



Blended Retirement System Continuation Pay Checklist

LNAME, FNAME: _____	RANK: _____	SSN: _____
UNIT: _____	UIC: _____	

1. Verification of Enrollment:

___ A) SM must supply LES to unit for eligibility verification. (Please see block labeled "RET PLAN" in your LES, it should say "Blended" if not proceed to B)

___ B) Verify eligibility by using the BRS _CP Eligibility. (roster found in the E&I ELSP page)
<https://portal.tx.ng.mil/E-I/EOM%20Rosters/Forms/AllItems.aspx?web=1>

2. Fill out BRS Payment Request Form and unit action:

___ A) Every blank Must be filled out. Leave block 6 and 9 blank.

___ B) Block 11 requires Commander signature or delegate. (please provide delegation memo)

___ C) CAC signature is the only authorize format.

___ D) Unit must submit form via the E&I PARS Tracker. (email submissions will not be accepted)

https://portal.tx.ng.mil/Restricted/res000/Lists/E_and_I_Action_Request_Tracker/EI%20Action%20Request.aspx?web=1

4. Audit Form (for State purposes only):

___ Verify enrollment in DJMS.

___ Assigned control number

___ Signature on forms.

___ IPERM documents

(Payment may take up to 3 – 4 weeks after control number was assigned)

Unit Admin POC: _____

Phone Number: _____

Email Address: _____