



Business Services Center

A Division of the Office of General Services

Human Resources, Benefits Unit
1220 Washington Ave., Building 5, Floor 4
Albany, NY 12226-1900
Email: BSCBenefitsAdmin@ogs.ny.gov
Phone: 518-457-4272 | Fax: 518-457-1879

VETERANS' IDENTIFICATION FORM

Name (First, Middle, Last, Suffix)	Last 4 Digits of SS#
Title	Agency & Work Address
Work Telephone Number	

Honorable Discharge: Did you receive an Honorable Discharge or release under honorable circumstances from the Armed Forces of the United States? The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time duty basis other than active duty for training purposes:

- Yes No

Credits for Exams/Seniority:

Disabled Veteran Non-disabled Veteran

Dates of Service: Did you have active service during any of the following periods?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> December 7, 1941 to December 31, 1946 | <input type="checkbox"/> For hostilities in Lebanon: June 1, 1983 to December 1, 1987 |
| <input type="checkbox"/> June 27, 1950 to January 31, 1955 | <input type="checkbox"/> For hostilities in Panama: December 20, 1989 to January 31, 1990 |
| <input type="checkbox"/> December 22, 1961 to May 7, 1975 | <input type="checkbox"/> For Persian Gulf Conflict: August 2, 1990 to date hostilities ended |
| | <input type="checkbox"/> For hostilities in Grenada: October 23, 1983 to November 21, 1983 |
| | <input type="checkbox"/> U.S. Public Health Services from July 29, 1945 to September 2, 1945 or from June 26, 1950 to July 3, 1952 |

Acceptable Documents/Proofs:

Report of Separation and Honorable Discharge and/or Certificate of Service.
Check off below, and attach any applicable military forms you have:

- NAVPERS-553
- NAVMC-78
- WDAGO-53, 55
- WDAGO-53, 98
- DD-214
- Other Legal Military Document:

Return this form along with copies of proofs checked-off, and send to the BSC Benefits Unit (address above).

Employee's Signature	Date
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