(2)(F) or (G), or if you are covered under an employer's provided health care plan, you may not be eligible for coverage under CHCBP. Waiving any portion of military retired pay or former spouse survivor benefit coverage would not impact upon your eligibility for TRICARE coverage. Be advised that your remarriage at any time will cause you to forfeit your TRICARE coverage, and it may not be regained even if you later divorce or your subsequent spouse should predecease you.

If you qualify for only one year of TRICARE coverage under 10 U.S.C. §1072(2)(H) or for the CHCBP under 10 U.S.C. §1078a.(b)(3), you can arrange up to 36 months of *transitional* health care coverage under the CHCBP, provided you do not remarry during that time. Under 10 U.S.C. §1078a.(g)(4), you can seek "*unlimited*" coverage under the CHCBP for as long as you may request it, provided you have not

remarried prior to age 55; that you are receiving, or that you are entitled to receive, a portion of your military spouse's retired pay as a division of property under 10 U.S.C §1408; or, that you are receiving a survivor annuity, or that you are named as a former spouse survivor beneficiary under the DoD Survivor Benefit Plan. Unless you can satisfy all of these requirements by virtue of what you receive as your divorce settlement or under the decree, you *will not be eligible for the "unlimited" coverage provision under the CHCBP*. If you have any questions concerning your ability to be covered under the CHCBP as a former spouse, I refer you to the CHCBP Administrator for consultation and advice. A copy of the CHCBP Handbook is available at your TRICARE Service Center, or it may be downloaded from the following website: <http://www.humana-military.com/library/pdf/chcbp-handbook.pdf>

Please consider this information carefully and weigh the consequences of your choice to relinquish any interest in your spouse's retirement or coverage under the Survivor Benefit Plan.

Sincerely,

Attorney

Endorsement by Client:

I acknowledge receipt of this Advisory Letter and understand its contents. I have satisfied myself as to weighing the loss of my enrollment eligibility under the Continued Health Care Benefit Program in making my decision to forego either a portion of my military spouse's military retired pay or former spouse coverage under the DoD Survivor Benefit Plan.

_____ (Date)

Client's Signature