

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***BASIC ENROLLMENT****PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.**1. SERVICE MEMBER DATA**a. **NAME** (*LAST, First, Middle Initial*)b. **SOCIAL SECURITY NUMBER (SSN)****2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS**

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. **SERVICE MEMBER SIGNATURE**b. **RANK/GRADE**c. **DATE SIGNED** (*YYYYMMDD*)**3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS**

- (1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
- (2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month, or the current monthly rate until \$1,200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED**, this is an **IRREVOCABLE DECISION**.
- (3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
- (4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.
- (5) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions".
- (6) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
- (7) I have 10 years from date of last discharge from active duty to use MGIB benefits.
- (8) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
- (9) I cannot receive any combination of DVA educational benefits in excess of 48 months.
- (10) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. **SERVICE MEMBER SIGNATURE**b. **RANK/GRADE**c. **DATE SIGNED** (*YYYYMMDD*)**4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS****5. STATEMENT OF DISENROLLMENT**

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

a. **DATE SIGNED** (*YYYYMMDD*)b. **RANK/GRADE**c. **SERVICE MEMBER SIGNATURE****6. CERTIFYING OFFICIAL**a. **TYPED OR PRINTED NAME** (*LAST, First, Middle Initial*)b. **RANK/GRADE**c. **SIGNATURE**d. **DATE SIGNED**
(*YYYYMMDD*)