



Proudly Serving  
America's Heroes



## Survivor Benefit Plan (SBP) Payments for Retired Military & Annuitant Pay direct remittances

Use this form to enter information related to your SBP and RSFPP Premium Payments.

You can make your payment via ACH (checking account debit) or credit card.

**\*\*\* Important:** Please ensure you enter information as it appears on your billing statement

**\*\*** If you do not have a billing statement, please call DFAS-CL customer service at 1-888-321-1080,  
Monday through Friday 7:00 a.m. to 7:30 p.m. (EST)

\*First Name:  Middle Initial:  \*Last Name:

\* Social Security:  Email Address:

\* Premium Type:  SBP  RSFPP  SBP and RSFPP \* Billing Month:  \* Billing Year:

Delinquent Payment:  No  Yes

Amount Due:  \* Payment Amount:

All fields with an (\*) are required. Name and Billing Date must match your billing statement  
or your payment will not post correctly to your account. We will notify you of any issues  
with your payment via the Email address you provide.

After completing all required entries denoted by an asterisk (\*) and clicking the statement of  
understanding, click the Submit Data button to go to the payment information page.  
After the transaction has been completed payment confirmation will be provided.

**\* I have read and understand the above statement**

Submit Data