AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

(Read Privacy Act Statement on back before completing form)

1. MEMBER *(Last Name, First Name, Middle Initial)*	**2. GRADE, RATE OR RANK**	**3. SOCIAL SECURITY NUMBER**

4. MEMBER'S STATION OR ORGANIZATION

5.a. PRIMARY DEPENDENT'S NAME *(or designated representative for minor dependents) (First Name, Middle Initial,Last Name)*	b. RELATIONSHIP

6. DEPENDENTS OTHER THAN PRIMARY

a. NAME *(Last Name, First Name, Middle Initial)*	b. DATE OF BIRTH *(YYYYMMDD)*	a. NAME *(Last Name, First Name, Middle Initial)*	b. DATE OF BIRTH *(YYYYMMDD)*
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

7. PAYMENT DESIGNATION

☐ a. ADVANCE OF PAY - MAXIMUM AMOUNT $ _____ *(Not to exceed 2 months basic pay)*

I hereby authorize an advance of basic pay, as indicated above, to be paid to my above named dependent or representative, in the event of an emergency declared by proper authority. I understand that any amount of my basic pay paid to my dependent or representative will be deducted from pay and allowances due me.

☐ b. EVACUATION ALLOWANCE *(Designated dependent or representative)*

☐ c. EVACUATION DISLOCATION ALLOWANCE *(Designated dependent or representative)*

I hereby designate the above named individual to receive the payment checked in the event of an evacuation ordered or approved by competent authority.

d. DATE	e. SIGNATURE OF MEMBER

f. SIGNATURE OF PRIMARY DEPENDENT *(or designated representative for minor dependent)*

g. DATE	h. NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIAL(S)

8. RECORD OF PAYMENTS

a. DATE *(YYYYMMDD)*	b. DISBURSING OFFICER	c. SYMBOL NUMBER	d. PAYROLL NO. OR VOUCHER NO.	e. TYPE OF PAYMENT *(Advance of Pay - Dislocation Allowance - Evacuation Allowance)*	f. AMOUNT PAID

PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

DISCLOSURE: Voluntary. However, if the information is not provided, the payments to the dependents could be delayed, possibly causing hardship on the dependents.

INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.

2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.

3. Payment of the amount of base pay (if any) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount - "$ _____".

4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.

5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.

6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

THIS IS AN IMPORTANT DOCUMENT.
KEEP IT WITH YOUR PASSPORT.