

# MNCC RSC Muster Link



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# RECEIPTS

## Activity Gain

Presenter:

Date:

# Objective



Identify the documents and steps to complete all four NSIPS panels in the Receipts process.



# Introduction



In this lesson we will cover:

- Receipts Checklist
- Orders & Modifications
- RED/DA (NAVPERS 1070/602)
- Servicemembers' Group Life Insurance (SGLI)
- NAVPERS 1070/613 (Administrative Remarks)
- NSIPS Panels 1 – 4
- References

# NPPSC 1300/4 (Receipts Checklist)



**NPPSC RECEIPTS CHECKLIST**  
NPPSC 1300/4 (Rev. 05-2024)

PREVIOUS EDITIONS OBSOLETE  
Supporting Directive NPPSCINST 5213.1B

1. Date Reported Onboard 2. Name (Last, First, MI) 3. DoD ID Number 4. Telephone Number

5. Command 6. CPPA/Receipt Clerk 7. Case Number

**This checklist is not a required key supporting document (KSD).  
However, use of this checklist is strongly encouraged to ensure all cases are timely and complete and requirements are met.**

**I. ACTIONS**

**1. Items required by TSC to process/release Gains**

- ☐ All gains: PCS orders with endorsements (include all order modifications)
- ☐ CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for itinerary travel) (Only required to fill out blocks 2-8, 11-16 and 20)
- ☐ OCONUS gains: Flight itinerary (required)

**2. Submit items to TSC (Only if Applicable) \*\* Do not delay submitting gain case for these items\*\* If these documents are not available at time of gain, submit separate eCRM case when KSDs are available**

- ☐ Approved request chit for single BAH from the BEQ manager, CO of the base, or designee, who owns the barracks (to start BAH for E1-E5 sailors, when approved)
- ☐ Approved request chit for BAS from the food service officer, the base, or designee, who owns the galley (to stop meal deduction for Sailors)
- ☐ DD 1561 Statement to Substantiate Payment of Family Separation Allowance (FSA)
- ☐ NAVPERS 1070/613 Administrative Remarks (Form 13) HARP/RA Duty
- ☐ NAVPERS 1070/602 RED/DA or legacy NAVPERS 1070/602 (adding, or removing dependents)
- ☐ Family Entry Approval (if applicable for OCONUS gain to support COL entitlement)
- ☐ Command memo/letter, (e.g., Pay (SDAP, HDP, etc...))

**3. Command Responsibility (Command must ensure completion of the following items):**

- ☐ Process NSIPS Activity Gains (enlistment 4 (not Active Support)
- ☐ Submit and KSDs via eCRM within 1 business day from member's reporting
- ☐ Ensure member updates NAVPERS 1070/602 (Dependency Application) and DD 93 (Recovery Emergency L)
- ☐ Ensure member's Group Life Insurance (SGLI) or Servicemembers' Group Life Insurance (FSGLI)
- ☐ Ensure travel claim is submitted to Travel Processing Center (to include Temporary Lodging Expense requests)
- ☐ Verify completion of required screenings (Operational Duty/Flag Duty, Recruitment, etc...)
- ☐ Verify completion of obligated service (OBLISERV)

**II. RETAINS**

- ☐ PCS orders with endorsements
- ☐ CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for mode of travel) (Only required to fill out blocks 2-8, 11-16 and 20)
- ☐ OCONUS gains: Flight itinerary
- ☐ OCONUS gains: Family Entry Approval (if applicable)
- ☐ Supporting Documents for any entitlements started as part of gain case (FSA, special pays, etc)

The Receipts Checklist serves as a guide.

## 1. Items REQUIRED by TSC to process/release Gains

- PCS orders and order modifications with endorsements (All gains)
- CONUS gains: Copy of DD 1351-2, Travel Voucher Sub-Voucher (only required to fill out: blocks 2-8, 11-6, and 20)
- OCONUS

Required items from the CPPA

# NPPSC 1300/4 (Receipts Checklist) (cont.)



NPPSC RECEIPTS CHECKLIST NPPSC 1300/4 (Rev. 05-2024)		PREVIOUS EDITIONS OBSOLETE Supporting Directive NPPSCINST 5213.1B	
1. Date Reported Onboard	2. Name (Last, First, MI)	3. DoD ID Number	4. Telephone Number
5. Command	6. CPPA/Receipt Clerk	7. Case Number	
<p>This checklist is not a required key supporting document (KSD). However, use of this checklist is strongly encouraged to ensure all cases are timely and complete and requirements are met.</p>			
<b>I. ACTIONS</b>			
<b>1. Items required by TSC to process/release Gains</b>		<b>TSC Clerk Actions</b>	
<input type="checkbox"/> All gains: PCS orders with endorsements (include all order modifications) <input type="checkbox"/> CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for itinerary travel) (Only required to fill out blocks 2-8, 11-16 and 20) <input type="checkbox"/> OCONUS gains: Flight itinerary (required)		<input type="checkbox"/> Verify Activity Gain has been processed by CH-1 process/edit and route to Supervisor <input type="checkbox"/> Verify accuracy and completeness of all documents received <input type="checkbox"/> Review Service member's MMPA (JAA) and take appropriate action <input type="checkbox"/> SH and LG <input type="checkbox"/> Open entitlements <input type="checkbox"/> Process PCS Activity Gain: Activity Gain has been processed by CPPA <input type="checkbox"/> Start all allowances/pay, if applicable	
<b>2. Submit items to TSC (Only if Applicable) ** Do not delay submitting gain case for these items** If these documents are not available at time of gain, submit separate eCRM case when KSDs are available</b>		<b>TSC Review Actions</b>	
<input type="checkbox"/> Approved request chit for single BAH from the BEQ manager, CO of the base, or designee, who owns the barracks (to start BAH for E1-E4 sailors, when approved) <input type="checkbox"/> Approved request chit for BAS from the food service officer, the base, or designee, who owns the galley (to stop meal deduction for Sailors) <input type="checkbox"/> DD 1561 Statement to Substantiate Payment of Family Separation Allowance (FSA) <input type="checkbox"/> NAVPERS 1070/613 Administrative Remarks (Form 13) HARP/RAI Duty <input type="checkbox"/> NAVPERS 1070/602 RED/DA or legacy NAVPERS 1070/602 (adding or removing dependents) <input type="checkbox"/> Family Entry Approval (if applicable for OCONUS gain to support COLA entitlement) <input type="checkbox"/> Command memo/letter, Special Pay (SDAP, HDP, etc.)		<input type="checkbox"/> Verify all documents that need to be verified/released to TSC Supervisor <input type="checkbox"/> Verify accuracy of clerk inputs and release transaction(s) <input type="checkbox"/> Verify documents posted successfully and proper disposition of the case in eCRM	
<b>3. Command Responsibility: Command must ensure completion of the following items:</b>			
<input type="checkbox"/> Process NSIPS Activity Gains (not Active Support) <input type="checkbox"/> Submit and KSDs via eCRM within 1 business day from member's reporting <input type="checkbox"/> Ensure member updates NAVPERS 1070/602 (Dependency Application) and DD 93 (Recovery Emergency Card) <input type="checkbox"/> Ensure member's Group Life Insurance (SGLI) and Servicemember's Group Life Insurance (FSGLI) <input type="checkbox"/> Ensure travel claim is submitted to Travel Processing Center (to include Temporary Lodging Expense requests) <input type="checkbox"/> Verify completion of required screenings (Operational Duty/Flag 13, Flag Duty, Recruitment, etc.) <input type="checkbox"/> Verify completion of obligated service (OBLUSERV)			
<b>II. RETAINS</b>			
<input type="checkbox"/> PCS orders with endorsements <input type="checkbox"/> CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for mode of travel) (Only required to fill out blocks 2-8, 11-16 and 20)		<input type="checkbox"/> OCONUS gains: Flight itinerary <input type="checkbox"/> OCONUS gains: Family Entry Approval (if applicable) <input type="checkbox"/> Supporting Documents for any entitlements started as part of gain case (FSA, special pays, etc.)	

The Receipts Checklist serves as a guide.

## 2. Submit items to TSC (Only if Applicable)

**\*\*Do not delay submitting gain case for these items\*\***

- Approved BAH request chit
- Approved BAS request chit
- DD 1561 (FSA Form)
- RAP/HARP (NAVPERS 1070/613)
- RED/DA (NAVPERS 1070/602)
- Family Entry Approval (OCONUS COLA)
- Command memo/letter, Special Pay (SDAP, HDP, etc.)



# NPPSC 1300/4 (Receipts Checklist) (cont.)



NPPSC RECEIPTS CHECKLIST NPPSC 1300/4 (Rev. 05-2024)		PREVIOUS EDITIONS OBSOLETE Supporting Directive NPPSCINST 5213.1B	
1. Date Reported Onboard	2. Name (Last, First, MI)	3. DoD ID Number	4. Telephone Number
5. Command		6. CPPA/Receipt Clerk	7. Case Number
<p><b>This checklist is not a required key supporting document (KSD). However, use of this checklist is strongly encouraged to ensure all cases are timely and complete and requirements are met.</b></p>			
<b>I. ACTIONS</b>			
<b>1. Items required by TSC to process/release Gains</b>		<b>TSC Clerk Actions</b>	
<input type="checkbox"/> All gains: PCS orders with endorsements (include all order modifications)		<input type="checkbox"/> Verify Activity Gain has been processed by CH-1 process/edit and route to Supervisor	
<input type="checkbox"/> CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for itinerary travel) (Only required to fill out blocks 2-6, 11-16 and 20)		<input type="checkbox"/> Verify accuracy and completeness of all documents received	
<input type="checkbox"/> OCONUS gains: Flight itinerary (required)		<input type="checkbox"/> Review Service member's MMPA (JAAA) and take appropriate action	
<b>2. Submit items to TSC (Only if Applicable) ** Do not delay submitting gain case for these items** If these documents are not available at time of gain, submit separate eCRM case when KSDs are available</b>		<input type="checkbox"/> SH and LG	
<input type="checkbox"/> Approved request chit for single BAH from the BEQ manager, CO of the base, or designee, who owns the barracks (to start BAH for E1-E4 sailors, when approved)		<input type="checkbox"/> Open entitlement	
<input type="checkbox"/> Approved request chit for BAS from the food service officer, the base, or designee, who owns the galley (to stop meal deduction for Sailors)		<input type="checkbox"/> Process NSIPS Activity Gain: NSIPS Activity Gain has been processed by CPPA	
<input type="checkbox"/> DD 1561 Statement to Substantiate Payment of Family Separation Allowance (FSA)		<input type="checkbox"/> Start all allowances/pay, if applicable	
<input type="checkbox"/> NAVPERS 1070/613 Administrative Remarks (Block 13) HARP/RAI Duty		<input type="checkbox"/> Verify all documents that need to be verified/released to TSC Supervisor	
<input type="checkbox"/> NAVPERS 1070/602 RED/DA or legacy NAVPERS 1070/602 (adding or removing dependents)		<b>TSC Receipt Actions</b>	
<input type="checkbox"/> Family Entry Approval (if applicable for OCONUS gain to support COLA entitlement)		<input type="checkbox"/> Verify all clerk inputs and release transaction(s)	
<input type="checkbox"/> Command memo/letter, etc. (e.g., SDAP, HDP, etc.)		<input type="checkbox"/> Verify documents posted successfully and proper disposition of the case in eCRM	
<b>3. Command Responsibility: Command must ensure completion of the following items:</b>			
<input type="checkbox"/> Process NSIPS Activity Gains panels (not Activity Report)			
<input type="checkbox"/> Submit and KSDs via eCRM within 1 business day from member's reporting			
<input type="checkbox"/> Ensure member updates NAVPERS 1070/602 (Dependency Application) and DD 93 (Recovery Emergency Contact)			
<input type="checkbox"/> Ensure member updates Service member's Group Life Insurance (SGLI) and Service member's Group Life Insurance (FSGLI)			
<input type="checkbox"/> Ensure travel claim is submitted to Travel Processing Center (to include Temporary Lodging Expense requests)			
<input type="checkbox"/> Verify completion of required screenings (Operational Duty/Flag 13, Flag Duty, Recruitment, etc.)			
<input type="checkbox"/> Verify completion of obligated service (OBLISERV)			
<b>II. RETAINS</b>			
<input type="checkbox"/> PCS orders with endorsements		<input type="checkbox"/> OCONUS gains: Flight itinerary	
<input type="checkbox"/> CONUS gains: Copy of DD 1351-2 Travel Voucher or Sub-voucher (for mode of travel) (Only required to fill out blocks 2-6, 11-16 and 20)		<input type="checkbox"/> OCONUS gains: Family Entry Approval (if applicable)	
		<input type="checkbox"/> Supporting Documents for any entitlements started as part of gain case (FSA, special pays, etc)	

The Receipts Checklist serves as a guide.

## 3. Command/CPPA Responsibility:

- Process NSIPS Activity Gains Panels (1-4)
- Submit all KSDs within 1 business day of reporting date to servicing TSC via eCRM (Salesforce)
- Service member updates RED/DA, SGLI, and FSGLI (CPPA will not be able to access until gain posts)
- Ensure travel claim is submitted to TPC Memphis via eCRM (Salesforce)
- Verify required screenings are completed
- Verify OBLISERV has been completed

# Reading PCS Orders



Verify all  
Endorsements  
from Detaching,  
Intermediate  
and Ultimate  
Activities

**ORIGINAL**

CENSURFCOMBATSYS DET NORFOLK, VA  
DETACHED DATE: 17 DEC 27

PS1(SW/AW)  
ADMIN LPO BYDIR CO

DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
MILLINGTON, TN 38055

ORIGINAL  
1326  
PERS-4010F  
08 AUG 2017

SUBJ: BUPERS ORDER: 1792/XXX-XX-6789/IT2 GENDER: FEMALE PERS-N4010F  
OFFICIAL CHANGE DUTY ORDERS FOR  
IT2  
USN  
XX  
IN CARRYING OUT/PROCESSING THESE ORDERS, BOTH PARTS ONE AND TWO  
MUST BE READ AND LISTED INSTRUCTIONS COMPLIED WITH.  
FOR OFFICIAL USE ONLY  
XX  
PART ONE

- MEMBER ADVISED: IF THIS ORDER CONTAINS FY18 OM&N (TRAINING PER  
DIEM) FUNDING, PROGRAM/FUND ALLOCATION IS ISSUED IN ANTICIPATION OF  
ENACTMENT OF THE FY18 DOD APPROPRIATIONS ACT OR A FY18 CONTINUING  
RESOLUTION (CR) AND IS SUBJECT TO AVAILABILITY OF FUNDS AND ALL  
PROVISIONS OF WHICHEVER ACT IS APPLICABLE.  
FORMAT FD100: REMEMBER TO READ YOUR ORDERS IN THEIR ENTIRETY!!  
THIS MESSAGE HAS BEEN SENT IN A SECURE ENVIRONMENT. HOWEVER, IF IT  
----- DETACHING ACTIVITY (S) -----

- REQUIRED OBLIGATED SERVICE TO: DEC 20.  
WHEN DIRECTED DETACH IN DEC 12  
FROM DEFENSE INTEL AGENCY  
PERMANENT DUTY STATION WASHINGTON, DC  
FROM DUTY  
- PERSONNEL ACCOUNTING SUPPORT: PERSUPDET WASHINGTON DC

----- INTERMEDIATE ACTIVITY (S) -----

REPORT NOT LATER THAN 15 DEC 17 BUT NET 14 DEC 17  
TO CENSURFCOMBATSYS DET NORFOLK VA  
LOCATION: NORFOLK, VA  
FOR TEMPORARY DUTY - UNDER INSTRUCTION  
FOR APPROXIMATELY 13 DAY/S/  
- PERSONNEL ACCOUNTING SUPPORT: PERSUPDET NORVA

CLASS: 12345 CONV: 18 DEC 17 GRAD: 27 DEC 17 ENEC: 1234 CDP: 7890  
UPON COMPLETION OF TEMPORARY DUTY - UNDER INSTRUCTION  
AND WHEN DIRECTED, DETACH.

----- ULTIMATE ACTIVITY (S) -----

REPORT NOT LATER THAN 10 JAN 18  
TO COMNAVPERSCOM MILLINGTON TN  
PERMANENT DUTY STATION MILLINGTON, TN  
FOR DUTY  
ASSIGNED RATE: IT2 DNEC1: 0000 DNEC2:  
- PERSONNEL ACCOUNTING SUPPORT: PERSUPDET MEMPHIS

CENSURFCOMBATSYS DET NORFOLK, VA  
DATE AND TIME REPORTED: 17 DEC 15 @ 0900  
CHECKED BY: [Signature]

COMNAVPERSCOM MILLINGTON, TN  
DATE AND TIME REPORTED: 17 DEC 30 @ 1000  
CHECKED IN BY: [Signature]

Estimated  
Detach  
Date (EDD)

Estimated  
Date of  
Arrival  
(EDA)



# Reading PCS Orders Modification



ORIGINAL

CENSURFCOMBATSYS DET NORFOLK, VA  
DETACHED DATE: 17 DEC 27

CERTIFIED TO BE ORIGINAL ORDERS  
OFFICIAL TRANSFER DATE: 17 DEC 01

ADMIN LPO BYDIR CO

DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
MILLINGTON, TN 38054

ADMIN LPO BYDIR CO

ORIGINAL  
1326  
PERS-4010F  
08 AUG 2017

[illegible]

- MEMBER ADVISED: IF THIS ORDER CONTAINS FY18 OM&N (TRAINING PER DIEM) FUNDING, PROGRAM/FUND ALLOCATION IS ISSUED IN ANTICIPATION OF ENACTMENT OF THE FY18 DOD APPROPRIATIONS ACT OR A FY18 CONTINUING RESOLUTION (CR) AND IS SUBJECT TO AVAILABILITY OF FUNDS AND ALL PROVISIONS OF WHICHEVER ACT IS APPLICABLE.

PROVISIONS OF WHICH MAY BE SUBJECT TO THE  
 FORMAT FD100: REMEMBER TO READ YOUR ORDERS IN THEIR ENTIRETY!!  
 THIS MESSAGE HAS BEEN SENT IN A SECURE ENVIRONMENT. HOWEVER, IF IT

----- DETACHING ACTIVITY (S) -----

- REQUIRED OF LIAISON SERVICE TO: DEC 20.  
WHEN DIRECTLY DETACH IN DEC 12  
FROM DEFENSE INTEL AGENCY  
PERMANENT DUTY STATION WASHINGTON, DC  
FROM DUTY

- PERSONNEL ACCOUNTING SUPPORT: PERSUPDET WASHINGTON DC

EDD: DEC 17  
UIC: 63415

ACC: 100

UIC: 42557

# NAVPERS 1070/602 (RED/DA)



## Verify NAVPERS 1070/602:

- Annually
- On reporting to a new duty station, PCS
- Prior to departure on PCS

*\*DEERS is not automatically updated by a NAVPERS 1070/602 update.*

*\*Changes made affecting pay and entitlements will need to be submitted to TSC.*

## Service Member provides CPPA with supporting documentation:

- Marriage Certificate
- Divorce decree
- Copy of dependent death certificate
- Copy of DD Form 214 for discharged Mil-to-Mil spouse
- Court-ordered child support
- Paternity Statement
- Child's birth certificate
- Adoption papers
- Secondary dependent documentation
- Emancipation of dependent

Reference: MILPERSMAN 1070-270: NAVPERS 1070/602,  
Dependency Application/Record of Emergency Data Record of Emergency Data



# NAVPERS 1070/602 (RED/DA)



<b>DEPENDENCY APPLICATION</b> <b>NAVPERS 1070/602 (Rev. 09-2016)</b> PREVIOUS EDITIONS ARE OBSOLETE Supporting Directive MILPERSMAN 1070-270				
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 37 USC 403; Public Law 9364. <b>PRINCIPAL PURPOSES:</b> The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits. <b>ROUTINE USE:</b> To adjust a Sailor's pay record. Information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Security Service for intelligence purposes, and the Department of Veterans Affairs regarding VA compensation. Other Federal, State, or local government agencies which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register. <b>DISCLOSURE:</b> Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.				
<b>MEMBER INFORMATION</b>				
1. NAME (Last, First, MI):	2. SSN:	3. PAYGRADE:	4. BRANCH/CLASS:	5. UIC:
6. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):				
7. MEMBER PREVIOUSLY MARRIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
8. PLACE DISSOLVED (City, County, State, Country): 9. DISSOLVED ON (YYYYMMDD): 10. REASON: <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce				
<b>SPOUSE INFORMATION</b>				
11. NAME (Last, First, MI):		12. DATE OF BIRTH (YYYYMMDD):		13. RELATIONSHIP:
14. CITIZENSHIP STATUS OF SPOUSE: 15. CITIZENSHIP COUNTRY (if other than U.S.):				
16. DATE MARRIED (YYYYMMDD):		17. PLACE OF MARRIAGE (City, State, Country):		18. DEPENDENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19. IS ADDRESS SAME AS MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
20. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):				
21. IS SPOUSE A MEMBER OF ANY U.S. ARMED SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
22. SPOUSE SSN:		23. PAYGRADE:	24. BRANCH OF SERVICE:	25. DUTY STATION:
26. DUTY ASSIGNMENT: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		27. SERVICE COMPONENT:		
28. SPOUSE PREVIOUSLY MARRIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", complete the following:				
29. PLACE DISSOLVED (City, County, State, Country): 30. DISSOLVED ON (YYYYMMDD): 31. REASON: <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce				
<b>CHILD AND/OR DEPENDENT INFORMATION</b>				
32. NAME (Last, First, MI):		33. RELATIONSHIP:		34. DATE OF BIRTH (YYYYMMDD):
35. DEPENDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO				
36. IS ADDRESS SAME AS SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		37. IS ADDRESS SAME AS MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		38. COMPLETE ADDRESS (#, Street, City, State, County, Zip, Country):
39. ARE YOU PAYING SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. AMOUNT:		41. PAYMENT METHOD OF SUPPORT:
42. CUSTODIAN/LEGAL GUARDIAN NAME: 43. RELATIONSHIP: 44. DATE OF DEP CERTIFICATION: 45. DATE OF DEP RE-CERTIFICATION:				

1. NAME (Last, First, MI):	2. SSN:	3. PAYGRADE:	4. BRANCH/CLASS:	5. UIC:
<b>CERTIFICATION</b>				
I ACKNOWLEDGE THAT I HAVE REVIEWED THE NAVPERS 1070/602 DEPENDENCY APPLICATION AND CERTIFY ALL INFORMATION REGARDING THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WILL IMMEDIATELY UPDATE MY ELECTRONIC SERVICE RECORD AND/OR NOTIFY MY SUPPORTING PERSONNEL OFFICER OF ANY CHANGE IN THE NUMBER AND/OR STATUS OF MY DEPENDENTS, WHETHER IT BE THE GAIN OF ADDITIONAL DEPENDENTS, OR THE LOSS OF DEPENDENTS DUE TO DIVORCE, MARRIAGE, DEATH, OR A DEPENDENT'S ADDRESS CHANGE THAT COULD AFFECT BAH ENTITLEMENTS. I UNDERSTAND THAT MAKING A FALSE STATEMENT OR CLAIM AGAINST THE U.S. GOVERNMENT IS PUNISHABLE BY COURT-MARTIAL. THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM OR A FALSE STATEMENT IN CONNECTION WITH CLAIMS IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT OF 5 YEARS, OR BOTH. I UNDERSTAND THIS SIGNED DOCUMENT WILL BECOME PART OF MY OFFICIAL MILITARY PERSONNEL FILE.				
46. REMARKS:				
47. MEMBER SIGNATURE: 48. DATE (YYYYMMDD):				
<b>VERIFICATION</b>				
I HAVE REVIEWED THE DOCUMENTARY EVIDENCE REQUIRED TO ESTABLISH DEPENDENCY OF THE ABOVE NAMED DEPENDENT(S), AND HAVE DETERMINED THAT THE STATEMENTS BY THE MEMBER ARE TRUE AND CORRECT. DOCUMENTS VIEWED: (List all documentary evidence viewed, i.e. Marriage Certificate, Birth Certificate, etc.)				
49. REMARKS:				
I UNDERSTAND THAT FAMILY SGLI AUTOMATICALLY COVERS MY SPOUSE AND IT IS MY RESPONSIBILITY TO ENROLL MY SPOUSE IN DEPENDENT SGLI. MY BRANCH OF SERVICE CAN DEDUCT PREMIUMS FROM MY PAY AND THAT FAILURE TO REGISTER MY SPOUSE COULD RESULT IN MY OWING DEBTS FOR UNPAID PREMIUMS. I CAN DECLINE FAMILY SGLI COVERAGE BY CHECKING SGLI 8286A.				
MEMBER ALLOWED 30 DAYS TO PROVIDE ORIGINAL DOCUMENTS. FAILURE TO PROVIDE ORIGINAL MARRIAGE/ BIRTH CERTIFICATE WOULD RESULT IN A LOSS OF BAH ALLOWANCE.				
IT IS MY RESPONSIBILITY TO NOTIFY MY NAVY PERSONNEL OFFICE/SHIP'S OFFICE OR CSD/PSD IF THERE IS A CHANGE IN MY ASSIGNMENT TO QUARTERS THAT MAY AFFECT MY BAH ENTITLEMENTS THAT MAY RESULT IN AN OVER/UNDER PAYMENT.				
50. APPROVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		51. VERIFYING OFFICIAL SIGNATURE:		52. DATE (YYYYMMDD):
53. VERIFYING OFFICIAL NAME (printed or typed):		54. TITLE: Personnel Supervisor, By Dir C.O.		
<b>Submit</b>				

Dependency Application  
NAVPERS 1070/602



# NAVPERS 1070/602 (RED/DA)



Record of Emergency Data

DD Form 93

RECORD OF EMERGENCY DATA	
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN). <b>PRINCIPAL PURPOSES:</b> This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable. <b>ROUTINE USES:</b> None. <b>DISCLOSURE:</b> Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.	
<b>INSTRUCTIONS TO SERVICE MEMBER</b>  This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.	<b>INSTRUCTIONS TO CIVILIANS</b>  This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.
<b>IMPORTANT:</b> This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES AND BEFORE COMPLETING THIS FORM.	
<b>SECTION 1 - EMERGENCY CONTACT INFORMATION</b>	
1. NAME (Last, First, Middle Initial)	2. SSN
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR	b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP c. DATE OF BIRTH (YYYYMMDD) d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
8a. DO NOT NOTIFY DUE TO ILL HEALTH None	b. NOTIFY INSTEAD None
9a. DESIGNATED PERSON (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) N/A	

1. NAME (Last, First, Middle Initial)		2. SSN	
<b>SECTION 2 - BENEFITS RELATED INFORMATION</b>			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE	100
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PAL) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
14. CONTINUATION/REMARKS			
1. NAME (Last, First, Middle Initial)		2. SSN	
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	17. DATE SIGNED (YYYYMMDD)	
	Not Required	20190620	

# NAVPERS 1070/602 (Legacy Page 2)



DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA			
<b>MEMBER INFORMATION</b>			
SSN:	NAME:	UIC: 63415	RELIGION: CR
RANK/RATE: IT2	BR/CL: USN	INITIAL/CHANGE:	
SHIP OR STATION: <del>DEFINTAG-CHYC</del>		TOTAL NUMBER OF DEPENDENTS: 3	MARRIAGE DISSOLVED BY:
EFFECTIVE DATE: 09/16/2014			
PREVIOUSLY MARRIED: NO			
DISSOLVED ON:	PLACE DISSOLVED:		
SEX: F			
<b>SPOUSE INFORMATION</b>			
NAME:	DEPENDENT: YES	RELATIONSHIP: SPOUSE	
DATE OF BIRTH: 02/01/1988	CITIZENSHIP: US		
DATE MARRIED: 09/16/2012	PLACE OF MARRIAGE: MILLINGTON, TN		
ADDRESS: 247 UNDERWAY BOULEVARD	1593 ANCH 4 ROAD	JQS	
WASHINGTON, DC 20001	MILLINGTON, TN 38002		
PREVIOUSLY MARRIED: NO	MARRIAGE DISSOLVED BY:		
DISSOLVED ON:	PLACE DISSOLVED:		
MEMBER OF UNIFORMED SERVICES: NO	DUTY AFFILIATION:		
BRANCH:	COMPONENT:		
SEX: M			
<b>SPOUSE NEXT OF KIN</b>			
NAME:	RELATIONSHIP: MOTHER		
ADDRESS: 9876 PARK VIEW			
LAS VEGAS, NV 89001			
<b>FATHER INFORMATION</b>			
NAME:	DEPENDENT: NO	SUPPORT: N/A	
ADDRESS: 1234 INTEGRITY DR			
MILLINGTON, TN 38055			
<b>MOTHER INFORMATION</b>			
NAME:	DEPENDENT: NO	SUPPORT: N/A	
ADDRESS: 1234 INTEGRITY DR			
MILLINGTON, TN 38055			

NAVPER 1070/602 (REV 08-2010) Page: 1 of 4  
FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

Date the Service member originally signed this Page 2

Service Member's signature and date following pen and ink changes

SSN:	NAME:
NAVPER 1070/602 UPDATED DUE TO PCS TRANSFER. NO PAY CHANGES:	
UPDATED BY:	
DATE: 11/16/2017	
IT IS MY RESPONSIBILITY TO NOTIFY MY PERSONNEL OFFICE/SHIP'S OFFICE OR CSD/PSD OF ANY CHANGES TO MY STATUS THAT WOULD NECESSITATE THE CREATION OF A NEW NAVPER 1070/602 OR IN MY ASSIGNMENT TO QUARTERS THAT MAY AFFECT MY BAH ENTITLEMENTS THAT MAY RESULT IN AN OVER/UNDER PAYMENT.	
CERTIFICATION: I HAVE REVIEWED THE DATA ON THIS FORM AND CERTIFY THAT IT IS CORRECT. I UNDERSTAND THAT ANY CHANGE IN MY FAMILY MEMBER STATUS MUST BE REPORTED AS A CHANGE TO THE DEFENSE PERSONNEL ELIGIBILITY REPORTING SYSTEM (DEERS) WITHIN 60 DAYS. THIS INCLUDES SERVICE MEMBERS IN A JOINT SERVICE MARRIAGE (MILITARY MARRIED TO MILITARY), EVEN THOUGH EACH SPOUSE IS ALREADY ENROLLED IN DEERS IN HIS OR HER OWN RIGHT AS A MILITARY MEMBER.	
SIGNATURE OF DESIGNATOR:	WITNESSED:
DATE: 11/16/2017	TITLE: SUPERVISOR
Official NSIPS/ESR form updated this date: 16-NOV-2017	
12/30/2017	12/30/2017
	ICPPA/USN
NAVPER 1070/602 (REV 08-2010) Page: 4 of 4 FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE	

Remarks for PCS transfer

CPPA's signature and date



# OPS ALERT 003-25



OPS ALERT

Ser: 003-25

## UPDATE: UTILIZATION OF NAVPERS 1070/602 WHEN RED/DA APPLICATION IS NOT AVAILABLE

Release Date: 01/23/2025 Effective Date: Immediately

**BLUE:** In cases where the Record of Emergency Data/Dependency Application (RED/DA) is unavailable, Command Pay and Personnel Administrators (CPPAs) are permitted to update the Dependency Application/Record of Emergency Data (NAVPERS 1070/602) using the Navy Standard Integrated Personnel System (NSIPS) Dependency Data module. Additionally, pen and ink changes to the NAVPERS 1070/602 are authorized to prevent personnel and pay transaction delays; however, Service Members and CPPAs must ensure either a RED/DA or NAVPERS 1070/602 is updated in NSIPS when electronic means become available. Ops Alert 002-22 is cancelled.

**DISCUSSION:** It is the Service Member's and command's responsibility to ensure the RED/DA or NAVPERS 1070/602 is updated in NSIPS at earliest opportunity. Failure to do so can prevent Sailor data from properly updating in corporate systems and cause potential personnel and pay discrepancies.

Service Members and CPPAs are responsible for maintaining NAVPERS 1070/602, with pen and ink changes, until the Dependency Application can be updated electronically.

If Service Members or CPPAs are having issues with updating the RED/DA, contact Human Resources Service Center (HRSC) at [askmncc@navy.mil](mailto:askmncc@navy.mil) or 1-833-330-MNCC (6622) for Tier 1 support.

### WHAT THIS MEANS TO YOU:

🚩 **CPPAs:** When pen and ink changes to the NAVPERS 1070/602 are required, Service Members and commands are responsible for making updates to the member's RED/DA or NAVPERS 1070/602 in NSIPS at the earliest opportunity. Ops Alert 002-22 is cancelled.

🚩 **CPPAs:** Find your RSC contact information on the [MyNavy HR CPPA Resources Page > RSC Contacts](#). Find RSC Training Schedules and additional info on the [RSC SharePoint Pages](#).

🚩 Find RSC Training Schedules and additional info on the [RSC SharePoint Pages](#).

🚩 OPS ALERTS, PERSPAY SOPs, eCRM Case Routing Guidance ([eCRM Library](#)) and CPPA Resources can be found on the [MyNavy HR CPPA Resources Page](#).

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POC:

Refer to your RSC for questions.

Find your RSC contact information on the [MyNavy HR CPPA Resources Page > RSC Contacts](#).

- OPS Alerts can be found on MyNavy HR
- Navigate through the menu:
  1. Support & Services
  2. MyNavy Career Center
  3. Per Pay Support
  4. CPPA Resources
  5. OPS 2025



# SGLI Online Enrollment System (SOES)



## Servicemembers' Group Life Insurance Election and Certificate of Coverage

Name:

SSN:

Branch of Service: Navy

Your SGLI Coverage Amount as of 01/01/2020 \$400,000

Your SGLI Beneficiary Designation as of 01/01/2020

Primary/ Secondary	Name and Address	Social Security Number	Relationship	Share of Proceeds	Payment Option
Primary			Spouse	100%	Lump Sum
Secondary			Child	100%	Lump Sum

Your Family SGLI Spouse Coverage Amount as of : \$100,000

### Your Family SGLI Child Coverage

If you have dependent children, each dependent child is automatically covered for \$10,000.

### Your Family SGLI Beneficiary

You, the Servicemember, are the beneficiary for spouse and child coverage.

Date Certified: 01/01/2020

Electronic Signature

The SOES can be accessed via MilConnect at:

<https://milconnect.dmdc.osd.mil/milconnect/>

*Verify the Leave and Earnings Statement (LES) to ensure SGLI deduction has started / stopped.*



# NSIPS Activity Gain

# NSIPS Activity Gain Panels 1-4



Favorites Main Menu > Gains > Activity Gain > Use > Activity Gain - Create



## Activity Gain - Create

NSIPS Main Menu -> Gains -> Activity Gain -> Use -> Activity Gain -> Create

### Find an Existing Value

#### ▼ Search Criteria

Enter any information you have and click Search. Leave fields blank for a list of all values.

Recent Searches

Choose from recent searches

Saved Searches

Choose from saved searches

Empl ID

begins with

Empl Record

=

Name

begins with

^ Show fewer options

☐ Case Sensitive

Search

Clear



# NSIPS Activity Gain Panel 1



Report Delay in Reporting Misc Data Additional Reporting

Appr Inst: Appr Stat: Pending Appr Action: Incomplete Comments

Action Reason: ACT Activity

UIC Report To:

Report Date:

Geographic Duty Location:

UIC Received From:

Loss Date:

ACC:

ADSN Indicator: Yes - ADSN is Not Changing

SDCD: 11 USN

Save Return to Search Previous in List Next in List Notify

Loss Date: AUG 05 2019 0700

Report Date: 5 DEC 19 1615

UIC Received From: TSC HAMPTON ROADS, DAM NECK SITE

UIC Report To: 30 DEC 19

ACC: 100

ACC: 40065

DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
MILLINGTON, TN 38055

USS JASON DUNHAM (DDG109)  
DEPARTED  
REPORTED 5 DEC 19 1615  
ORIGINAL

1326  
PERS-406T2  
10 JUN 2019  
PERS-W406T2

SUBJ: BUPERS ORDER: 1619/ /PCSA GENDER: OFFICIAL CHANGE DUTY ORDERS FOR  
IN CARRYING OUT/PROCESSING THESE ORDERS, BOTH PARTS ONE AND TWO

INTERMEDIATE (01) ACTIVITY (M)  
REPORT NOT LATER THAN 07 AUG 19 BUT NOT LATER THAN 06 AUG 19  
TO STU CPCS UNIT DAM NECK VA  
LOCATION: VIRGINIA BEACH, VA  
FOR TEMPORARY DUTY - UNDER INSTRUCTION  
FOR APPROXIMATELY 117 DAY(S)  
- PERSONNEL ACCOUNTING SUPPORT: PERSUPP  
TO INCLUDE 089 DAY(S) AT TTWCS-04M  
CLASS: 91101 CONV: 08 AUG 19 GRAD: 08 NOV 19 ENBC: V20A CDP: 981T  
TO INCLUDE 019 DAY(S) AT NPCC OPER & MAIN  
CLASS: 00101 CONV: 12 NOV 19 GRAD: 03 DEC 19 ENBC: V30A CDP: 647L  
UPON COMPLETION OF TEMPORARY DUTY - UNDER INSTRUCTION  
TSC HAMPTON ROADS, DAM NECK SITE  
REPORTED: 08/05/2019  
SIGNATURE  
DEPARTED: 08/05/2019  
SIGNATURE  
WHEN DIRECTED, DETACH.  
END: 03 DEC 19  
ULTIMATE ACTIVITY (M)  
REPORT NOT LATER THAN 30 DEC 19  
TO DDG 109 JASON DUNHAM  
HOMEPORT: NORFOLK, VA  
FOR DUTY  
ASSIGNED RATE: PCSA DUBC1: V20A DUBC2: V30A  
- PERSONNEL ACCOUNTING SUPPORT: PERSUPPST AFLOAT EAST  
UIC: 40065  
WELCOME ABOARD USS JASON DUNHAM DDG-109. WELCOME HOME! WELCOME HOME!

# NSIPS Activity Gain Panel 2



Report Delay in Reporting Misc Data Additional Reporting

BAS:	<input type="checkbox"/> Foreign Duty Pay	<input type="checkbox"/> Career Sea Pay	Category: <input type="text"/>
Zip Code:	<input type="text"/>	BAQ Accom Status: <input type="text"/>	Vessel Code: <input type="text"/>
Meal Deduction Type:	<input type="text"/>	BAQ Type: <input type="text"/>	
Loss Date:		Report Date:	DELREP History
Travel Time:	Days: <input type="text"/>	Start Date: <input type="text"/>	Stop Date: <input type="text"/>
Proceed Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave Time:	<input type="text"/>	<input type="text"/>	Leave Type: <input type="text"/>
Unaccounted Time: 0			
Movement Reason Code:	<input type="text"/>	Date Arrived CONUS: <input type="text"/>	Date Depart CONUS: <input type="text"/>

Save Return to Search Previous in List Next in List Notify



# NSIPS Activity Gain Panel 3



**NSIPS**  
NAVY STANDARD INTEGRATED PERSONNEL SYSTEM

Report

Delay in Reporting

Misc Data

Additional Reporting

Assigned to Department Code:

Assigned to Division Code:

Assigned to Shop Code:

BSC:

☐ FSA Eligibility Indicator

PSA/PSD Code:

Clerk ID:

Distribution Code:

DIFFCREW Indicator:

Address and Phone

RED/DA

Citizenship: U.S. Citizen by Naturalization

Sex: Male

Limited Duty Designator:

Special Category Detail Code:

Special Program Indicator:

Dependency Prim./Sec.: 3 / 0

PNEC/SNEC: 791F / 805A

NOBC:

(Enlisted)

(Officers)

## Look Up DIFFCREW Indicator

Select one of the following values:

- N Aircrew not in DIFFCREW Status
- Y Aircrew in DIFFCREW Status
- Z Not Aircrew

Cancel

----- ULTIMATE ACTIVITY (M) -----

- YOU MAY BE ELIGIBLE FOR USE OF YOUR GOVERNMENT TRAVEL CARD (GTCC) DURING YOUR UPCOMING PCS MOVE. REFER TO NAVADMIN 184/19 FOR GTCC PCS USE ELIGIBILITY CRITERIA.

REPORT NOT LATER THAN MAR 20

EDA: MAR 20

TO COMUSNAVCENT

UIC: 57007

HOMEPORT

BAHRAIN, MANAMA

FOR DUTY

ACC: 100

BSC: 00205

PRD: 2103

- PERSONNEL ACCOUNTING SUPPORT: PERSONNEL ACCOUNTING

UIC: 40396

BSC



# NSIPS Activity Gain Panel 4



Report Delay in Reporting Misc Data **Additional Reporting**

## Additional Reporting

Find | View All First 1 of 1 Last

Event Code	UIC	From Date	To Date	Total Days	Report?	Leave Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="button" value="+"/> <input type="button" value="-"/>

Loss Date:

Report Date:

Unaccounted Time:

0

# Best Practices



- It is mandatory to submit gain package within 4 days
- Submitting with partial documentation is allowed
- Collect all required documents
- Verify Member's Obligated Service
- Verify required screenings are complete
- Verify member's pay account using MMPA and LES
- Use current forms and Receipts Checklist

<https://www.mynavyhr.navy.mil/References/Forms/NPPSC-Forms/>



# References



- MyNavy HR CPPA Resources Page: <https://www.mynavyhr.navy.mil/Support-Services/Pay-Pers-Support/CPPA-Resources/>
- CPPA Handbook: <https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/Resources/>
- Receipts SOP: <https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/SOP-Library/>

You are serving in a position of significant trust with access to the personnel records (data and documents) of command personnel. AT ALL TIMES, YOU ARE TO PROTECT THE PERSONALLY IDENTIFIABLE INFORMATION (PII) OF COMMAND PERSONNEL AND PREVENT THE UNAUTHORIZED ACCESS TO, OR LOSS OF PII.

# Summary and Review



In this lesson have covered:

- Receipts Checklist
- Orders & Modifications
- RED/DA (NAVPERS 1070/602)
- Servicemembers' Group Life Insurance (SGLI)
- NAVPERS 1070/613 (Administrative Remarks)
- NSIPS Panels 1 – 4
- References



# Receipts



# Questions?



You have reached the end of the Receipts (Gain)  
Processing training.

Thank you for your participation!

**THE SAILOR WINS TODAY**



# MNCC RSC Muster Link



Scan QR Code to record your attendance  
at any RSC PERSPAY Training!

[https://usnavy.gov1.qualtrics.com/jfe/form/SV\\_oTgIQYZg67NX9pY](https://usnavy.gov1.qualtrics.com/jfe/form/SV_oTgIQYZg67NX9pY)