

**DEPARTMENT OF MILITARY AFFAIRS  
MINNESOTA NATIONAL GUARD**

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St. Paul, MN 55155-2004

MN National Guard Circular 621-5-1

1 July 2020

Military Personnel

**MINNESOTA NATIONAL GUARD STATE INCENTIVE PROGRAMS**

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**Summary:** This circular supersedes Minnesota National Guard Circular 621-5-1, dated 1 July 2019, with changes and is in effect until June 30, 2021, unless superseded. It provides information and describes procedures for administering the Minnesota state incentive programs.

**Applicability:** This circular is applicable to all Minnesota Army and Air National Guard units/organizations.

**Proponent and Exception Authority:** The proponent of this circular is the Joint Force Headquarters – J1 (Manpower & Personnel). The proponent has the authority to approve exceptions to this circular that are consistent with controlling laws and regulations.

**Interim Changes:** Interim changes to this circular are not official unless authenticated by the NGMN-PEA-Z. This circular becomes obsolete on the expiration date shown above, unless sooner rescinded or amended.

## **SUMMARY OF CHANGES**

### Chapter 2, State Tuition Reimbursement Program (STR)

- Change to Para 2-3. Reimbursement for graduate degrees will not exceed 75 percent of the resident general tuition rate for the University of Minnesota (U of M) Twin Cities Graduate School.

### Annexes

- All annexes herein must be utilized after 1 July 2020. Previous annexes are obsolete.

## TABLE OF CONTENTS

### Chapter 1: Overview

1-1 General .....	1
1-2 References.....	1
1-3 Purpose.....	1
1-4 Responsibilities .....	1
1-5 Funding .....	2
1-6 State Fiscal Year.....	2
1-7 Satisfactory Participant .....	2
1-8 Recoupment.....	3
1-9 Exceptions to Policy.....	3

### Chapter 2: Minnesota State Tuition Reimbursement Program

2-1 General .....	4
2-2 Eligibility .....	4
2-3 Rate of Reimbursement.....	5
2-4 Authorized Uses.....	5
2-5 Course Requirements .....	5
2-6 Maximum Lifetime Benefit .....	6
2-7 Guidelines .....	6
2-8 Additional Sources of Funding .....	7
2-9 Application Procedures .....	7
2-10 Incomplete Coursework .....	8
2-11 Tuition Reimbursement Option for Spouses.....	8
2-12 Termination .....	9

### Chapter 3: Tuition Reimbursement – Survivor Benefit

3-1 General .....	10
3-2 Scope .....	10
3-3 Eligibility .....	10
3-4 Procedures.....	10
3-5 Guidelines .....	10
3-6 Payment Procedures .....	11
3-7 Incomplete Coursework .....	12
3-8 Termination .....	12

### Chapter 4: Medical Professional Student Tuition Reimbursement

4-1 General .....	13
4-2 Eligibility .....	13
4-3 Rate of Reimbursement.....	13
4-4 Maximum Lifetime Benefit .....	13
4-5 Application Procedures .....	13
4-6 Incomplete Coursework .....	13
4-7 Service Obligation and Recoupment .....	13
4-8 Roles and Responsibilities .....	14

### Chapter 5: Medic Recertification Bonus

5-1 General .....	15
5-2 Eligibility .....	15
5-3 Payment Procedures .....	15
5-4 Taxes .....	15
5-5 Termination of Bonus Payments.....	15
5-6 Responsibilities .....	16

### Chapter 6: Reclassification Bonus

6-1 General .....	17
6-2 Eligibility .....	17
6-3 Payment Procedures .....	17

6-4 Taxes .....	18
6-5 Termination of Bonus Payments.....	18
6-6 Responsibilities .....	19

**Annex A**

STR Memorandum of Understanding.....	A-1
STR Payment Request Form .....	A-2

**Annex B**

List of Reasons why a SM would not be required to use FTA before STR .....	B-1
--	-----

**Annex C**

Minnesota Medic Recertification Bonus Addendum .....	C-1
--	-----

**Annex D**

Minnesota Direct Deposit Form & W9.....	D-1
---	-----

**Annex E**

E-STR Memorandum of Understanding.....	E-1
E-STR Payment Request Form .....	E-2

**Annex F**

Survivor Memorandum of Understanding.....	F-1
Survivor Payment Request Form .....	F-2

**Annex G**

Medical Professional State Tuition Reimbursement Acknowledgement of Contractual Service Obligation...	G-1
---	-----

**Annex H**

Minnesota State Reclassification Bonus Addendum .....	H-1
Minnesota State Reclassification Bonus MOS/AFSC List .....	H-2

## CHAPTER 1

### OVERVIEW

1-1. **GENERAL.** The Minnesota legislature enacted legislation that provides funds for state incentive programs for members of the Minnesota National Guard. This circular describes the eligibility criteria and procedures for administering the Minnesota state incentive programs effective from 1 July 2020 through 30 June 2021 unless earlier rescinded or amended.

#### 1-2. REFERENCES.

- a. Minnesota Statute 192.501, Financial Incentives for National Guard Members.
- b. Minnesota Statute 190.03, Laws to Conform to United States Regulations.
- c. Department of Defense Financial Management Regulation.

#### 1-3. PURPOSE.

- a. The purpose of the state incentive program is to:

(1) Incentivize the recruitment of qualified prior and non-prior Service Members for the Minnesota National Guard.

(2) Incentivize members currently assigned to the Inactive National Guard (ING) or Individual Ready Reserve (IRR) to re-affiliate with the Minnesota National Guard.

(3) Incentivize current Minnesota National Guard members to extend their enlistment agreements or to retrain/reclassify into a critical MOS/AFSC.

(4) Improve the qualifications of Minnesota National Guard members through higher education.

(5) Reward eligible Minnesota National Guard members for their willingness to serve the needs of the State of Minnesota when ordered by the Governor and the President of the United States, in support of world-wide operational requirements.

- b. The purpose of this circular is to establish policy to administer the state incentive programs.

#### 1-4. RESPONSIBILITIES.

a. **The Adjutant General.** The Adjutant General is responsible for overall policies, guidance, administration, implementation and proper utilization of the Minnesota state incentive programs.

b. **The Joint Force Headquarters – J1.** The JFHQ-J1 is charged with the administration of the programs for the Adjutant General and is the official designee of the Adjutant General for such purposes. Further sub-delegation of authority may be granted to the education services officer (ESO).

c. **Recruiting and Retention Battalion.** The Recruiting and Retention Battalion is responsible to promote recruiting and retention utilizing the incentives offered by the Minnesota state incentive program.

d. **State Incentives Working Group.** The State Incentives Working Group (SIWG) is responsible for formulating policy contained within this circular. The working group members are as follows:

- (1) Joint Force Headquarters - J1
- (2) Division Chief, Army Personnel
- (3) JFHQ Air Division, Military Personnel Management Officer (MPMO)
- (4) State Senior Enlisted Advisor
- (5) State Executive Director of Military Affairs

- (6) Office of the State Surgeon
- (7) 34<sup>th</sup> Infantry Division representative
- (8) 84<sup>th</sup> Troop Command representative
- (9) 347<sup>th</sup> Regional Support Group representative
- (10) 1<sup>st</sup> Brigade representative
- (11) 34<sup>th</sup> CAB representative
- (12) 133<sup>rd</sup> Airlift Wing representative
- (13) 148<sup>th</sup> Fighter Wing representative
- (14) Army Recruiting and Retention Manager
- (15) Air Recruiting and Retention Superintendent
- (16) Education Services Officer
- (17) Education Services NCOIC
- (18) State incentive program administrators, recorders

e. **National Guard Commanders.** Commanders at all levels are responsible for keeping members of their commands informed of the state incentive programs. They must continue to monitor eligibility of those members who are receiving state incentives.

f. **National Guard Members.** National Guard members (both Army and Air National Guard) are responsible to apply for the incentives for which they are eligible according to the policies within this circular.

g. **ARNG AMEDD Recruiter and ANG Recruiting and Retention Superintendent.** Provide list of student officers eligible for benefits outlined in Chapter 4 prior to the student's application for benefits. Advise potential student officers of the requirement to use Chapter 4 Medical Professional STR for medical or dental school, and the contractual obligation incurred through use of the program.

1-5. **FUNDING.** The funding available for the state incentive programs is limited by the appropriations set by the state legislature. These programs will continue as long as funds are available.

1-6. **STATE FISCAL YEAR.** The current state fiscal year begins on 1 July 2020 and ends on 30 June 2021.

1-7. **SATISFACTORY PARTICIPANT.** A satisfactory participant of the Minnesota National Guard is defined as a Service Member who meets the following criteria:

- a. Is an active drilling member of his/her unit of assignment or attachment.
- b. Has no period of absent without leave (AWOL/unexcused absence)/unsatisfactory participation within the last 12 months.
- c. Has no more than four MUTAs (Army) or four periods (Air) of excused absence within the last 12 months.
- d. Is currently deployable per criteria required for his/her current duty position. If not deployable, must be making diligent and measurable progress toward becoming deployable, or awaiting a fit-for-duty (FFD) determination by a medical review board.
- e. Is not under suspension of favorable actions (Army) or UIF (Air) in accordance with applicable regulation and policy.
- f. Must have current and passing Army Physical Fitness Test (APFT) and Army Body Composition Program (ABCP) defined as follows: Last record APFT is compliant with Army standards with an effective date within 15 months of contract signature date for bonuses. Last record ABCP data is compliant with Army standards with an effective date within eight months of contract signature date for bonuses. For ANG members, the last record Fitness Assessment (FA) is compliant with Air Force standards with an effective date within 15 months of contract signature date for bonuses. For tuition reimbursement Service Members (SM) must be current and passing the entire semester from the first day of the SM's class to the last day.

**1-8. RECOUPMENT.**

a. Funds paid under the state incentive programs may be recouped from those individuals who fail to complete a term of enlistment or reenlistment in the Minnesota National Guard.

b. Further details regarding recoupment procedures are explained within the chapter applicable to each program.

**1-9. EXCEPTIONS TO POLICY.** When extenuating circumstances exist, a request for exception to policy (ETP) may be initiated. Detailed instructions on how to submit an ETP can be found on the state incentive program's SharePoint page. ETPs for STR will only be considered for the current or immediately prior term of the school year.

## CHAPTER 2

### MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM

2-1. **GENERAL.** The State of Minnesota sponsors the state tuition reimbursement (STR) program. The state legislature appropriates the funding for the program biennially. If, in the future, the legislature does not fund the program, or if funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

2-2. **ELIGIBILITY.** The STR program is available to the following individuals, in addition to those covered under Chapters 3 and 4:

a. **Regular STR** - Current active members of the Minnesota National Guard who:

(1) Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7.

(2) Have successfully completed basic training (BT), basic military training (BMT); are current SMP contracted cadets; or are special branch direct commissioned officers (AMEDD, Chaplain, JAG corps). Chapter 2 state tuition reimbursement may not be used for medical or dental school in lieu of Chapter 4, except with an approved exception to policy.

(3) Are in the ranks of E-1 through O-5 (to include warrant officers). Officers promoted to the grade of O-6 during the school term are eligible to use STR until the end of that term. Rank is not considered when using extended STR.

(4) Army enlisted Soldiers, Army Officers and Title 10/Title 32 Air Guard Officers and Airmen that are eligible for FTA are required to use all available FTA funding to be eligible for STR. STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once the member's FTA annual cap has been met, STR may be used without applying for FTA. In certain circumstances, service members who are not eligible for FTA may be eligible to use STR without first applying for FTA. For a full list of reasons or circumstances why a member wouldn't need to apply for FTA before receiving STR see annex B-1. Army FTA users cannot use FTA and Chapter 1606 (Selected Reserve) GI Bill for the same course, per DoD policy. Soldiers may receive Chapter 1606 GI Bill benefits along with STR, only when FTA is not also used.

b. **Extended STR** - Former members of the Minnesota National Guard who:

(1) Have satisfactorily completed their service contract in the Minnesota National Guard or the portions of it involving selective reserve status, for which any part of that service was spent serving honorably in federal active service (Title 10 orders) or federally funded state active duty since September 11, 2001, with the MNNG. In these cases, the person's eligibility is extended for a period of two years, plus an amount of time equal to the duration of that person's active service.

(a) A Service Member has satisfactorily completed their service contract when they have both reached their expiration term of service (ETS) date and received an honorable discharge. Service Members separated from the MNNG under the following conditions are not eligible:

1. Interstate Transfer (IST)
2. Conditional release in order to access to active duty/reserve forces
3. Separated under general, other than honorable conditions, bad conduct or dishonorable discharge
4. Separated administratively due to adverse action(s)
5. Separated with a bar to reenlistment
6. Separated prior to ETS date unless separating due to:
  - i. Retirement, or
  - ii. A result of determinations made by the medical board process (medical evaluation board, physical evaluation board, medical MOS/AFSC review board or non-duty disability evaluation system).

(b) Service Members currently serving in any branch of the U.S. Armed Forces under an active service contract do not qualify for extended STR.



(c) Spouses are not eligible to use extended STR.

(2) Have served honorably in the Minnesota National Guard and have been separated or discharged due to a service-connected injury, disease or illness. In these cases, the individual's eligibility is extended for eight years beyond the date of separation. Eligibility effective date is 4 June 2005.

(3) Title 10 active duty operational support (ADOS)/active duty for special work (ADSW), Title 32 ADOS/ADSW, and full-time National Guard duty - operational support (FTNGD-OS) are not eligible periods of service for the extended STR program.

**2-3. RATE OF REIMBURSEMENT.** The Minnesota National Guard will reimburse tuition charged for eligible coursework at accredited post-secondary institutions.

a. **UNDERGRADUATE COURSEWORK:** Reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester hour rate. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M. The total amount of STR a Service Member can receive for undergraduate coursework will not exceed \$18,000 per fiscal year (1 July 2020 through 30 June 2021).

b. **GRADUATE COURSEWORK:** Reimbursement will not exceed 75 percent of the resident general tuition rate for the University of Minnesota (U of M) Twin Cities Graduate School. The total amount of STR a Service Member can receive for graduate coursework will not exceed \$28,000 per fiscal year (1 July 2020 through 30 June 2021).

c. U of M tuition rates for the current academic year are found at <https://onestop.umn.edu/finances/tuition>

**2-4. AUTHORIZED USES.** STR will not reimburse a degree that is equal to or lower than the level of degree a SM already holds. ANG members that hold a Community College of the Air Force (CCAF) are eligible to receive reimbursement for an additional associate degree. Members are authorized reimbursement for one certificate in a lifetime. A certificate can be taking at any time regardless of current degree level. .

- a. Certificate (undergraduate or post-baccalaureate/graduate certificate)
- b. Associate degree
- c. Baccalaureate (undergraduate) degree
- d. Master's degree
- e. Professional degree or Doctorate degree

**2-5. COURSE REQUIREMENTS.**

a. Reimbursement is authorized for:

(1) Course(s) taken at an accredited post-secondary educational institution eligible for placement on a transcript from the post-secondary educational institution.

(2) Undergraduate course(s) completed with a grade of C or higher, or graduate course(s) completed with a grade of B or higher.

(3) Course(s) a student is currently attending at the time of direct commission (AMEDD/Chaplain/JAG corps officers) into the MNNG.

(4) Course(s) which end prior to the Service Member's ETS date; unless the Service Member qualifies under paragraph 2-2 b.

(5) Course(s) that are required within the degree plan.

b. Reimbursement is not authorized for:

- (1) Course(s) that were not completed.
- (2) Course(s) taken prior to completion of BT/BMT.
- (3) Exam prep course(s) or exams (i.e. GRE, GMAT, LSAT, EMT).

(4) Course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(5) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

c. If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include but are not limited to high school students who attend post-secondary course(s) where the course(s) are paid for by the high school, school district or state; and student teachers/teaching assistants whose tuition is waived in lieu of pay.

**2-6. MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the STR program is funding for 144 semester/208 quarter credits.

**2-7. GUIDELINES.**

a. Tuition reimbursement is paid upon successful completion of coursework.

b. The memorandum of understanding (MOU, Annex A-1) will be updated and resubmitted only in years when major STR policy changes occur. The MOU does not need to be submitted before the course start date, however it must be signed and submitted before STR payment will be made. No exceptions to policy are required for missing MOUs, but payment will be delayed if a current, signed MOU is not on file.

c. A member must submit an STR payment request form no later than 90 days from the last official day of the course/term.

d. The student's final fee statement dated after course completion and provided by the institution is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the Service Member must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution. The final fee statement must list certain other benefits paid directly to the institution, including:

- (1) Federal Tuition Assistance (FTA)
- (2) Chapter 33/Post 9-11 GI Bill or any other federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter 1606/1607 or any other GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's transferred GI Bill benefits must report this benefit on their STR payment request form, and the combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.
- (3) ROTC tuition scholarship. Do not report room and board scholarships or stipends.

**2-8. ADDITIONAL SOURCES OF FUNDING.**

- a. Members receiving FTA, ROTC tuition scholarships, and federal GI Bill chapters which pay directly to the institution (to include students using a parent's transferred GI Bill benefits) are eligible to receive funds under the STR program, with restrictions. The combination of these specific additional sources of funding and STR cannot exceed 100 percent of the member's tuition costs.
- b. Members receiving other additional sources of funding not listed in 2-8 a. are eligible to receive funds under the STR program, without restrictions. Examples of other additional sources of funding include, but are not limited to: grants, federal or private student loans, employer-paid tuition assistance, non-ROTC scholarships, ROTC room and board scholarships, Minnesota GI Bill and work study payments.
- c. Tuition reimbursement received under this policy may not be considered in determining a person's eligibility for a scholarship or grant-in-aid by the Minnesota Higher Education Service Office or by any other state board, commission or entity.

## 2-9. APPLICATION PROCEDURES.

### a. Service Member's Responsibilities:

(1) The memorandum of understanding (MOU, Annex A-1) will be updated and resubmitted only in years when major STR policy changes occur. The MOU does not need to be submitted before the course start date, however it must be signed and submitted before STR payment will be made. No exceptions to policy are required for missing MOUs, but payment will be delayed if a current, signed MOU is not on file.

(2) Service Members must submit the following forms and supporting documents to the unit/squadron/flight in sufficient time for the reimbursement request to be entered into the state incentives database **NO LATER THAN 90 DAYS** from the last official day of the course/term. See paragraph 2-10 for information on incomplete coursework or late requests for reimbursement. Service Members enrolled in accelerated programs, where several terms are completed during the course of a normal semester, should submit their requests in groups that correspond with a normal semester. Forms required for reimbursement:

(a) STR payment request form (Annex A-2).

(b) Grade report.

(c) Final fee statement which clearly shows the amount of tuition charged, is dated after course completion, and is provided by the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electronic Funds Transfer (EFT) (Annex D-1). The direct deposit and W-9 form are only required for the initial STR submission, unless there are changes in a Service Member's bank account information.

(3) Service Members who are unable to submit the payment request form in the time required due to attendance at a military school (AIT, NCOES, OES, etc.) must submit the required paperwork no later than 45 days after the military school end date. Unit/squadron/flight should add justification of school attendance in the remarks block in the state incentives database if this situation occurs.

b. Unit/Squadron/Flight Responsibilities: See the "How to Request Payment" SOP on the STR SharePoint page for detailed instructions on how to request payment.

(1) Ensure the SM has a current, signed MOU on file in the state incentives database.

(2) Enter payment requests into the state incentives database immediately upon receipt from the Service Member. All requests for reimbursement must be submitted **NO LATER THAN 90 DAYS** from the last day of the course/term. Prior to submitting, the unit/squadron/flight must perform a quality review of the payment request form (Annex A-2) to ensure the following:

(a) It is complete and clearly shows amount of tuition charged.

(b) Clearly shows the amount of FTA, federal GI Bill paid directly to the school, and ROTC tuition scholarship, if applicable.

(c) Verify the Service Member has completed BT/BMT; or, has completed or is projected for the ROTC Leadership Training Course.

(d) Verify that the Service Member is in good standing IAW paragraph 1-7 on the course/term end date. If they are not in good standing, return the request to the Service Member without action and explain that they have failed to meet the required standards for payment for that course/term. Unit/squadron/flight will notify the state incentives lead that the Service Member is not eligible for payment for that course/term so that funds can be reallocated.

(3) Upload payment request form, final fee statement and grade report into the state incentives database.

c. Education Services Office Responsibilities:

(1) Ensures the SM has a current, signed MOU and direct deposit information on file in the state incentives database.

(2) Processes payment requests.

(a) Verifies all information is correct. This may require contacting the student's school.

(b) Calculates the actual amount of reimbursement.

(3) Validates Service Members have completed BT/BMT; or, have completed or are projected for the ROTC Leadership Training Course.

(4) Denies incomplete or late payment requests, or requests for those Service Members not in compliance with paragraph 1-7.

**2-10. INCOMPLETE COURSEWORK.**

a. If the student has an incomplete course, the unit/squadron/flight will request payment for completed course(s) during that course/term within the 90-day suspense. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. Upon completion of previously incomplete coursework, complete a new payment request form (Annex A-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Submit the new request along with the initial payment request form and a grade report showing satisfactory completion.

**2-11. TUITION REIMBURSEMENT OPTION FOR SPOUSES.**

a. A Service Member who meets the following criteria may elect to allow their spouse to use a portion of the remaining balance of their STR:

(1) Is serving satisfactorily as defined by paragraph 1-7. Spouses do not qualify for extended STR.

(2) Has served at least 8 good years towards retirement in an active drilling service (non-ING) in the Minnesota National Guard.

(3) Is in the rank of E1 through O5 (to include warrant officers). Spouses of officers promoted to the grade of O6 during the school term are eligible to use STR until the end of that term.

b. A spouse may use up to 12 semester/17 quarter credits annually, not to exceed the sponsoring Service Member's lifetime benefit of 144 semester/208 quarter credits.

c. Payment procedures will remain the same as for the Service Member, and all payments will be direct deposited into the sponsoring Service Member's bank account.

d. Rates of reimbursement will be paid in accordance with paragraph 2-3. Spouse tuition reimbursement is counted against the Service Member's maximum yearly benefit. Spouses are prohibited from using a former SM's extended STR. Married dual military couples are not eligible to use spouse STR while both members are serving. When one of the members discharge, the discharged member is then able to utilize the currently serving spouse's remaining STR.

2-12. **TERMINATION.** The submission of a falsified grade report, transcript, final fee statement, payment request form (Annex A-2) or any other attempt to receive funds a member is not eligible to receive will result in termination from the STR program for a minimum of one year. A Service Member who received STR funds utilizing a falsified grade report, transcript or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

## CHAPTER 3

### TUITION REIMBURSEMENT - SURVIVOR ENTITLEMENT

3-1. **GENERAL.** Effective 1 July 1992, if a member of the Minnesota National Guard is killed in the line of state active service or federally funded state active service, his or her surviving spouse and/or surviving dependents (to include biological children of the deceased born within 10 months after the member's death) become eligible for the state tuition reimbursement (STR) program.

3-2. **SCOPE.** This entitlement covers members of the Minnesota National Guard killed in the line of duty while performing state active service or federally funded state active service, as defined in Minnesota Statute 192.501.

3-3. **ELIGIBILITY.**

- a. The surviving spouse is eligible regardless of remarriage.
- b. Surviving dependents are eligible until their 24<sup>th</sup> birthday.
- c. Surviving spouse and eligible dependent(s) will remain eligible even if they move out of state and become a non-Minnesota resident.

3-4. **PROCEDURES.**

- a. The office of the Adjutant General will issue a letter of eligibility that outlines the tuition reimbursement entitlement. The education services office will forward the letter to the surviving spouse; or if no spouse, to the oldest adult dependent; or the legal guardian of minor children. The letter will indicate eligible dependent recipient(s) and must include the following information: full name, dependent status, date of birth, and social security number.
- b. The education services office will manage this benefit program and maintain files for all letters of eligibility issued.

3-5. **GUIDELINES.**

a. **REIMBURSEMENT RULES.** The Minnesota National Guard will reimburse tuition charged for eligible coursework at accredited post-secondary institutions.

(1) The rate of reimbursement will be paid in accordance with paragraph 2-3. University of Minnesota tuition rates for the current academic year can be found at: <https://onestop.umn.edu/finances/tuition>

(2) If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include but are not limited to high school students who attend post-secondary coursework, where the course(s) are paid for by the high school, school district, or state; and student teachers/teaching assistants whose tuition is waived in lieu of pay.

(3) The student's final fee statement dated after course completion and provided by the institution is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the surviving spouse or dependent must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution. The final fee statement must list certain other benefits paid directly to the institution, including:

(a) Federal Tuition Assistance (FTA)

(b) Chapter 33/Post 9-11 GI Bill or any other federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter 1606/1607 or any other federal GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's

transferred GI Bill benefits must report this benefit on their STR payment request form, and the combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.

(c) ROTC tuition scholarship. Do not report room and board scholarships or stipends.

b. COURSE REQUIREMENTS.

(1) Reimbursement is authorized for:

(a) Course(s) taken at an accredited post-secondary educational institution and eligible for placement on a transcript from the post-secondary educational institution.

(b) Undergraduate course(s) completed with a grade of C or higher, or graduate course(s) completed with a grade of B or higher.

(2) Reimbursement is not authorized for:

(a) Course(s) that were not completed.

(b) Exam prep course(s) or exams (GRE, GMAT, LSAT, EMT, etc.).

(c) Course(s) that earn Continuing Education Units (CEUs) that are required to maintain professional licensure (CEUs these courses may be paid through other funding sources). Reimbursement may be authorized for some courses that earn CEUs if they are academic in nature, not required for professional licensure, and conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(d) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

c. MAXIMUM LIFETIME BENEFIT. The maximum lifetime benefit under the state tuition reimbursement program is funding for 144 semester/208 quarter credits.

d. ADMINISTRATION.

(1) Tuition reimbursement is paid upon successful completion of coursework.

(2) The student's fee statement is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution.

3-6. PAYMENT PROCEDURES.

a. Memorandum of Understanding (MOU).

(1) Read and sign the memorandum of understanding form (Annex F-1) (contact the education services office for applicable form at [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)). Must submit form to the education services office before payment can be received.

(2) The actual amount of reimbursement is dependent upon the cost of tuition and the number of credits satisfactorily completed. The current school year is summer session II 2020 through summer session I 2021.

b. Request for Reimbursement.

(1) Students must submit the following forms and supporting documents to the education services office **NO LATER THAN 90 DAYS** after the last official day of the term.

(a) Survivor payment request form (Annex F-2).

(b) Grade report.

(c) Final fee statement showing the amount of tuition charged. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and include a point of contact at the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electric Funds Transfer (EFT) (Annex D-1). If the student's Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, email a current Annex D-1 which includes the W-9 form.

(2) By signing this application, the student is verifying all information is true and correct. It also authorizes the education services office to contact the school to verify course grades or other data.

### **3-7. INCOMPLETE COURSEWORK.**

a. If the student has an incomplete course, the student will request payment for completed course(s) during that course/term within the 90-day suspense. Once the student has finished the incomplete course(s), they will request payment for the course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. Upon completion of the previously incomplete coursework, complete a new payment request form (Annex F-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Submit the new request along with the initial payment request form and a grade report showing satisfactory completion.

### **3-8. TERMINATION.**

a. The submission of a falsified grade report, transcript, final fee statement, payment request form (Annex F-2) or an attempt to receive funds a student is not eligible to receive will result in termination from the STR program for a minimum of one year.

b. The education services office will terminate the entitlement for the surviving dependents on the dependent's 24<sup>th</sup> birthday. The dependent will be paid for the term during which he/she turns 24.



## CHAPTER 4

### MEDICAL PROFESSIONAL STUDENT STATE TUITION REIMBURSEMENT

4-1. **GENERAL.** To encourage currently accepted/enrolled medical and dental school students to accept a direct commission in the Minnesota National Guard during completion of graduate-level medical or dental professional degrees.

#### 4-2 ELIGIBILITY.

a. Army and Air National Guard members who initially appoint as medical/dental student officers or who are already commissioned officers are eligible for this program. Allocations are 15 student officers (medical or dental) for ARNG and 4 student officers (medical or dental) for ANG. The combined number of National Guard participants enrolled in the program will not exceed 19 officers per year. Participation in this program does not prohibit concurrent participation in a federally funded health professional incentive program.

b. To qualify for reimbursement under this program, an applicant must be:

- (1) A satisfactory participant as defined in paragraph 1-7; and
- (2) An AMEDD direct-commissioned officer in a student officer status.

4-3. **RATE OF REIMBURSEMENT.** This program reimburses up to 100 percent of tuition costs, not to exceed 100 percent of the tuition rate of the University of Minnesota (U of M) Medical School, Twin Cities campus, for the current academic year - found at <https://onestop.umn.edu/finances/tuition>

4-4. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under any state tuition reimbursement (STR) program is funding for 144 semester/208 quarter credits.

4-5. **APPLICATION PROCEDURES.** Refer to paragraph 2-9.

4-6. **INCOMPLETE COURSEWORK.** Refer to paragraph 2-10.

#### 4-7. SERVICE OBLIGATION AND RECOUPMENT.

a. Dental student officers who receive Chapter 4 STR incur a contractual service obligation of two years for every year of Chapter 4 STR. One year of use is defined as three academic terms. Service obligations may be prorated based on evaluation by the education services officer. Service must be completed in the Minnesota National Guard. This obligation is effective the day after the professional degree is conferred. Dental corps officers must obtain unrestricted professional licensure immediately after professional degree completion as a term of the contractual service obligation. Failure to attain unrestricted professional licensure will initiate a recoupment action. Dental student officers using Chapter 4 are required to reappoint as Dental Corps (DC) officers as soon as eligible.

b. Medical student officers who receive Chapter 4 STR incur a contractual service obligation of two years for every year of use of Chapter 4 STR. One year of use is defined as three academic terms. Service obligations may be prorated based on evaluation by the education services officer. Service must be completed in the Minnesota National Guard. This obligation is effective the day after completion of residency. Officers who interstate transfer for residency must return to Minnesota to begin serving their contractual obligation within 6 months of residency completion or recoupment action will be initiated. The education services officer is authorized to direct the service obligation for those officers who utilized medical professional STR and/or Chapter 2 STR (with an approved exception to policy) in any combination during their medical school training. Medical corps officers must maintain unrestricted professional licensure as a term of the contractual service obligation. Failure to maintain unrestricted professional licensure will initiate a recoupment action. Medical student officers using Chapter 4 are required to reappoint as Medical Corps (MC) officers as soon as eligible.

c. The Service Member must sign a contractual service agreement (Annex G-1) at the beginning of each academic school year they receive Chapter 4 STR. The contractual service obligation for use of Chapter 4 STR

runs concurrent with all other contractual service obligations. The Service Member must remain in an active status in the Minnesota National Guard in order to satisfy this service obligation.

d. The Service Member is subject to full or partial recoupment of Chapter 4 STR if the officer fails to fulfill any portion of the contractual service obligation; does not successfully complete medical/dental school; fails to complete residency; or does not obtain or maintain unrestricted licensure.

e. Individuals who received tuition reimbursement prior to 1 July 2020 retain the service obligation in accordance with the policy in effect at the time they began receiving Chapter 4 STR; however, they must sign a contractual service obligation (Annex G-1) at the beginning of each academic school year.

f. Service Members may use a combination of benefits up to 100 percent of tuition costs as long as STR is the last payment source. A Service Member who received STR funds using a falsified grade report, transcript or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

#### **4-8. ROLES AND RESPONSIBILITIES.**

a. ARNG Recruiting and Retention Battalion (RRB) or ANG Recruiting and Retention Superintendent (RRS) is responsible for advising potential student officers of the requirement to use Chapter 4 STR for medical or dental school, and to advise them of the contractual obligation incurred through use of Chapter 4. RRB/RRS will verify that student officers' specialties are compatible with service in the MNNG before using Chapter 4. RRB/RRS will contact the education office to inform them of new Chapter 4 users and ensure there is an open slot.

b. Office of the State Surgeon will track ARNG medical and dental student status through degree completion and residency, and provide the education services office updates on projected medical/dental school graduation dates, projected residency completion dates, and interstate transfer status as requested. Wing Medical Administrative Officers will track ANG medical and dental student status through degree completion and residency, and provide the education services office updates on projected medical/dental school graduation dates, projected residency completion dates, and interstate transfer status as requested.

c. The education services officer will determine service obligations based on past/combined Chapter 2 STR/Chapter 4 STR use and initiate recoupment action as needed for officers who fail to complete their contractual service obligation.

**CHAPTER 5****MEDIC RECERTIFICATION BONUS PROGRAM**

5-1. **GENERAL.** The Adjutant General has authorized a \$1,000 bonus every two years payable in split disbursement of \$500 each year for the purpose of National Guard medic recertification as a qualified EMT.

5-2. **ELIGIBILITY.** The medic recertification bonus is authorized for current members of the Minnesota National Guard who:

- a. Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7; and
- b. Have successfully completed basic training (BT) or basic military training (BMT); and
- c. Have successfully completed medic MOS- or AFSC-producing advanced training; and
- d. Are currently serving in an authorized duty position that requires EMT certification (i.e. ARNG 68W, ANG 4N0X1/X4N0X1) and
- e. Have a current National Registry of Emergency Medical Technicians (NREMT) card; and
- f. Agree to serve for a period of two years starting the day after NREMT recertification.
- g. No retroactive incentives authorized. Medic bonus requests submitted after certification expiration are not authorized.

**5-3. PAYMENT PROCEDURES.**

- a. Initial payment of \$500 will be paid one year after NREMT recertification date. The subsequent payment of \$500 will be paid two years after NREMT recertification date.
- b. Service Members provide signed statement of understanding (Annex C-1) to the unit/squadron/flight/RSP.
- c. Service Members provide a copy of their current NREMT card to the unit/squadron/flight/RSP.
- d. To request payment for currently valid NREMT cards, the unit/squadron/flight/RSP will attach the documents listed above into the Service Member's profile in the state incentive database NLT 1 SEP.
- e. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If Service Member's Minnesota Direct Deposit Authorization (ANNEX D-1) form is not on file, email a current Annex D-1, which includes the W-9 form to: [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil).

5-4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive a Form 1099R (Miscellaneous Income) for tax filing.

**5-5. TERMINATION OF BONUS PAYMENTS.**

- a. Bonus will be terminated and subsequent scheduled payments will not be paid if the Service Member:
  - (1) Becomes an unsatisfactory participant by any of the following:
    - (a) Accumulating more than four MUTAs (Army) or four periods (Air) of excused absence within a 12-month period. Termination is effective the date of the fifth excused absence. One MUTA/period equals a four-hour training period.

(b) Accumulating one MUTA/period of unexcused absence within a 12-month period. Termination is effective the date of the first unexcused absence.

(c) Not being in a deployable status per criteria required for his/her current duty position, and not making diligent progress toward becoming deployable. Termination is effective the date the Service Member is considered non-deployable. Service Members who have completed a medical board process and are found fit for retention but not allowed to deploy are exempt from termination.

(d) Is under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy. Termination is effective the date of suspension of favorable actions.

(e) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air). The effective termination date is the date the Service Member failed to meet standards.

(2) Separates from the Minnesota National Guard for any reason. Termination is effective the date of separation.

(3) Interstate Transfers (IST) to another state National Guard. Termination is effective on transfer date.

(4) Is commissioned/appointed into officer/warrant officer corps of the Minnesota National Guard. Termination is effective on commission/appointment date.

(5) Re-classifies into a non-medic MOS/AFSC. Termination is effective on date new MOS/AFSC is awarded.

b. A Service Member is entitled to receive payment for months served satisfactorily. The amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This proportionate dollar amount is determined by dividing the total authorized bonus amount by 12 months.

#### **5-6. RESPONSIBILITIES.**

a. See the "Medic Recertification Bonus SOP" on the state bonus/incentives SharePoint page for detailed instructions on how to request the medic recertification bonus.

b. Unit/squadron/flight/RSP recruiting office will upload the bonus addendum and the NREMT card into the state incentives database within 30 days of signature date and NLT 1SEP2020.

c. Unit/squadron/flight/RSP will notify the education services office immediately upon any Service Member becoming an unsatisfactory participant per paragraph 5-5. Unit/squadron/flight/RSP will provide the date Service Member became an unsatisfactory participant.

**CHAPTER 6****STATE RECLASSIFICATION BONUS**

6-1. **GENERAL.** The Adjutant General has authorized a \$10,000 state reclassification bonus for applicants reclassifying into critical Military Occupational Specialties (MOS)/Air Force Specialty Codes (AFSC) in the Minnesota National Guard.

6-2. **ELIGIBILITY.** The state reclassification bonus is authorized for E-5 through E-7 vacancies in MOS/AFSCs identified by the Adjutant General in Annex H-2. State reclassification bonus-eligible MOS/AFSCs may change quarterly, IAW the readiness needs of the MNNG. Service Members must have 16 or fewer years of service creditable for retirement on signature date of state reclassification bonus contract. Source verifying document is the NGB Form 23B (RPAM) or ANG PCARS. Individual Ready Reserve (IRR) and Inactive National Guard (ING) time is not considered creditable time for retirement for this purpose. The unit/squadron/flight/ROM or representative must verify eligibility before contracting for this incentive. In addition, Service Member must:

- a. Be an active member of the MNNG and meets satisfactory participation eligibility criteria in paragraph 1-7.
- b. Be placed in a valid vacancy in an E-5, E-6 or E-7 position (including authorized over strength) and agree to become qualified in that MOS/AFSC. If the SM already holds the reclassification bonus-eligible MOS/AFSC as a secondary MOS/AFSC, they are not eligible for this bonus.
- c. Be in the grade of the assigned position or one grade below the required grade of the position to be eligible.
- d. Undergoes military training in the MOS/AFSC that the SM is reclassifying into after the contract has been signed.
- e. Execute three-year extension within 60 days of date bonus-eligible MOS/AFSC is awarded if Service Member does not have three years remaining to ETS on date MOS/AFSC is awarded.
- f. Permanent full-time AGR members of the Minnesota National Guard are not eligible for the state reclassification bonus. Federal dual status technicians and title 5 technicians are eligible.
- g. Must sign the state reclassification addendum within 90 days of the transfer order and before SM attends school. No retroactive incentives authorized.

**6-3. PAYMENT PROCEDURES.**

- a. One lump-sum payment of \$10,000 will be processed upon award of the reclassification bonus-contracted MOS/AFSC, provided the Service Member meets the eligibility criteria in paragraph 6-2.
- b. Service Members must also be a satisfactory participant IAW paragraph 1-7 to receive payment.
- c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (ANNEX D-1). If Service Member's form is not on file, email a current Annex D-1, which includes the W-9 form to: [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil).
- d. Unit/squadron/flight/ROM is responsible for providing the education services office evidence of Service Member's MOS/AFSC qualification.
- e. Service Members may receive payment on existing federal and/or state reenlistment bonuses, or may contract for new federal and/or state reenlistment bonuses concurrent with the state reclassification bonus. Service Members may also be eligible for a federal reclassification bonus concurrent with the state reclassification bonus.

6-4. **TAXES.** Taxes are not withheld from bonus payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive Form 1099R (Miscellaneous Income) for tax filing.

6-5. **TERMINATION OF BONUS.**

a. Paid bonus contracts will be terminated with recoupment, and bonus contracts awaiting payment will not be paid if the Service Member:

(1) Becomes an unsatisfactory participant by any of the following:

(a) Accumulating more than four MUTAs (Army) or four periods (Air) of excused absences within a 12-month period. Termination with recoupment is effective the date of the fifth excused absence. One MUTA/period equals a four-hour training period.

(b) Receiving one MUTA/period of unexcused absence within a 12-month period. Termination with recoupment is effective the date of the first unexcused absence.

(c) Not being in a deployable status per criteria required for his/her current duty position, and not making diligent progress toward becoming deployable. Termination with recoupment is effective the date the Service Member is considered non-deployable. Service Members who have completed a medical board process and are found fit for retention but not allowed to deploy are exempt from termination.

(d) Is under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy. Termination with recoupment is effective the date of suspension of favorable actions.

(e) Is not current or does not have a passing record APFT (Army), ABCP (Army) or Fitness Assessment (Air). The effective termination date is the date the Service Member failed to meet standards. Termination with recoupment is effective the date the Service Member fails an APFT/FA, becomes non-compliant with ABCP, or becomes overdue for APFT/FA/ABCP.

(2) Fails to extend enlistment for time served in the ING within 30 days after return to unit. Termination with recoupment is effective the date of transfer to the ING.

(3) Exceeds maximum time in the ING (one year). Termination with recoupment is effective the date of transfer to the ING.

(4) Separates from the Minnesota National Guard for any reason. Termination with recoupment is effective the date of separation.

(5) Interstate transfers (IST) to another state National Guard. Termination with recoupment is effective on date of transfer.

(6) Accepts appointment as a commissioned officer. Termination with recoupment is effective on commission date.

(7) Is discharged from the MNNG due to a service-connected injury/illness. Termination without recoupment is effective the date of discharge.

(8) Voluntarily reclassifies, voluntarily/involuntarily loses MOS/AFSC qualification, or is transferred out of the MOS/AFSC slot. Termination with recoupment is effective the date new MOS/AFSC is awarded or the date bonus-qualifying MOS/AFSC is lost. Bonus will not be terminated if SM reclassifies due to reorganization.

(9) Enters the AGR program. Termination with recoupment is effective on AGR order start date.

(10) Fails to become MOS/AFSC-qualified in bonus-contracted MOS/AFSC.

## b. Termination Matrix.

EVENT	TERMINATE	TERMINATE ON
Unsatisfactory Participant – 1 AWOL/unexcused absence	Yes	Date of 1st AWOL/unexcused absence
Unsatisfactory Participant – more than 4 excused absences within a 12 month period	Yes	Date of 5 <sup>th</sup> excused absence
Fails to extend for time spent in ING	Yes	Date transferred to ING
Under suspension of favorable actions or UIF	Yes	Date of flag/UIF action
Exceeds maximum time in ING	Yes	Date transferred to ING
Failing APFT/ABCP or FA	Yes	Date of failure
Separate from MNNG for any reason	Yes	Date of separation
Fails to complete/maintain MOS/AFSC qualification	Yes	Date of change/loss of MOS/AFSC

## 6-6. RESPONSIBILITIES.

a. See the “Reclassification Bonus SOP” on the state bonus/incentives SharePoint page for detailed instructions on how to request the state reclassification bonus.

b. Unit/ROM will upload the bonus addendum and all supporting documents into the state incentives database no later than 90 days after the signature date. The signature date on the addendum has to be within 90 days of the transfer order to the new MOS/AFSC position.

c. Unit/squadron/flight/ROM will notify the education services office immediately upon a Service Member becoming an unsatisfactory participant per paragraph 6-5. Unit/squadron/flight/ROM will provide the date Service Member became an unsatisfactory participant.

**The proponent of the Minnesota National Guard Circular is the Joint Force Headquarters – J1. Users are invited to send comments, suggested improvements and changes on DA Form 2028 (Recommended Changes to Publications and Blank Forms). Email to: [ng.mn.mnarnq.mbx.assets-education@mail.mil](mailto:ng.mn.mnarnq.mbx.assets-education@mail.mil).**

FOR THE ADJUTANT GENERAL:

JESS E. ULRICK  
LTC, USA  
Director of Manpower & Personnel

## DISTRIBUTION:

A (Army)  
F (Air)

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**2020-2021**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for state tuition reimbursement (STR) program; and to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements and participation for the STR program as a basis for suspension, termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR program.

**DISCLAIMER:** The funding available for the STR program is limited by the appropriations set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

Assigned Unit: \_\_\_\_\_

\_\_\_\_\_(initial) If this is the first time receiving STR funds, you need to fill out (Annex D-1) Minnesota Direct Deposit Form & W9 or you will not receive payment. Have your unit email the completed forms to [ng.mn.mnarnng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarnng.mbx.assets-education@mail.mil).

**A-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (rank, full name), certify that I have read this memorandum and fully understand the policies and procedures of the Minnesota state tuition reimbursement (STR) program as described in Minnesota National Guard Circular 621-5-1 and this memorandum of understanding.

**A-2. INTRODUCTION.**

a. \_\_\_\_\_(initial) The State of Minnesota sponsors the STR program. The state legislature appropriates funds for this program biennially. If, in the future, the state does not fund the STR program or if funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. \_\_\_\_\_(initial) I understand that if I do not meet all the criteria outlined in Minnesota National Guard Circular 621-5-1, I may jeopardize my entitlement to receive STR. It is my responsibility to read and understand the policy published 1 July each year.

c. \_\_\_\_\_(initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year (1 July-30 June) for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester-hour rate for undergraduate coursework or 75% resident general tuition rate at the U of M Twin Cities campus graduate



school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester hour rate at the U of M.

d. \_\_\_\_ (initial) I understand that if I am designated as a medical professional student as outlined in Chapter 4 and utilizing Chapter 4 medical professional STR, the program only reimburses up to 100 percent of tuition cost up to the tuition rate of the University of Minnesota (U of M) Medical School Twin Cities campus, for the current academic year.

e. \_\_\_\_ (initial) I understand the U of M tuition rates for the current academic year can be found at <https://onestop.umn.edu/finances/tuition>

f. \_\_\_\_ (initial) I understand that if I receive certain other benefits as defined in Minnesota National Guard Circular 621-5-1 paragraph 2-7 d. (Federal Tuition Assistance, Chapter 33 Post 9-11 GI Bill or any other federal GI Bill Chapter that pays tuition directly to the institution, and ROTC tuition scholarships) the combination of those benefits and STR cannot exceed 100 percent of tuition charged. I understand that my STR payment request form and tuition statement from my school must reflect the amount of those benefits I receive each term.

g. \_\_\_\_ (initial) I understand STR is not authorized to reimburse activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

h. \_\_\_\_ (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. If I am an ANG member and holds a Community College of the Air Force (CCAF), I am still eligible to receive reimbursement for an additional associate degree. STR will fund a certificate, associate, bachelor, Master degree and professional/doctorate degree.

### A-3. CRITERIA FOR PARTICIPATION.

a. I understand that in order to be eligible for STR payment I must meet the following membership criteria:

(1) \_\_\_\_ (initial) I am an active member of the Minnesota National Guard in the grade of E-1 through O-5 (to include warrant officers). If I am an O5 promoted to O6 during a school term, I'm able to receive a final payment for that term only, but I am not eligible to participate in STR for future terms.

(2) \_\_\_\_ (initial) I successfully completed basic training (BT) or basic military training (BMT); or successfully completed or am projected for ROTC Leadership Training Course; or am a direct-commissioned officer, AMEDD officer, staff specialist, chaplain or JAG officer.

(3) \_\_\_\_ (initial) I must maintain an active status in the Minnesota National Guard throughout the entire course/term for which reimbursement is tendered.

(4) \_\_\_\_ (initial) I understand that the combination of certain benefits as defined in Minnesota National Guard Circular 621-5-1 paragraph 2-7 d. and STR cannot exceed 100 percent of tuition costs.

(5) \_\_\_\_ (initial if applicable) **I am an Army Officer or enlisted Soldier.** I understand that I am required to use all available FTA funding (if eligible) to be eligible for STR. I understand that STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once my FTA annual cap has been met, STR may be used without applying for FTA. For a full list of reason or circumstances why a member wouldn't need to apply for FTA before receiving STR see annex B-1. I understand that Army FTA users cannot use FTA and Chapter 1606 (Selected Reserve) GI Bill for the same course, per DoD policy. I understand that I may receive Chapter 1606 GI Bill benefits along with STR, only when FTA is not also used. If I am unclear of how to use my education benefits in combination, I will contact the state education services office for guidance at 651-282-4589.

(6) \_\_\_\_ (initial if applicable) **If I am a Title 10 or Title 32 Air Guard Officer or Airman.** I understand that if I am put in a Title 10 or Title 32 (AGR, deployment, ADOS, temp AGR etc.) status at any time, I am required to use all available FTA funding to be eligible for STR. I understand that STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once my FTA annual cap has been met, STR may be used without applying for FTA. In certain circumstances, service members who

are not eligible for FTA may be eligible to use STR without first applying for FTA. If I am unclear of how to use my education benefits in combination, I will contact the state education services office for guidance at 651-282-4589.

b. I understand that to receive payment under this program I must follow the rules regarding satisfactory participation and be in good standing for the entire semester/quarter:

(1) \_\_\_\_\_(initial) No periods of unauthorized absence (AWOL/unexcused absence) within the last 12 months.

(2) \_\_\_\_\_(initial) No more than four MUTAs (Army) or four periods (Air) of excused absence during the last 12 months. One MUTA/period equals a four-hour training period.

(3) \_\_\_\_\_(initial) I am currently deployable IAW criteria required for my current duty position. If I'm not currently deployable, I am in one of the following categories: making progress toward deployable status; awaiting a fit-for-duty (FFD) determination by a medical review board (MRB); or found FFD and retained, but profiled non-deployable by an MRB.

(4) \_\_\_\_\_(initial) Not under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy.

(5) \_\_\_\_\_(initial) Have a passing record APFT (Army) or FA (Air), and be in compliance with ABCP standards (Army) and be current on APFT and ABCP or FA during the entire semester/quarter.

c. I understand the following additional requirements:

(1) \_\_\_\_\_(initial) I or my spouse must attend course(s) taken at an accredited post-secondary educational institution, and the course(s) must be eligible for placement on a transcript from that post-secondary educational institution.

(2) \_\_\_\_\_(initial) I will not be reimbursed for course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(3) \_\_\_\_\_(initial) The maximum lifetime benefit that I may receive under this program is funding equivalent to 144 semester or 208 quarter credits.

(4) \_\_\_\_\_(initial) To use the tuition reimbursement option for spouses, I must have served at least eight years of active drilling, non-ING service in the Minnesota National Guard.

(5) \_\_\_\_\_(initial) My spouse may use up to 12 semester/17 quarter credits annually, not to exceed my lifetime benefit of 144 semester/208 quarter credits. Spouse tuition reimbursement is counted against my maximum yearly benefit cap of \$18,000 for undergraduate coursework and \$28,000 for graduate coursework.

(6) \_\_\_\_\_(initial) Course(s) which end after my expiration term of service (ETS) date are not eligible for payment unless I qualify under extended eligibility rules (see Minnesota National Guard Circular 621-5-1, paragraph 2-2 b.).

(7) \_\_\_\_\_(initial) If I receive medical professional STR, I incur a two-year contractual service obligation to the MNNG for every one year of Chapter 4 medical professional STR use. My service obligation is based on the policy in effect at the time I began using medical professional STR.

(8) \_\_\_\_\_(initial) If I utilize a combination of STR under the provisions of Chapter 2 and Chapter 4, the education services office is the final determining authority of my contractual service obligation.

d. I understand that my spouse or I must complete coursework in accordance with the following guidelines:

(1) \_\_\_\_\_(initial) Undergraduate coursework. My spouse or I must achieve a grade of C or better, "pass" or "satisfactory." Grades of C- and below are not eligible for reimbursement.

(2) \_\_\_\_\_(initial) Graduate coursework. My spouse or I must achieve a grade of B or better. Grades of B- and below are not eligible for reimbursement.

e. I understand that I will be eligible for reimbursement for course(s) upon completion, and if grade requirements outlined above are met.

#### **A-4. REIMBURSEMENT PROCEDURES.**

a. Memorandum of Understanding (MOU).

(1) \_\_\_\_\_(initial) I must complete this memorandum of understanding form (Annex A-1) and submit it to my unit/squadron/flight. I will not receive payment until I have a MOU on file in the state incentives database.

b. STR Payment Request Processing.

(1) \_\_\_\_\_(initial) I understand that I must submit the following forms and supporting documents to my unit/squadron/flight in sufficient time for them to arrive at the education services office no later than 90 days after the last official day of the course/term. Service Members enrolled in accelerated programs, where several terms are completed during the course of a normal semester/quarter schedule, should submit requests in groups that correspond with a normal semester/quarter. Request payment no more than once for each semester: summer II, fall, winter, spring and summer I terms.

(a) \_\_\_\_\_(initial) Payment Request Form (Annex A-2).

(b) \_\_\_\_\_(initial) Grade report.

(c) \_\_\_\_\_(initial) Final fee statement dated after course completion and provided by the institution that clearly shows the amount of tuition charged. The final fee statement must include all other benefits paid, or pending payment, directly to the institution on the service member's behalf (i.e. FTA, federal GI Bill paid directly to the institution, ROTC tuition scholarship). If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(d) \_\_\_\_\_(initial) Direct deposit form. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). Payment of spouse tuition reimbursement is direct deposited into the sponsoring Service Member's bank account. If my Minnesota Direct Deposit Authorization (Annex D-1) form is not on file, I will forward a current Annex D-1, which includes the W-9 form, to my unit/squadron/flight administrator.

(2) \_\_\_\_\_(initial) I understand my signature on Annex A-1 and Annex A-2 verifies all information is true and correct. My signature authorizes the education services office to contact my school to verify information.

(3) \_\_\_\_\_(initial) I understand I must submit my request for tuition reimbursement NO LATER THAN 90 DAYS after the last official day of the course/term. I understand if I fail to meet this suspense, I am not eligible for reimbursement for that course/term.

#### **A-5 INCOMPLETE COURSEWORK.**

a. \_\_\_\_\_(initial) I understand if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. \_\_\_\_\_(initial) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex A-2), requesting reimbursement for only the course(s) that were originally

incomplete but are now complete. I will submit this request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

A-6 **TERMINATION.**\_\_\_\_\_ (initial) I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex A-2), or an attempt to receive funds for which I'm not eligible, results in termination from the STR program for a minimum of one year. I further understand I may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ) for utilizing a falsified grade report, transcript or final fee statement.

\_\_\_\_\_  
SERVICE MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

# PAYMENT REQUEST FORM

## STATE TUITION REIMBURSEMENT PROGRAM

### MINNESOTA NATIONAL GUARD

### 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the state tuition reimbursement program (STR).

**ROUTINE USES:** To confirm eligibility requirements for the STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report** and **final fee statement** and submit to your unit. The form must arrive at the education services office **no later than 90 days** after the last official day of your course/ term. Payment requests submitted after 90 days will be returned to the unit without action or payment.

**DISCLAIMER:** The funding available for the STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ Member Status: ☐ M-Day/Traditional ☐ AGR ☐ Dual status Technician

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

Spouse Option: ☐ Yes / ☐ No Spouse's Name (if using spouse option): \_\_\_\_\_

**Degree Type (check one):**

☐ Certificate (undergraduate/graduate)  
☐ Associate  
☐ Baccalaureate degree (undergraduate)  
☐ Master's degree (graduate)  
☐ Professional degree (i.e. J.D., D.C., M. Div.)  
☐ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

☐ Summer II (Jul/Aug20) (classes starting AFTER 1JUL)  
☐ Fall  
☐ Winter  
☐ Spring  
☐ Summer I (May/Jun21) (classes starting BEFORE 1JUL)

Total Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_

**Note: Fee statement or letter from the school must reflect the actual amount of tuition charged and must also state amount of Federal Tuition Assistance (FTA), ROTC tuition scholarship or any federal GI Bill chapter that pays directly to the institution (i.e. Chapter 33 Post 9/11 GI Bill).**

Have you completed basic training, basic military training, or are you projected for the ROTC Leadership Training Course? ☐ Yes / ☐ No / ☐ N/A (select N/A for direct-commissioned officers)

**ARMY National Guard Only**

Did you receive Federal Tuition Assistance (FTA) funding for this term? ☐ Yes ☐ No

If No, why did you not apply or receive FTA (explain in detail so the Education office can confirm the reason)

If Yes, what was the amount you received from FTA for this term? \_\_\_\_\_

**AIR National Guard Only**

Were you on Title 10 or Title 32 orders while taking your classes for this payment request? ☐ Yes ☐ No

If No, indicated not eligible: ☐ "I was not eligible for Federal Tuition Assistance (FTA)"

If Yes, what was the amount you received from Federal Tuition Assistance (FTA) for this term? \_\_\_\_\_

\*\*\*Need to submit AF Fitness Score Printout and their VMPF-Education/Training Information Printout

Is this the last semester before graduation? ☐ Yes ☐ No

What is your estimated graduation date (MO/YR)? \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_(initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution (for example, Chapter 33/Post-9/11 GI Bill)? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill? \_\_\_\_\_%

Did you receive a ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?

☐ Yes ☐ No If YES, was it for {Room and Board} or {Tuition and Fees}? \_\_\_\_\_

**FAILURE TO REPORT THE ABOVE AWARDED AMOUNTS WILL RESULT IN TERMINATION FROM THE STATE TUITION REIMBURSEMENT PROGRAM.**

I verify the address and information on this form is correct. The documentation I have submitted is true and correct. I understand failure to report benefits which directly pay tuition to the institution as listed in the state incentives circular para 2-7 d. will result in termination from the STR program for a minimum of one year and possibly result in punitive action through the Minnesota Code of Military Justice.

\_\_\_\_\_  
SERVICE MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**Unit administrator use only:**

I have verified the Service Member meets the following requirements for participation in the program:

\_\_\_\_Has completed Basic Training, Basic Military Training, or is an SMP contracted ROTC Cadet (not applicable for direct commissioned-officers-AMEDD/chaplain/JAG officers).

\_\_\_\_Has no more than four MUTAs (Army) or four periods (Air) of excused absences within the last 12 months. One MUTA/period equals one four-hour training period.

\_\_\_\_Has no MUTAs/periods of unexcused absences within the last 12 months.

\_\_\_\_Is currently deployable per criteria required for his/her current duty position. If the Service Member is not deployable, I certify that he/she is making diligent progress toward becoming deployable, or is awaiting a fit-for-duty determination by medical review board.

\_\_\_\_Is not under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy.

\_\_\_\_Had a current passing record APFT/FA and was compliant with ABCP standards (Army) for the entire semester.

\_\_\_\_Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 on file stored in the incentives database or the unit has emailed the completed forms to [ng.mn.mnarnng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarnng.mbx.assets-education@mail.mil).

\_\_\_\_This payment request will be uploaded to the incentives database within 90 days of the course completion date.

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

**REASONS FOR NOT BEING REQUIRED TO APPLY FOR FTA****MINNESOTA NATIONAL GUARD  
2020-2021**

This is a list of reasons or circumstances of why a Service Member may not be required to apply and use FTA before using STR.

1	Soldiers who use FTA for any portion of their undergrad degree and who are working towards their Master's degree, but have not yet completed ALC/WOAC/CCC
2	Soldiers who do not meet FTA's GPA requirement.
3	SMs whose school does not have a signed MOU
4	SM is working for a degree higher than Master's (Doctorate or Professional Degree)
5	APFT/HT/WT/flag data is not correct in GoArmyEd due to lag-time between systems
6	SM already used the max 16 credits or 4,000.00 for the FY (1Oct-30Sep)
7	SM's civilian education code is incorrect in SIDPERS
8	If utilizing Spouse STR, if the spouse is not in the MNNG they will not be eligible for FTA
9	If SM is using Extended STR, they will not be eligible for FTA
10	ROTC SMP cadets that are on any type of scholarship to include room and board are not eligible for FTA
11	SMs that are in VA work study programs are not eligible for FTA
12	Other circumstances may be considered on a case by case basis. Please call the Education Office at 651-282-4589 for more information.

## MEDIC RECERTIFICATION BONUS ADDENDUM

### MINNESOTA NATIONAL GUARD 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain obligation and participation requirements for state medic recertification bonus and to ensure your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements of obligation and participation for the state medic recertification bonus, and to serve as a basis for suspension, termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the state medic recertification bonus.

**DISCLAIMER:** The funding available for the state medic recertification bonus program is limited by an appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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**C-1. ELIGIBILITY:** Upon my completion of the National Registry of Emergency Medical Technician (NREMT) recertification, I am eligible for a medic recertification bonus under the state medic recertification bonus program if I meet the following criteria:

- a. \_\_\_\_\_(initial) I am qualified in and hold a medic MOS/AFSC as my primary MOS/AFSC; am assigned to a valid medic MOS/AFSC duty position; and hold the rank and grade of, or am no more than one grade below, the required grade of the position.
- b. \_\_\_\_\_(initial) I agree to serve for a period of two years beginning the day after NREMT recertification.
- c. \_\_\_\_\_(initial) I have been a satisfactory participant defined by the Adjutant General in paragraph 1-7 prior to the date of my NREMT recertification.

**C-2. BONUS AMOUNT AND PAYMENT:** Incentive amount and payment will be as follows:

- a. \_\_\_\_\_(initial) I will receive a bonus of \$1,000 payable in split disbursement of \$500 each year for a two-year service obligation as an EMT-B-qualified medic. Initial payment of \$500 will be paid one year after NREMT recertification date. The subsequent payment of \$500 will be paid two years after NREMT recertification date.
- b. \_\_\_\_\_(initial) I understand I will not receive payment if I do not meet the eligibility outlined in paragraph C-1 of this annex at the time my service obligation takes effect. My completion of training will be verified by the state education services office prior to any payment being processed. I will provide a copy of my current NREMT card to my unit.
- c. \_\_\_\_\_(initial) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will email a current Annex D-1, which includes the W-9 form, to [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)
- d. \_\_\_\_\_(initial) Current valid NREMT cards must be submitted to the education services office NLT 1 SEP of the applicable year to be eligible for payment.
- e. \_\_\_\_\_(initial) Service Member is required to keep a copy of this completed bonus contract for their own records in the event the contract is not uploaded correctly. If original copy cannot be found, the contract will not be approved nor will an ETP be considered.

**C-3. TERMINATION:** I understand I will be terminated from bonus eligibility and any bonus payments received may be subject to recoupment if I:

- a. Become an unsatisfactory participant by any of the following:

- (1) \_\_\_\_\_(initial) Accumulating more than four MUTAs (Army) or four periods (Air) of excused absences within a 12-month period. Termination is effective on the date of the fifth excused absence. One MUTA/period equals one four-hour training period.



(2) \_\_\_\_\_(initial) Accumulate one MUTA/period of unexcused absence. Termination is effective the date of the absence.

(3) \_\_\_\_\_(initial) Not being deployable per criteria required for my current duty position, not making diligent progress toward becoming deployable, or non-compliant with fit-for duty (FFD) requirements. Termination is effective the date of non-deployability. There will be no recoupment for those who are determined through an FFD medical evaluation to be retained/non-deployable.

(4) \_\_\_\_\_(initial) Being under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy. Termination is effective the date of suspension of favorable actions/UIF.

(5) \_\_\_\_\_(initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or fail to meet ABCP standards. Termination is effective the date of the failed record APFT/FA or ABCP failure, or the date I become overdue for APFT, FA or ABCP.

b. \_\_\_\_\_(initial) Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination is effective the date of transfer to the ING.

c. \_\_\_\_\_(initial) Exceed maximum time in the ING (one year). Termination is effective the date of transfer to ING.

d. \_\_\_\_\_(initial) Separate from the Minnesota National Guard for any reason. Termination is effective the date of separation.

e. \_\_\_\_\_(initial) Interstate transfer (IST) to another state National Guard. Termination is effective the date of transfer.

f. \_\_\_\_\_(initial) Accept a commission/appointment in the Minnesota National Guard. Termination is effective the date of commission/appointment.

g. \_\_\_\_\_(initial) Reclassify into a non-medic MOS/AFSC. Termination is effective the date of reclassification.

h. \_\_\_\_\_(initial) Recoupment will be initiated if payment is received after termination date.

**C-4. STATEMENT OF UNDERSTANDING:** I have read this addendum and understand the requirements of my medic recertification bonus. I understand this addendum is void if I do not meet all of the requirements.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREFERRED EMAIL

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

-----  
**Unit administrator use only:**

\_\_\_\_Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 on file stored in the incentives database or the unit has emailed the completed forms to ng.mn.mnarnng.mbx.assets-education@mail.mil.

\_\_\_\_This bonus addendum (Annex C-1) and NREMT card will be uploaded to the state incentives database within 30 days of the signature date and no later than 1 SEP.

\_\_\_\_ After the extension is approved, ensure that this bonus addendum is uploaded to the service's system of record (iPERMS for Army) with naming convention "STATE INCTV FORMS."

\_\_\_\_ Ensure the Service Member receives a copy of this bonus addendum (Annex C-1).

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_ UNIT REPRESENTATIVE PRINTED NAME/RANK                      \_\_\_\_\_ PHONE NUMBER

\_\_\_\_ UNIT REPRESENTATIVE SIGNATURE                                      \_\_\_\_\_ DATE

\_\_\_\_ UNIT NAME / UNIT ADDRESS / UNIT PHONE NUMBER



## Direct Deposit Authorization for Electronic Funds Transfer (EFT)

MN Army National Guard  
20 12th Street West  
Saint Paul, MN 55155-2098  
Attn: Education Services

Email form to:  
[ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)

Instructions for completing this form are on the next page.

Please print clearly and use black ink.

### Mailing Address (General)

Name

Address

City

State

Zip Code

(State incentives will fill out)  
Vendor Number

### Contact Information -

Email Address

Phone

### Tax Identification Information

Federal ID/Social Security Number

### Financial Institution Information

Note: Do not use /, \, \*, - or ~ in any fields in this section.

Replace with spaces.

ABA Routing Number

Customer Account Number

Financial Institution

Street Address

City, State, ZIP Code

Type of Account:

Checking

Savings

### Authorization to Make Electronic Fund Payments

I authorize the Commissioner of Minnesota Management & Budget to deposit, by electronic fund transfer, payments owed to me by the State of Minnesota and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Commissioner shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature

Printed Name

Title

Date



**Notice of Intent to Collect Private Data**

All payment recipients are asked to provide private data to Minnesota Management & Budget for the following purposes.

State employees who support this function of the state's accounting system need to access the data to verify information. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, without this information we cannot convert you to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information.

Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

**Instructions for Completing the Form**

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

**Mailing Address (General)**

1. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.
2. Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as "Vendor Number" and "Vendor Location."

**Contact Information**

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

**Tax Identification Information**

1. Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.
2. MN State ID Number. For businesses located in Minnesota, enter the MN state tax identification number.

**Current Financial Institution Information**

This information is required to verify that we are changing the correct account.

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name.

**New Account Information**

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

**Authorization to Make Electronic Fund Payments**

Sign the form and print your name and title (if any) and the date.

**Send the Form**

You can email, mail or fax the form to the Department of Military Affairs:

Email: [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)

J1 Education and Incentives  
MN Army National Guard  
20 West 12th Street  
St. Paul, MN 55155-2098

**Questions about this Form?**

Call the State Education Office at 651-282-4589 or, [ng.mn.mnarng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarng.mbx.assets-education@mail.mil)



<b>Form W-9</b> (Rev. November 2017) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>  ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the requester. Do not send to the IRS.</b>																																													
Print or type. See Specific Instructions on page 3.	<b>1 Name</b> (as shown on your income tax return). Name is required on this line; do not leave this line blank.																																														
	<b>2 Business name/disregarded entity name</b> , if different from above																																														
	<b>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</b>																																														
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate																																														
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____ (Applies to accounts maintained outside the U.S.)																																														
<b>4 Exemptions</b> (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____																																															
<b>5 Address</b> (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)																																													
<b>6 City, state, and ZIP code</b>																																															
<b>7 List account number(s)</b> here (optional)																																															
<b>Part I Taxpayer Identification Number (TIN)</b>																																															
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;"><b>Social security number</b></td></tr><tr><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr><tr><td colspan="9" style="text-align: center;">or</td></tr><tr><td colspan="9" style="text-align: center;"><b>Employer identification number</b></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			<b>Social security number</b>																		or									<b>Employer identification number</b>																	
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<b>Employer identification number</b>																																															
<b>Part II Certification</b>																																															
Under penalties of perjury, I certify that:																																															
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																																															
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and																																															
3. I am a U.S. citizen or other U.S. person (defined below); and																																															
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																																															
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.																																															
<b>Sign Here</b>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Signature of U.S. person ▶</td><td style="width: 40%;">Date ▶</td></tr></table>		Signature of U.S. person ▶	Date ▶																																											
Signature of U.S. person ▶	Date ▶																																														

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABL accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@ftc.gov](mailto:spam@ftc.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/identitytheft](http://www.irs.gov/identitytheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**EXTENDED STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2020-2021**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for extended state tuition reimbursement (E-STR) program, to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements of participation for the E-STR program as a basis for suspension, termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the E-STR program.

**DISCLAIMER:** The funding available for the E-STR program is limited by an appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

**\*\*If this is the first time receiving ESTR funds you need to fill out annex D-1 Minnesota Direct Deposit Form & W9 or you will not receive payment. Email the completed forms to ng.mn.mnarnng.mbx.assets-education@mail.mil\_\_\_\_\_ (initial)**

**E-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (full name), certify I have read this memorandum prior to signing and fully understand the policies and procedures of the Minnesota extended state tuition reimbursement (E-STR) program as described in Minnesota National Guard Circular 621-5-1.

**E-2. INTRODUCTION.**

a. \_\_\_\_\_ (initial) The State of Minnesota sponsors the E-STR program. The state legislature appropriates funds for this program biennially. If in the future the state does not fund the E-STR program, or if funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. \_\_\_\_\_ (initial) I understand the E-STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester-hour rate for undergraduate coursework or 75% resident general tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. \_\_\_\_ (initial) I understand the U of M tuition rates for the current academic year can be found at <https://onestop.umn.edu/finances/tuition>

d. \_\_\_\_ (initial) I understand that if I receive Chapter 33 Post 9/11 GI Bill (or any other federal GI Bill chapter which pays directly to the institution) and/or an ROTC tuition scholarship, the combination of those benefits and E-STR cannot exceed 100 percent of my tuition cost.

e. \_\_\_\_ (initial) I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses and other school-related fees.

f. \_\_\_\_ (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. If I am an ANG member that holds a Community College of the Air Force (CCAF) I am still eligible to receive reimbursement for an additional associate degree. STR will fund a certificate, associate, bachelor, master, professional/doctorate degree.

### E-3. CRITERIA FOR PARTICIPATION.

a. I understand the following requirements for participation:

(1) \_\_\_\_ (initial) I have satisfactorily completed my service contract with the MNNG per paragraph 2-2 of the MN State Circular 621-5-1 and I am not currently serving in any branch of the U.S. Armed Forces.

(2) \_\_\_\_ (initial) I must attend course(s) taken at an accredited post-secondary educational institution and course(s) must be eligible for placement on a transcript.

(3) \_\_\_\_ (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the E-STR program if they are required to obtain or maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(4) \_\_\_\_ (initial) The maximum lifetime benefit I may receive under the STR program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand if my E-STR period expires during the course/term, I am not eligible for reimbursement for that course/term.

(5) \_\_\_\_ (initial) For undergraduate coursework, I must achieve a grade of **C** or better, **Pass** or **Satisfactory**. I understand the MNNG will not reimburse me for any course from which I **withdraw** or receive a grade of **C-** or below.

(6) \_\_\_\_ (initial) For graduate coursework, I must achieve a grade of **B** or better. I understand that the MNNG will not reimburse me for any course from which I **withdraw** or receive a grade of **B-** or lower.

### E-4. REIMBURSEMENT PROCEDURES.

a. I will read, sign and submit the memorandum of understanding (Annex E-1) to the education services office. I must have a current MOU on file to receive payment.

b. Request for Reimbursement:

(1) \_\_\_\_ (initial) I understand I must submit the following forms and supporting documents to the education services office within 90 days after the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during the course of a normal semester/quarter schedule, I will submit requests in groups corresponding with a normal semester/quarter. I will request payment no more than once each semester: fall, winter, spring, summer session I and summer session II terms.

(a) \_\_\_\_ (initial) Payment Request Form (Annex E-2).

(b) \_\_\_\_\_(initial) Grade Report.

(c) \_\_\_\_\_(initial) Fee statement that clearly shows the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf (i.e. CH 33/Post 9-11 GI Bill). If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(d) \_\_\_\_\_(initial) Direct deposit form. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will email a current Annex D-1, which includes the W-9 form, to ng.mn.mnarng.mbx.assets-education@mail.mil.

(2) \_\_\_\_\_(initial) I understand my signature on this form (Annex E-1) verifies all information is true and correct. My signature also authorizes the education services office to contact my school to verify course grades.

(3) \_\_\_\_\_(initial) I understand I must submit my request for tuition reimbursement within 90 days after the last official day of that course/term. I understand that if I fail to meet this suspense, I am not eligible for reimbursement.

#### E-5. INCOMPLETE COURSEWORK.

##### a. Incomplete Coursework.

(1) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex E-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit a new request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

E-6. **TERMINATION.** I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex E-2), or an attempt to receive funds for which I'm not eligible, will result in termination from the E-STR program for a minimum of one year.

#### E-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota extended state tuition reimbursement program.

*I understand I must complete all coursework with at least a C grade or better for undergraduate and B or better for post-baccalaureate/graduate-level coursework. I understand I am not eligible for reimbursement under the E-STR program if I am currently serving or become an active serving member in any component of the U.S. Armed Forces during the school term for which I'm requesting E-STR.*

*I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the education services office **within 90 days** of the last day of the term.*

---

SIGNATURE

---

DATE



# PAYMENT REQUEST FORM

## EXTENDED STATE TUITION REIMBURSEMENT

### MINNESOTA NATIONAL GUARD

### 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the extended state tuition reimbursement (E-STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the E-STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report and final fee statement** and submit to the education services office. The form must arrive at the education services office **no later than 90 days** after the last official day of your course/ term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the E-STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ School Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Degree type (check one):**

\_\_\_\_ Certificate undergraduate/graduate  
 \_\_\_\_ Associate  
 \_\_\_\_ Baccalaureate degree (undergraduate)  
 \_\_\_\_ Master's degree (graduate)  
 \_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
 \_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

\_\_\_\_ Summer II (Jul/Aug20) (classes starting AFTER 1JUL)  
 \_\_\_\_ Fall  
 \_\_\_\_ Winter  
 \_\_\_\_ Spring  
 \_\_\_\_ Summer I (May/Jun21) (classes starting BEFORE 1JUL)

Total Number of Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_

**Note: Fee statement or letter from the school must reflect the actual amount of tuition charged.**

Is this the last semester before graduation? ☐ Yes ☐ No When is your estimated graduation date \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed (Annex D-1). \_\_\_\_\_  
 (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_ %

Did you receive an ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?  
☐ Yes ☐ No If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

Remarks:

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota state tuition reimbursement program.

SIGNATURE

DATE

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**SURVIVOR STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2020-2021**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for state tuition reimbursement (STR) program; to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements and participation for the STR program as a basis for suspension, termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR program.

**DISCLAIMER:** The funding available for the STR program is limited by the appropriations set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

**\*\*If this is the first time receiving STR funds you need to fill out annex D-1 Minnesota Direct Deposit Form & W9 or you will not receive payment. Email the completed forms to ng.mn.mnarng.mbx.assets-education@mail.mil \_\_\_\_\_(initial)**

**F-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (full name), certify I have read this memorandum prior to signing and understand the policies and procedures of the Minnesota Survivor State Tuition Reimbursement (STR) program as described in Minnesota National Guard Circular 621-5-1.

**F-2. INTRODUCTION.**

a. \_\_\_\_\_ (initial) The State of Minnesota sponsors the STR program. The state legislature appropriates funds for this program biennially. If in the future, the state does not fund the STR program or if funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. \_\_\_\_\_ (initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester-hour rate for undergraduate coursework or 75% resident general tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. \_\_\_\_\_ (initial) I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

d. \_\_\_\_ (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. If I am an ANG member that holds a Community College of the Ari Force (CCAF) I am still eligible to receive reimbursement for an additional associate degree. STR will fund a certificate, associate, bachelor, master, and professional/doctorate degree.

### F-3. CRITERIA FOR PARTICIPATION.

a. I understand the following additional requirements:

(1) \_\_\_\_ (initial) I must attend course(s) taken at an accredited post-secondary educational institution and course(s) are eligible for placement on a transcript from the post-secondary educational institution.

(2) \_\_\_\_ (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the STR program if they are required to obtain or maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(3) \_\_\_\_ (initial) The maximum lifetime benefit that I may receive under this program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand that my survivor STR entitlement expires on my 24<sup>th</sup> birthday. I understand that I may be paid for the course/term during which I turn 24.

(4) \_\_\_\_ (initial) For undergraduate coursework, I must achieve a grade of **C** or better, **Pass** or **Satisfactory**. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of **C-** or lower.

(5) \_\_\_\_ (initial) For graduate coursework, I must achieve a grade of **B** or better. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of **B-** or lower.

### F-4. REIMBURSEMENT PROCEDURES.

a. I will read, sign and submit the memorandum of understanding (MOU) (Annex F-1) to the education services office. I will not receive payment until I have a MOU on file in the state incentives database.

b. Request for Reimbursement.

(1) \_\_\_\_ (initial) I understand I must submit the following forms and supporting documents to the education services office within 90 days of the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during the course of a normal semester, I will submit requests in groups that correspond with a normal semester. I will request payment no more than once for each semester: fall, winter, spring, summer session I and summer session II.

(a) \_\_\_\_ (initial) Payment request form (Annex F-2).

(b) \_\_\_\_ (initial) Grade report.

(c) \_\_\_\_ (initial) Fee statement which clearly shows the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf: Federal Tuition Assistance (FTA), Chapter 33 Post 9-11 GI Bill or any other federal GI Bill chapter which pays directly to the institution, and/or ROTC tuition scholarship. If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(2) \_\_\_\_ (initial) I understand my signature on the Annex F-2 verifies that all information is true and correct. My signature also authorizes the education services office to contact the school to verify course grades.



(3) \_\_\_\_\_(initial) I understand I must submit my request for tuition reimbursement within 90 days after the last official day of the course.

**F-5. INCOMPLETE COURSEWORK.**

a. Incomplete Coursework.

(1) \_\_\_\_\_(initial) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) \_\_\_\_\_(initial) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex F-2) requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit a new this request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

**F-6. TERMINATION.** I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex F-2), or an attempt to receive funds for which I'm not eligible will result in termination from the STR program for a minimum of one year.

**F-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.**

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota state survivor tuition reimbursement program.

*I understand I must complete all coursework with at least a C grade of better for undergraduate and B or better for post-baccalaureate/graduate-level coursework. I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the education services office **within 90 days** of the last day of the term.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# PAYMENT REQUEST FORM

## SURVIVOR STATE TUITION REIMBURSEMENT

### MINNESOTA NATIONAL GUARD

### 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the survivor state tuition reimbursement (STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the survivor STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report and final fee statement**, and submit to the education services office. The form must arrive at the education services office **no later than 90 days** after the last official day of the course/term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the STR program is limited by an appropriation set by the state legislature.

Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree type (check one):**

- ☐ Certificate undergraduate/graduate  
☐ Associate  
☐ Baccalaureate degree (undergraduate)  
☐ Master's degree (graduate)  
☐ Professional degree (i.e. J.D., D.C., M. Div.)  
☐ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

- ☐ Summer II (Jul/Aug20) (classes starting AFTER 1JUL)  
☐ Fall  
☐ Winter  
☐ Spring  
☐ Summer I (May/Jun21) (classes starting BEFORE 1JUL)

Total Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_

Is this the last semester before graduation? ☐ Yes ☐ No When is your estimated graduation date \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution? ☐ Yes ☐ No If YES, what was the amount of payment \$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_ %

Did you receive an ROTC scholarship which directly paid tuition to the institution for this school term (do not include room and board scholarship amount)?  
☐ Yes ☐ No If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

Remarks:

*I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota state tuition reimbursement program.*

SIGNATURE

DATE

# ACKNOWLEDGEMENT OF CONTRACTUAL SERVICE OBLIGATION

## CHAPTER 4 MEDICAL PROFESSIONAL STR

### MINNESOTA NATIONAL GUARD

#### 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To establish a contractual obligation IAW policies set forth in MN National Guard Circular 621-5-1, Chapter 4.

**ROUTINE USES:** To serve as a basis for suspension, termination and recoupment if contractual obligation requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the medical professional state tuition reimbursement program.

**DISCLAIMER:** The funding available for the medical professional state tuition reimbursement program is limited by the appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

#### G-1. ACKNOWLEDGEMENT STATEMENT.

I, \_\_\_\_\_ (full name), certify I have read this addendum prior to signing and fully understand the policies and procedures of the medical professional state tuition reimbursement (STR) program (commonly referred to as "Chapter 4 STR") as described in Minnesota National Guard Circular 621-5-1 Chapter 4, and this acknowledgement of contractual service obligation. By initialing below, I further acknowledge that (initial either "a" or "b"):

a. \_\_\_\_\_ (initial) If I am using medical professional STR for the first time, I incur a contractual service obligation to the Minnesota National Guard equal to two years for every one year that I use medical professional STR.

b. \_\_\_\_\_ (initial) If I began using medical professional STR during a previous state fiscal year, my contractual service obligation remains IAW the obligation established by the state incentives policy that was in effect at that time (see chart below):

First state fiscal year of Medical Professional STR use	Contractual service obligation based on years of use	Obligation to be served in
2011	1 for 1	National Guard (any state)
2012	1 for 1	National Guard (any state)
2013	2 for 1	National Guard (any state)
2014	2 for 1	National Guard (any state)
2015	2 for 1	Minnesota National Guard
2016	2 for 1	Minnesota National Guard
2017	2 for 1	Minnesota National Guard
2018	2 for 1	Minnesota National Guard
2019	2 for 1	Minnesota National Guard
2020	2 for 1	Minnesota National Guard
2021	2 for 1	Minnesota National Guard

\* Note: One year of use is defined as three academic terms. The education services officer may prorate a contractual service obligation based on a partial year of use.

c. \_\_\_\_\_ (initial) One year of medical professional STR use equals three academic terms for purposes of determining contractual service obligation.

d. \_\_\_\_ (initial) For dentists, this obligation is effective the last day of the last term of reimbursement used or the date professional degree is conferred. This obligation runs concurrently with all other contractual service obligations I may have incurred.

e. \_\_\_\_ (initial) For medical doctors, this obligation is effective the day after completion of residency. This obligation runs concurrently with all other contractual service obligations I may have incurred.

f. \_\_\_\_ (initial) I understand that I must obtain unrestricted professional licensure as soon as I am eligible, and maintain licensure for the duration of my contract. Failure to do so will initiate a recoupment action.

g. \_\_\_\_ (initial) Officers with a contractual service obligation to the Minnesota National Guard who interstate transfer for residency must begin serving their contractual obligation within six months of residency completion or recoupment action will be initiated.

h. \_\_\_\_ (initial) If I use(d) a combination of Chapter 2 STR and Chapter 4 STR for medical or dental school, the education services officer is authorized to calculate my service obligation based on applicable Chapter 4 obligation policy.

i. \_\_\_\_ (initial) I understand that I am subject to full or partial recoupment of STR paid if I fail to complete any portion of my contractual service obligation; if I do not successfully complete medical or dental school or residency; or if I fail to obtain or maintain unrestricted professional licensure.

j. \_\_\_\_ (initial) I understand that the specialty I am pursuing must be compatible with service in the MNNG, and that I will not be exempt from my contractual obligation if that is not the case.

#### **G-2. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.**

*I understand the directives outlined herein and in MN National Guard Circular 621-5-1, and my responsibilities for participation in the Minnesota state tuition reimbursement program.*

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF UNIT REPRESENTATIVE

\_\_\_\_\_  
DATE

## RECLASSIFICATION BONUS ADDENDUM

### MINNESOTA NATIONAL GUARD 2020-2021

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPLE PURPOSE:** To explain obligation and participation requirements for the state reclassification bonus program and to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To outline and confirm eligibility requirements for the reclassification bonus program participation. This may be used as a basis for suspension, termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the reclassification bonus program.

**DISCLAIMER:** The funding available for the state incentive programs is limited by appropriations set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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I-1. **GENERAL:** Unit administrator, squad/flight administrator, ROM or representative will explain all procedures and entitlements of the state reclassification bonus program to the Service Member requesting reclassification. The unit will pre-qualify Service Members to preliminarily determine qualification for reclassification, including applicable line scores, security clearance requirements, etc. If initially qualified, unit/squadron/flight/ROM is responsible to offer the bonus to eligible Service Members and assist them in completing this bonus addendum. All supporting documentation must be attached to this form (Annex H-1) and uploaded to the state incentives database within 90 days of contract signature date. A copy of all documents should be provided to the Service Member at the time of contracting.

I-2. **ELIGIBILITY:** To be eligible for the state reclassification bonus, I understand that I must:

- a. \_\_\_\_ (initial) Meet Minnesota National Guard reenlistment eligibility criteria.
- b. \_\_\_\_ (initial) Be placed in a valid vacancy in an E-5 through E-7 position (including authorized over strength) and agree to become qualified in that MOS/AFSC.
- c. \_\_\_\_ (initial) Be in the grade of the assigned position or one grade below the required grade of the position to be eligible.
- d. \_\_\_\_ (initial) Execute a three-year extension within 60 days of the date my bonus-eligible MOS/AFSC is awarded if I do not have three years remaining to ETS on the date my new MOS/AFSC is awarded.
- e. \_\_\_\_ (initial) Permanent full-time AGR members of the Minnesota National Guard are not eligible for the state reclassification bonus. Federal dual status technicians and title 5 technicians are eligible.
- f. \_\_\_\_ (initial) I am signing this bonus addendum within 90 days of transfer order and before I go to MOS/AFSC school. No retroactive bonuses are authorized.

I-3. **BONUS AMOUNT AND PAYMENTS:**

a. \_\_\_\_ (initial) One lump-sum payment of \$10,000 will be processed upon award of the reclassification bonus-contracted MOS/AFSC, provided I have three years remaining to ETS. If I do not have three years remaining to ETS at the time my new MOS/AFSC is awarded, I will sign a three-year extension within 30 days. If I fail to extend, my contract will be void and I will not receive a bonus payment.

b. \_\_\_\_ (initial) I understand I will not receive payment if I do not meet the eligibility criteria in paragraph I-2 of this document at the time my new MOS/AFSC is awarded, or if I meet termination criteria outlined in paragraphs I-4. My eligibility will be verified by the education services office prior to any payment being processed. My unit/squadron/flight will notify the state education services office if I become eligible for bonus termination.

c. \_\_\_\_\_(initial) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will email a current Annex D-1, which includes the W-9 form.

d. \_\_\_\_\_(initial) Service Member is required to keep a copy of this completed bonus contract for their own records. In the event the contract is not uploaded correctly. If original copy is not found the contract will not be approved nor will an ETP be considered.

I-4. **TERMINATION OF BONUS:** I understand my reclassification bonus will be terminated or, if I am awaiting payment, my contract will be terminated and payment will not be made if I:

a. Become an unsatisfactory participant by:

(1) \_\_\_\_\_(initial) Accumulating more than four MUTAs (Army) or four periods (Air) of excused absences within a 12-month period. Termination with recoupment is effective on the date of the fifth excused absence. One MUTA/period equals a four-hour training period.

(2) \_\_\_\_\_(initial) Accumulating one MUTA/period of unexcused absence. Termination with recoupment is effective the date of the first unexcused absence.

(3) \_\_\_\_\_(initial) Not being deployable per criteria required for my current duty position, not making diligent progress toward becoming deployable, or non-compliant with fit-for duty (FFD) requirements. Termination with recoupment is effective the date of non-deployability. There is no termination for those who are determined through an FFD medical evaluation to be retained/non-deployable.

(4) \_\_\_\_\_(initial) Under suspension of favorable actions (Army) UIF (Air) IAW applicable regulation and policy. Termination with recoupment is effective on the date of suspension of favorable actions/UIF.

(5) \_\_\_\_\_(initial) Not having a current, passing record Army Physical Fitness Test (APFT)/Fitness Assessment (FA) or fail to meet ABCP standards. Termination with recoupment is effective the date of the failed record APFT/FA or ABCP failure, or the date that the Service Member becomes overdue for APFT, FA or ABCP.

b. \_\_\_\_\_(initial) Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Termination with recoupment is effective the date of transfer to the ING.

c. \_\_\_\_\_(initial) Exceed maximum time in the ING (one year). Termination with recoupment is effective the date of transfer into the ING.

d. \_\_\_\_\_(initial) Separate from the Minnesota Army National Guard for any reason unless due to death, injury, illness or other impairment not the result of my own misconduct. Termination with recoupment is effective the date of separation.

e. \_\_\_\_\_(initial) Interstate Transfer (IST) to another state National Guard unit. Termination with recoupment is effective the date of separation.

f. \_\_\_\_\_(initial) Accept appointment as a commissioned officer. Termination with recoupment is my date of commission.

g. \_\_\_\_\_(initial) Am discharged due to a service-connected injury or illness which is determined not to be the result of my own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation. Bonus is terminated without recoupment.

h. \_\_\_\_\_(initial) Accept a permanent Active Guard/Reserve (AGR) position. Termination with recoupment is effective the date AGR orders begin.

i. \_\_\_\_\_(initial) The education services office will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

I-5. **STATEMENT OF UNDERSTANDING:** \_\_\_\_\_ (initial) I have read this addendum and understand the requirements of my reclassification bonus. I understand this addendum will be void if I do not meet all of the requirements, and that **failing to meet all of the requirements for the duration of my three-year contract may result in recoupment of my bonus.** I understand that if I have existing federal incentives including but not limited to enlistment bonus, reenlistment bonus or student loan repayment, **reclassifying may impact my eligibility for those federal incentives and that termination of my federal incentives with or without recoupment may occur.** I have reviewed the implications of this reclassification with a representative of my unit and have been counseled regarding the impact of this move/reclassification on my other incentives.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREFERRED EMAIL ADDRESS

\_\_\_\_\_  
TYPED OR PRINTED NAME OF SERVICE MEMBER

\_\_\_\_\_  
SSN

\_\_\_\_\_  
TYPED OR PRINTED ADDRESS OF SERVICE MEMBER

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**Unit administrator use only:**

**Losing Unit UIC/PAS** \_\_\_\_\_ **Previous MOS/AFSC** \_\_\_\_\_ **Rank of Service Member** \_\_\_\_\_

**Gaining Unit UIC/PAS** \_\_\_\_\_ **Gaining Unit MOS/AFSC / Rank of slot** \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 on file stored in the incentives database or the unit has emailed the completed forms to ng.mn.mnarnng.mbx.assetseducation@mail.mil.

\_\_\_\_ This bonus addendum (Annex H-1) and supporting documents will be uploaded to the state incentives database within 90 days of the signature date.

\_\_\_\_ Ensure that this bonus addendum is uploaded to the Service Member's system of record (iPERMS for Army). Name it "STATE INCTV FORMS".

\_\_\_\_ Ensure the Service Member receives a copy of this bonus addendum (Annex H-1).

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME/RANK

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT NAME / UNIT ADDRESS

**RECLASSIFICATION BONUS-ELIGIBLE MOS/AFSCs****MINNESOTA NATIONAL GUARD  
2020-2021**

This list of reclassification bonus-qualifying MOS/AFSCs is effective **15 May 2020**, and is valid until amended or rescinded. This list is subject to change without notice. Change generally occurs quarterly.

<b>MOS</b>	<b>AFSC</b>
13B - Cannon Crewmember	1T0X1 - SERE Instructor
13F - Joint Fire Support Specialist	1W0X1 - Weather
17E - Electronic Warfare Specialist	2A6X4 - Aircraft Fuels Systems
19K - M1 Armor Crewman	2A7X3 - Structural Maintenance
25U - Signal Support Systems Specialist	2F0X1 - Fuels
27D - Paralegal Specialist	2T1X1 - Ground Transportation
74D - Chem, Bio, Rad and Nuc (CBRN) Spec	2T3X7 - Vehicle Fleet Management
88M - Motor Transport Operator	3E8X1 - Explosive Ordnance Disposal (EOD)
89B - Ammunition Specialist	3F2X1 - Education and Training
91A - M1 Abrams Tank System Maintainer	3F4X1 - Equal Opportunity
91B - Wheeled Vehicle Mechanic	
91C - Utilities Equipment Repairer	
92A - Automated Logistical Specialist	
92F - Petroleum Supply Specialist	
92G - Culinary Specialist	

**ANNEX H-2 STATE RECLASSIFICATION BONUS MOS/AFSC LIST**