



RED/DA CPPA ROLE

Record of Emergency Data /
Dependency Application

Objective



To provide a common process for Pay Personnel Administrators to follow when assisting Service Members with updating their Record of Emergency Data/ Dependency Application (RED/DA) DD Form 93 and/or NAVPERS 1070/602.

RED/DA Purpose



- The Navy Record of Emergency Data (RED) and Dependency Application (DA) has been created in NSIPS as a single process separated into two documents, the Dependency Application (NAVPERS 1070/602) and Record of Emergency Data (DD Form 93). Both RED and DA reside within the NSIPS Electronic Service Record (ESR) module.
- The digitally signed DD Form 93 (RED) is transmitted directly to the Official Military Personnel File (OMPF) and the NAVPERS 1070/602 (DA) is submitted for review through workflow.
- This eliminates personally identifiable information (PII) violations that resulted from the co-processing of RED and DA information.



RED/DA Route Workflow



RED/DA Workflow Status Report




RED/DA Workflow Status Report

RED/DA Workflow Status Report

- Allows CPPA to track requests in the workflow and see their status

- Click Load Report Data to populate all transactions in progress.


[Favorites](#) [Main Menu](#) > [RED/DA](#) > [Workflow Status Report](#)




NAVY STANDARD INTEGRATED PERSONNEL SYSTEM


Workflow Status Report

Filter by Dates*


From: 

To: 

Filter by Workflow*


Current Workflow Status 


Filter by UIC*



UIC: 

Load Report Data

*Filter criteria is not required.

 Export to Excel

 Export to HTML

Transactions in Progress																	Find   First 1-3 of 3 Last	
Name	Approval Instance	Work Section Assigned	UIC	Department Assignment Code	Department Description	Division Assignment Code	Rate/Rank	Last Action Date	Current Workflow Status	Submitted Date	Received Date/Time	Days in Worklist	Total Days in Workflow	Worklist User	Worklist User Name	View Request		
1								07/01/2022	Member Saved/Not Submitted	07/01/2022	07/01/2022 10:28:22AM	17.00	17			View Request		
2		Customer Service						07/15/2022	Clerk Inbox	07/14/2022	07/14/2022 8:34:45AM	4.00	4			View Request		
3		Transfers						07/15/2022	Clerk Inbox	07/15/2022	07/15/2022 10:05:09AM	3.00	3			View Request		



MyNAVYHR
Serving Sailors 24/7



RED/DA Inquire

RED/DA Inquire



RED/DA Inquire

- Provides a view access of a member's most current RED/DA.
- Access to view and print the member's current approved NAVPERS 1070/602 and DD Form 93.

Favorites Main Menu > RED/DA > RED/DA Inquire

NSIPS
NAVY STANDARD INTEGRATED PERSONNEL SYSTEM

RED/DA - Inquire
Enter any information you have and click Search. Leave fields blank for a list of all values.

[Find an Existing Value](#)

▼ **Search Criteria**

Empl ID

Empl Record

Name

Limit the number of results to (up to 300):

[Search](#) [Clear](#) [Basic Search](#) [Save Search Criteria](#)

- 1) Input Service Member's SSN (Empl ID) or Name and click Search.

RED/DA Inquire (continued)



Favorites Main Menu > RED/DA > RED/DA Inquire

NSIPS
NAVY STANDARD INTEGRATED PERSONNEL SYSTEM

RED/DA Inquire

Emplid: Current UIC: Service: Navy

***Please verify data at the bottom of the page

Summary ?

Dependency Application	BAH Information
Total Number of Dependents: 1	Dependent Type: Spouse
Primary Dependency Code: Spouse and No Children	Youngest Child DOB: <input type="text"/>
Secondary Dependency Code: No dependent parents	Type Code: <input type="text"/>
	Start Date: <input type="text"/>

Dependents on Station

Co-Location Arrival Date: Number Co-Located: 1

Family Co-Location Identifier: Spouse Only Number Command Sponsored: N/A

Current Approved Forms ?

NAVPERS 1070/602	DD Form 93
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2) The RED/DA of the Service Member searched will populate.

Under Current Approved Forms, the blue hyperlinks can be clicked to open in a new tab.

3) Review the NAVPERS 1070/602 and DD Form 93 block by block to ensure accuracy.

The Approved Forms will only show current approved information. Pending updates not yet approved will not reflect in these forms.

RED/DA Inquire (continued)



DEPENDENCY APPLICATION				
NAVPERS 1070/602 (Rev. 09-2016) PREVIOUS EDITIONS ARE OBSOLETE Supporting Directive MILPERSMAN 1070-270				
PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 9364. PRINCIPAL PURPOSES: 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. ROUTINE USE: 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 Revenue Service for tax 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. DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.				
MEMBER INFORMATION				
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		
SPOUSE INFORMATION				
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 FORCE? <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 AFFILIATION: <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		
CHILD AND/OR DEPENDENT INFORMATION				
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:
CERTIFICATION				
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 DEPENDENTS ADDRESS CHANGE THAT COULD AFFECT BAH ENTITLEMENTS. I UNDERSTAND THAT MAKING A FALSE STATEMENT OR CLAIM AGAINST THE U.S. GOVERNMENT IS PUNISHABLE BY COURTS-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 A PART OF MY OFFICIAL MILITARY PERSONNEL FILE.				
46. REMARKS:				
47. MEMBER SIGNATURE:		48. DATE (YYYYMMDD):		
VERIFICATION				
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 DEERS SO MY BRANCH OF SERVICE CAN DEDUCT PREMIUMS FROM MY PAY AND THAT FAILURE TO REGISTER MY SPOUSE IN DEERS WILL RESULT IN MY OWING DEBTS FOR UNPAID PREMIUMS. I CAN DECLINE FAMILY SGLI COVERAGE BY COMPLETING SGLI 8286A.				
MEMBER ALLOWED 60 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.		
<div>Submit</div>				

Dependency Application
NAVPERS 1070/602

RED/DA Inquire (continued)



Record of
Emergency Data

DD Form 93

RECORD OF EMERGENCY DATA			
PRIVACY ACT STATEMENT AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9097 (SSN). PRINCIPAL PURPOSES: 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. ROUTINE USES: None. DISCLOSURE: 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.			
INSTRUCTIONS TO SERVICE MEMBER 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.		INSTRUCTIONS TO CIVILIANS 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.	
IMPORTANT: 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.			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
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(S) (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) N/A			

SECTION 2 - BENEFITS RELATED INFORMATION			
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 (PADDO) (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

RED/DA Inquire (continued)



Marital Status

Current Status

Currently: Married

On:

City:

State:

Country: US

Previous Marriage

Previously Married? No

Religion

CR Roman Catholic Church

Dependents/Beneficiaries/Other Contacts

1-4 of 4

Id	Name	Dependent Status	Relationship	Unpaid/Pay Allowance	Allotment if Missing
01		Dependent		Max(100%)	Max(100%)
02		Not Dependent		00%	00%
03		Not Dependent		00%	00%
05		Not Dependent		00%	00%

Dependents/Beneficiaries/Other Contacts

1-4 of 4

Id	Name	Dependent Status	Relationship	Unpaid/Pay Allowance	Allotment if Missing
01		Dependent		Max(100%)	Max(100%)
02		Not Dependent		00%	00%
03		Not Dependent		00%	00%
05		Not Dependent		00%	00%

Verify DD Form 93 information matches with the Dependents / Beneficiaries block.

Vital Documents

Summary Address Additional Remarks

Document Type	Description	Policy Number

Remarks

Find | View All First 1 of 2 Last

Clause: 10

Sequence: 2

Description: SGLI DESIGNATION DATE UPDATE

Comment: NAVPERS 1070/602 UPDATED TO MAKE CURRENT SGLI DESIGNATION DATE: 07/18/2017

I UNDERSTAND THAT FAMILY SGLI AUTOMATICALLY COVERS MY SPOUSE AND IT IS MY RESPONSIBILITY TO ENROLL MY SPOUSE IN DEERS SO MY BRANCH OF SERVICE CAN

RED/DA Inquire (continued)



*Phone				Find [icon] [icon]	First 1 of 1 Last
Phone Type	Telephone		Domestic Indicator		
Cellular			Domestic Phone		
Other Email Addresses				Find [icon] [icon]	First 1-2 of 2 Last
Email Type	Email Address				
Business					
Home					
*Current Address				Find [icon] [icon]	First 1 of 1 Last
Address Type	Effective Date		Country	Address	
HOME		Domestic	United States		
*Official Email Address ?					
Verification					
				Last Verification Date:	07/27/2021
Return to Search					

Verify RED/DA:

- Annually
- Upon reporting to a new duty station, permanent change of station
- Prior to departure on permanent change of station orders

Last time the RED/DA was verified.


Best Practices



- Always check the COMMENTS section.
- When recycling a RED/DA, make sure to add comments before recycling to member.
- Make sure supporting documents are legible.
- Check for applicable entitlements for member based on RED/DA update.
- Make sure all required documents are submitted (e.g.: BAH PG13, etc.)







MNCC RED/DA SharePoint



 MNCC

Share Copy link Sync Export to Excel Nintex Workflow ...

RED DA > Command RED DA (CPPA) Training Materials

Name
 Adding Favorite Roleuser to CPPA Role.docx
 BAH PG 13.pdf
 Corrupted Certificate Solution to Digitally Sign Documents.docx
 CPPA RED DA Reports & Dashboards Functionality.pptx
 CPPA, PERS Clerk and Supervisor RED DA Training.pptx
 DFAS Secondary Dependent Training Slides.ppt

RED/DA CPPA Training Materials Library

<https://www.mynavyhr.navy.mil/Portals/55/Reference/MILPERSMAN/1000/1000General/1070-271.pdf?ver=vyKRhL6tCJ7p-bcLWQ0gkA%3d%3d>

References



- MyNavy HR CPPA Resources Page:

<https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/>

- CPPA Handbook:

<https://www.mynavyhr.navy.mil/Portals/55/Support/PayPers/CPCResources/CPPA%20HANDBOOK%2016NOV22.pdf?ver=t7vZcrRENIDd0X8aGV8-bw%3d%3d>

- Receipts SOP:

https://www.mynavyhr.navy.mil/Portals/55/Support/PayPers/CPCResources/SOP/Receipts_Expansion_SOP_Rev_Mar_2023.pdf?ver=wqY3uNqjsHSy82Rki9s2sg%3d%3d

- RED/DA CPPA Training Materials Library:

<https://www.mynavyhr.navy.mil/Portals/55/Reference/MILPERSMAN/1000/1000General/1070-271.pdf?ver=vyKRhL6tCJ7p-bcLWQ0gkA%3d%3d>



Questions?

Conclusion



Congratulations on completing the
RED/DA training!