



CONNECTICUT MILITARY DEPARTMENT

INSTRUCTIONS FOR WARTIME SERVICE BONUS APPLICATION

PURPOSE: The Wartime Service Bonus was established for the purpose of making grants to eligible service members of the Connecticut National Guard who served on active duty on or after September 11, 2001.

ELIGIBILITY: In order to be eligible for the Wartime Service Bonus, the service member must:

1. be a current member of the Connecticut National Guard who was called to active service as a member of the National Guard or Reserves (USAR, USMCR, USNR) on or after September 11, 2001 or;
2. be a former member of the Connecticut National Guard who was called to active service as a member of the National Guard on or after September 11, 2001 and;
3. have served on active duty (Title 10) for at least 90 consecutive days in support of military operation and;
4. have been honorably discharged or discharged for injuries sustained in the line of duty.

LIMITATIONS:

- Service member will receive \$50.00 for every eligible month up to a maximum of \$500.00 for those who **do not** serve in a combat zone and a maximum of \$1,200.00 for those who **do** serve in a combat zone as designated by the President of the United States.
- Service member must spend at least 15 days of a month on active duty (Title 10) in order to qualify that month for payment. (14 days for February).
- Service must have been served in support of a military operation. Active Duty for Training and regular Active Duty service do not qualify for the Wartime Service Bonus.
- The application must be received within three years of cessation of the military operation in which the service member participated. *Applications can be sent in three years after the performance of active duty service as long as the military operation has not ceased within the last three years (i.e.: Operation Noble Eagle, Operation Iraqi Freedom, Operation Enduring Freedom, etc.)*

DOCUMENTATION:

1. Completed and signed application form (CTMD WSB-1)
2. Copy of DD Form 214
3. Copy of Travel Voucher and Military Orders for Air National Guard members who did not receive a DD Form 214

For more information visit <http://www.ct.gov/mil/wsp> or call (860) 524-4910

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department
Wartime Service Bonus
360 Broad Street
Hartford, Connecticut, 06105-3795
(860) 548-3288 (fax)
(860) 524-4904 (alt fax)



CONNECTICUT MILITARY DEPARTMENT WARTIME SERVICE BONUS APPLICATION



SERVICE MEMBER'S PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Street Address				
City		State	Zip-Code	Social Security Number
Military Rank	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force		Current Member of CTNG <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY OF ACTIVE DUTY SERVICE <small>(List all deployments since September 11,2001)</small>							
Unit assigned to prior to active duty	Component <small>(National Guard, Reserves, etc)</small>	Name of Operation <small>(Enduring Freedom, Iraqi Freedom, etc)</small>	Characterization of Service <small>(Block 24 of DD214)</small>	Dates of Active Duty Service		Dates Served in Combat Zone	
				Start <small>(Block 12a)</small>	End <small>(Block 12b)</small>	Start <small>(Block 18)</small>	End <small>(Block 18)</small>

INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION

I authorize verification/release of the information I am providing on this application. This authorization allows the Connecticut Military Department to access my military personnel records for the purposes of evaluating this application. _____
Initials

STATEMENT OF CONFIDENTIALITY
This application required supporting documentation and access to your military records are the primary means of determining your eligibility to receive a grant from the Wartime Service Bonus. Disclosure of the requested information, including the applicant's social security number is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application.

I attest that the information provided on this application is true and correct to the best of my knowledge.

SIGNATURE

DATE

TO BE COMPLETED BY CONNECTICUT MILITARY DEPARTMENT

APPROVED <input type="checkbox"/>		_____ SIGNATURE OF CTMD VERIFICATION OFFICER		_____ DATE	
Total Months on Active Duty NOT served in a Combat Zone – max of 10					
Total Months of Active Duty SERVED in a Combat Zone					
Total Eligible Months – max of 24					
Previously Received Benefit					
Amount of Grant					

REJECTED

Reason for Ineligibility <input type="checkbox"/> Lack of documentation – Could not verify eligibility <input type="checkbox"/> Not a member/former member of CTNG <input type="checkbox"/> Did not serve at least 90 consecutive days on Active Duty <input type="checkbox"/> Service was prior to September 11, 2001 <input type="checkbox"/> Not called up as a member of a reserve component	<input type="checkbox"/> Service was not in association with a military operation <input type="checkbox"/> Previously received maximum benefit <input type="checkbox"/> Not Honorably discharged or discharged for injuries sustained in the line of duty <input type="checkbox"/> Already received benefit for this period of time
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