



Veterans' Identification Form

Instructions: Fill out and sign this form and return with copies of your acceptable proof documents to the BSC Benefits Unit.

APPLICANT INFORMATION		
Name (First, Middle, Last, Suffix)		Last 4 Digits of SS#
		Work Telephone Number
Title	Agency	
Work Address		
HONORABLE DISCHARGE		
<p>Did you receive an Honorable Discharge or release under honorable circumstances from the Armed Forces of the United States? <small>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.</small></p>		
		Yes No
CREDITS FOR EXAMS/SENIORITY		
<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Non-disabled Veteran		
DATES OF SERVICE		
<p>Did you have active service during any of the following periods? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> December 7, 1941 to December 31, 1946</p> <p><input type="checkbox"/> June 27, 1950 to January 31, 1955</p> <p><input type="checkbox"/> December 22, 1961 to May 1975</p> <p><input type="checkbox"/> For hostilities in Lebanon: June 1, 1983 to December 1, 1987</p> <p><input type="checkbox"/> For hostilities in Panama: December 20, 1989 to January 31, 1990</p> <p><input type="checkbox"/> For Persian Gulf Conflict: August 2, 1990 to date hostilities ended</p> <p><input type="checkbox"/> For hostilities in Grenada: October 23, 1983 to November 21, 1983</p> <p><input type="checkbox"/> U.S. Public Health Service from July 29, 1945 to September 2, 1945 or from June 26, 1950 to July 3, 1952</p>		
ACCEPTABLE DOCUMENTS/PROOFS		
<p>Report of Separation and Honorable Discharge and/or Certificate of Service. Check off below, and attach any applicable military forms you have:</p> <p><input type="checkbox"/> NAVPERS-553 <input type="checkbox"/> WDAGO-53, 98</p> <p><input type="checkbox"/> NAVMC-78 <input type="checkbox"/> DD-214</p> <p><input type="checkbox"/> WDAGO-53, 55 <input type="checkbox"/> Other Legal Military Document:</p>		
<p>Return this form along with copies of proofs checked-off, and send to the BSC Benefits Unit (address above).</p>		
Employee's Signature		Date
_____		_____