

**Administrative Claims for Post Allowance Remedial Payment
From
Current AAFES Associates**

This claims form is to be completed by current employees requesting Post Allowance payment. Claims for past employment with a different NAF employer must be filed using a claims form for that employer.

This form should only be used for claims seeking remedial payment of Post Allowance earned between December 1, 2001 and April 24, 2008, if the claim is received by AAFES on or before December 1, 2009. Claims received after December 1, 2009 will only be considered for a period of time six years back from the date received. Claimants must establish by a preponderance of the evidence that they were eligible for Post Allowance at the time of their employment covered by their claim. For a full explanation of the claims procedures and guidance, go to the following websites: AAFES: <http://www.aafes.com/allowance/>; CPMS: <http://www.cpms.osd.mil/>.

EMPLOYEE NAME _____ SSN _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ DATE OF HIRE _____

PERIODS OF EMPLOYMENT COVERED BY THIS CLAIM:

FROM: _____ TO: _____

LOCATION OF EMPLOYMENT: _____

FROM: _____ TO: _____

LOCATION OF EMPLOYMENT: _____

FROM: _____ TO: _____

LOCATION OF EMPLOYMENT: _____

If you worked for two or more NAF employers during the period of time covered by this claims process, then you must submit separate claims to each NAF employer for the different periods of times that you worked for each NAF employer. Are you, or have you, filed claims for remedial Post Allowance payment with any other NAF employer for a period of time dating back to December 1, 2001? **If Yes, provide the other NAF employer(s), and the dates covered by those other claims:** _____

During any period of time for which you are claiming Post Allowance eligibility, were you included as a dependent in the calculation of a Post Allowance "with family" rate for your spouse or other sponsor who worked as a civilian for the Federal Government? **No** ___ **Yes** ___ **If yes, provide:** Dates: _____

Number of dependents claimed by the spouse/sponsor during the relevant time period (including yourself): _____
Spouse/sponsor's rates of pay during relevant time period (attach corroborating SF 50s): _____

During any period of time for which you are claiming Post Allowance eligibility, were you the spouse of an active duty military service member? **No** ___ **Yes** ___ **If yes, provide:** Dates: _____

SUPPORTING DOCUMENTATION: With the exception of dependent information (see page 2), in most cases AAFES has the ability to verify pay and employment information necessary to establish your eligibility for a remedial payment of Post Allowance for the period of time covered by your claim. Employees must be U.S. Citizens and have worked in a Regular full-time AAFES position which entitled the employee to Post Allowance during the time period covered by their claim. Part-time, intermittent, and U.S. family member summer/winter hire employees are not eligible.

Relevant documents used to verify eligibility include:

- Marriage License
- Birth Certificates of Dependents
- Copies of Dependent I.D. Cards
- SF 50 (Claimants who are spouses of DoD Civilians need to provide the DoD Civilian's pay information)

INCLUDE NUMBER OF ELIGIBLE DEPENDENTS DURING PERIOD FOR WHICH CLAIMING POST ALLOWANCE ON PAGE 2 OF THIS FORM.

CLAIM FORM CONTINUED
DEPENDENT INFORMATION

EMPLOYEE NAME _____ **SSN** _____

NOTE: Eligible dependents for the period for which Post Allowance is claimed do not include:

- A military member who received a military Cost of Living Adjustment (COLA)
- A civilian employee who received a Post Allowance from the Federal Government.
- A dependent who was included as a dependent under a spouse's military COLA or civilian Post Allowance received from the Federal Government.
- Spouses of Active Duty Military Members cannot claim dependents.

NAME OF RELATIVE	RELATIONSHIP	DATE OF BIRTH (except spouse)	DATE OF ELIGIBILITY (i.e., Arrival at Post)	DATE OF END OF ELIGIBILITY (i.e., leave Post or no longer dependent)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION (AS REQUIRED):

- Marriage License
- Birth Certificates for dependents
- Dependent Identification Card
- Tax Returns
- Other related documents

I understand and accept that filing this administrative claim means the following: I have not filed a previous claim for the period of employment described above, nor have I received Post Allowance for that period of employment. I acknowledge that acceptance of remedial payment resulting from a claim filed under these procedures will be a final settlement of all claims for Post Allowance earned during the period of time covered by this claim, that I may have against the Government arising from non payment of post allowance.

I certify that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that any knowingly false or fraudulent information on or attached to this application may be punished under any relevant administrative, civil or criminal process.

SIGNATURE OF CLAIMANT _____ **DATE SIGNED** _____

PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. Section 6311 and E.O. 9397. The purpose for which the information will be used is to administer and process your claim for post allowance back pay. The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. Providing this information is voluntary, however, failure to supply the required documentation may result in the denial of part or all of your claim.