DEPARTMENT OF HEALTH AND HUMAN SERVICES

PAYROLL USE ONLY

PUBLIC HEALTH SERVICE COMMISSIONED OFFICER'S REQUEST FOR DEPENDENCY DETERMINATION

LAST (4) OF YOUR SOCIAL SECURITY NUMBER OR SERNO NUMBER	NAME *(Last, First, Middle Initial)*

CURRENT PAY GRADE	CURRENT DUTY STATION *(If retired, list current mailing address and zip code)*	DUTY STATION TELEPHONE OR CELL NUMBER

1. PURPOSE ☐ Establish Initial Dependency ☐ Re-Certification of Dependency Date of Last Certificate *(mm/dd/yyyy)*

DEPENDENCY INFORMATION

2. MARITAL STATUS ☐ Married *(Includes Separated)* ☐ Married *(Active Duty Spouse)* ☐ Single *(Includes Widowed)* ☐ Divorced

3. a. I hereby claim the following dependents effective *(mm/dd/yyyy)* *(See Notes 1, 2, and 3)*

b. NAME(S) OF DEPENDENT(S) *(Last, First, Middle Initial)*	COMPLETE ADDRESS *(Include Zip Code)*	RELATIONSHIP	DATE OF BIRTH *(mm/dd/yyyy)*

Date and Place of Present Marriage *(mm/dd/yyyy)*	If this is the first time you have claimed an adopted child, show date of adoption and address of court issuing decree *(See Note 1)* *(mm/dd/yyyy)*

4. IF YOU ARE MARRIED TO A MEMBER OF THE UNIFORM SERVICES OR THE ARMED SERVICES, COMPLETE THE FOLLOWING:

NAME	SSN	BRANCH OF SERVICE

STATUS	DUTY STATION
☐ Active ☐ Retired ☐ Reservist	

5. HAVE ANY OF THE ABOVE-NAMED DEPENDENTS SERVED AS A MEMBER OF THE UNIFORMED SERVICES OR PARTICIPATED IN FULL-TIME DUTY SINCE YOUR DATE OF LAST ENTRY ON ACTIVE DUTY?

☐ Yes ☐ No IF "Yes," Complete the Following

Name(s) of Dependent(s)	SSN of Dependent(s)

Branch of Service	Duty Station	Period of Service From *(mm/dd/yyyy)* Through *(mm/dd/yyyy)*

6. IF DIVORCED, SHOW THE FOLLOWING

Divorce Decree Granted by *(Court, State, Date (mm/dd/yyyy)): (See Note 1)*	Type of Decree ☐ Final ☐ Interlocutory	Date Decree is Final *(mm/dd/yyyy)*

Full Name of Person Former Spouse Remarried	Address of Former Spouse *(Include Zip Code)*

7. DID THE DEPENDENT(S) LISTED IN ITEM 3 ABOVE, OCCUPY GOVERNMENT QUARTERS OR HOUSING FACILITIES WITHOUT CHARGE EXCEPT FOR BRIEF PERIODS IN QUARTERS ASSIGNED TO ANOTHER UNIFORMED SERVICE MEMBER FROM THE EFFECTIVE DATE SPECIFIED ABOVE?

☐ Yes ☐ No If "Yes," Complete the Following

Name(s) of Dependent(s)	Location of Quarters	From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*

8. I will immediately notify the Commissioned Corps Headquarters, ATTN: Financial Services Branch, 1101 Wootton Parkway, Suite 300, Rockville, MD 20852, of any change in the dependency status of my dependent(s) OR if I am assigned to or released from assignment to Government quarters.

☐ By electronically signing this document, I acknowledge that my dependency information above is true and correct to the best of my knowledge.

SIGNATURE OF OFFICER	CURRENT DATE *(mm/dd/yyyy)*

NOTE:
1. Attach a copy of the court order or divorce decree if this is your first certificate or if the adoption/divorce has occurred after subsequent to the date of your last certificate.
2. A complete form DD137-3, "*Dependency Statement-Parent*" must be attached to the form if you claim a parent / parent-in-law as a dependent.
3. A complete form DD137-4, "*Dependency Statement-Child born out of wedlock under age 21*," must be attached to this form if you claim a child(ren) and are not married to the child(ren)'s other parent.

IMPORTANT: Making a false statement or claim against the U.S. Government is punishable by fine of not more than $10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 287 and 1001).

INSTRUCTIONS FOR COMPLETING FORM PHS-1637-1

GENERAL: Read the instructions and Privacy Act statement below before completing the form. All responses should be typed or printed in ink. Submit completed form to:

Commissioned Corps Headquarters
Attn: Financial Services Branch
1101 Wootton Parkway, Suite 300
Rockville, MD 20852

HEADING: Self-explanatory.

Item 1: Place an "X" in the box(es) which identifies the action(s) being requested.

Item 2: Self-explanatory.

Item 3: a. Effective date to be entered is the latest of the following dates:
1. call to active-duty date;
2. date of marriage;
3. date individual became an eligible dependent pursuant to established policy;
4. date Government quarters were terminated; or
5. if the purpose of submitting the form is "Recertification" and the last digit of your SSN is 1, enter "1 Jan _____ (year)"; 2, enter "1 Feb _____ (year)"; 3, enter "1 Mar _____ (year)"; 4, enter "1 Apr _____ (year)"; 5, enter "1 May _____ (year)"; 6, enter "1 Jun _____ (year)"; 7, enter "1 Jul _____ (year)"; 8, enter "1 Aug _____ (year)"; 9, enter "1 Sep _____ (year)"; 0, enter "1 Oct _____ (year)".

b. Enter all eligible dependents. If the address is the same for all dependents, list only once. If additional space is required, identify dependents on a separate sheet of paper and attach the paper to this form. Include sponsor's name and SSN.

Item 4: Complete only if you are married to another uniform services or armed services member. The uniformed services includes the Army, Navy, Air Force, Marines, Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and PHS Commissioned Corps. Please include a copy of the member's current Leave and Earnings statement/Earnings statement.

Item 5: Self-explanatory.

Item 6: Complete only if divorced and dependent(s) is/are identified in Item 3.

Item 7: Self-explanatory.

Item 8: Self-explanatory.

PRIVACY ACT NOTICE FOR PHS COMMISSIONED OFFICER'S REQUEST FOR DEPENDENCY DETERMINATION FORM PHS-1637-1

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S. C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps Personnel Records," HHS/PSC/HRS and 09-40-0010, "Pay, Leave, and Attendance Records," HHS/PSC/HRS.

PRINCIPAL PURPOSE AND ROUTINE USES commissioned officer entitles the officer to additional Basic Allowance for Housing (BAH). This information will be used only as - This information is used to determine whether an individual's dependency on a PHS necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

EFFECTS OF NONDISCLOSURE - Disclosure of the Social Security Number (SSN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSN is also used to distinguish a record from those of commissioned officers who may have similar names and dates of birth. Failure to provide the remaining information will result in denial of this claim, delay and/or errors in determining dependency, late payment or non-payment, or refund of BAH if payment is based on erroneous information. All statements are subject to verification.