WAIVER/REMISSION OF INDEBTEDNESS APPLICATION

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If more space is needed, continue on separate sheet(s). Identify each item by number. For further guidance with completing this form, please visit: www.dfas.mil/waiversandremissions.html

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

- Active duty military, Guard/Reserve, retired or annuitant pay recipients, civilian employees, return completed form to the address listed on the debt notification letter for completion of the back side.
- Separated Military or former civilian employees, please see instructions website regarding where to send your claim.
- Current Active Duty Military, Guard, Reserve, Retired or Annuitant Pay Recipients, Civilian Employees: Complete Fields 1-19 For completion of the second page of the form. RETURN THE FORM TO: DFAS-IN DEPT 3300 (WAIVER/REMISSION), 8899 East 56TH Street, Indianapolis, IN 46249-3300 Unless instructed to send to a different address on debt notification letter.
- Separated Military or Former Civilian Employees complete fields 1-19. Send form to DFAS-IN DEPT. 3300 (WAIVER/REMISSION), 8899 East 56TH Street, Indianapolis, IN 46249-3300

Read Privacy Act Statement and Instructions beginning on Page 3 before completing form.

1. TYPE OF CLAIM *(X one)* ☐ WAIVER ☐ REMISSION *(Not applicable for civilians) (If Army, please use DA Forms 3508 and 2823.)*

Authority for granting waiver: Active/Retired Military - 10 U.S.C. 2774; National Guard - 32 U.S.C. 716; Civilian - 5 U.S.C. 5584; Annuitant - 10 U.S.C. 1442/1453. Remission: Army - 10 U.S.C. 4837; Navy - 10 U.S.C. 6161; Air Force - 10 U.S.C. 9837.

SECTION I - CIVILIAN/MILITARY/RETIREE/ANNUITANT INFORMATION

2. NAME *(Last, First, Middle Initial)*	3. RANK/GRADE	4. SOCIAL SECURITY NUMBER

5. AGENCY/SERVICE *(X one)*

☐ ARMY ☐ AGENCY *(Specify)*
☐ NAVY
☐ AIR FORCE
☐ MARINE CORPS

6. STATUS *(X applicable block and provide date (YYYYMMDD) for separation (DOS), retirement (DOR), or service computation date (SCD), as appropriate.)*

☐ ACTIVE DOS: _____ ☐ SEPARATED DOS: _____
☐ GUARD/RESERVE DOS: _____ ☐ DOD CIVILIAN SCD: _____
☐ RETIRED DOR: _____ ☐ ANNUITANT

7. CURRENT COMPLETE MAILING ADDRESS *(Street, City, State, ZIP Code)*	8. PLACE OF ASSIGNMENT OR EMPLOYMENT	9. TELEPHONE *(Include DSN or area code)* a. WORK b. HOME c. E-MAIL ADDRESS

10. TYPE OF DEBT OR ERRONEOUS PAYMENT	11. GROSS DEBT AMOUNT

12. STATE THE DATE AND HOW YOU FIRST BECAME AWARE OF DEBT OR ERRONEOUS PAYMENT. *(Attach notification, if available.)*

13. IF YOU WERE AWARE OF DEBT OR ERRONEOUS PAYMENT, EXPLAIN THE ACTIONS YOU TOOK TO CORRECT SITUATION.

14. REASON FOR REQUESTING WAIVER/REMISSION AND WHY YOU BELIEVE IT SHOULD BE APPROVED
(Financial hardship applies ONLY to REMISSION and if claimed, a financial statement must be attached to include all supporting documentation.)

15. FOR ANNUITANTS, PROVIDE NAME, SSN AND DATE DECEASED OF MILITARY MEMBER/SPONSOR.

16a. ATTACH COPIES OF ALL PERTINENT DOCUMENTS *(Such as Request for BAH, Statement of Service, Separation Worksheet, DD Form 214,Travel Voucher, Notification of Personnel Action). (If not available, please explain.)*

16b. HR POINT OF CONTACT *(Civilian employees)*	16c. HR POC PHONE

17. PLEASE PROVIDE COPIES OF ALL PAY RECORDS *(LES/RAS/AAS, etc.)* INCLUDING 3 PAY PERIODS BEFORE AND AFTER THE DEBT PERIOD *(if applicable).*

17a. I ATTEST I HAVE ATTACHED ALL COPIES OF AVAILABLE PAY RECORDS FROM _____ *(date)* to _____ *(date)*.

17b. ALL RECORDS PROVIDED COVER THE ENTIRE DEBT PERIOD AS STATED ABOVE: ☐ YES ☐ NO

18. HAVE YOU FILED FOR A CORRECTION OF MILITARY RECORDS? *(If Yes above, provide copy of Board decision. Waiver and Board actions cannot be submitted concurrently)* ☐ YES ☐ NO

19. **I certify the above statements are true and correct to the best of my knowledge. The information presented may be referred to the appropriate investigating office for verification. I understand the penalty for a false claim is a maximum fine of $10,000 or a maximum imprisonment of 5 years, or both.**

a. SIGNATURE *(Electronic or Handwritten) (Typed not accepted)*	b. JOB TITLE/CAREER FIELD	c. DATE SIGNED *(YYYYMMDD)*

20. COMMANDER'S ENDORSEMENT *(Required for Space Force, Air Force and Navy active duty and reserves. Optional for all others.)*

21. RECOMMENDATION	☐ APPROVE	☐ PARTIAL $	☐ DENY	RECOMMEND COLLECTION RATE $

22a. COMMANDER'S OR SUPERVISOR'S NAME *(Please print)*	22b. SIGNATURE *(Electronic or Handwritten/Typed not accepted)*	22c. DATE SIGNED *(YYYYMMDD)*

SECTION II - REPORT OF INVESTIGATION

To be completed and signed by appropriate payroll/travel office. *(Not applicable for retirees, annuitants, or out-of-service military members.)*

23. INFORMATION ON DEBT OR ERRONEOUS PAYMENT(S)

a. GROSS DEBT AMOUNT	b. TYPE(S) OF PAYMENT(S)	c. DATE(S) OF PAYMENT(S) *(YYYYMMDD)*

d. *(X and complete as applicable)*	YES	NO	(5) DATE THE DEBT WAS DISCOVERED *(YYYYMMDD)*
(1) HAS THE DEBT BEEN VALIDATED?	☐	☐	
(2) HAS THE DEBT BEEN POSTED TO THE DEBTOR'S RECORDS?	☐	☐	(6) NAVY ONLY: AMOUNT UNCOLLECTED AS OF DATE OF THE COMMANDER'S SIGNATURE:
(3) REMISSION: HAS THE COLLECTION ACTION BEEN SUSPENDED?	☐	☐	
(4) WAIVER: HAS FINANCE OFFICE SUSPENDED COLLECTION IAW DOD 1700.14-R?	☐	☐	$

24. **A DEBT COMPUTATION MUST ACCOMPANY THIS APPLICATION.** It must include dates of erroneous payments, what was paid (broken down by month by entitlements), what should have been paid, and the difference. The total debt must equal the debt posted to the debtor's record. Indicate any entitlements or credits used to offset the debt. **This application will be returned without action if the computation is not included. See instructions website for examples.**

a. ENTITLEMENT	b. DATE(S) *(YYYYMMDD)*	c. WAS PAID	d. SHOULD HAVE BEEN PAID	e. DIFFERENCE

25. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED.

26. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON THE PART OF THE CLAIMANT?

☐ YES *(Explain)* ☐ NO

27. STATEMENT AS TO WHETHER OR NOT THE CLAIMANT KNEW OR SHOULD HAVE BEEN AWARE OF RECEIVING AN ERRONEOUS PAYMENT. *(Furnish facts and circumstances to support answer, state whether claimant received documents, and provide copies, if available. Use a separate sheet of paper if additional space is required.)*

28. REMARKS *(Attach a separate sheet of paper, if needed.)*

29. RECOMMENDATION	☐ APPROVE	☐ PARTIAL $	☐ DENY

30. DESIGNATED FINANCIAL AGENT

a. SIGNATURE *(Electronic or Handwritten) (Typed not accepted)*	b. TITLE	c. DATE SIGNED *(YYYYMMDD)*

31a. COMPLETE UNIT MAILING ADDRESS	31b. POINT OF CONTACT NAME	
	31c. TELEPHONE	31d. DSN
31e. ADSN/DSSN/UIC	31f. E-MAIL ADDRESS	

PRIVACY ACT STATEMENT

AUTHORITY: Waiver authority: 10 U.S.C. 1442, "Recovery of Annuity Erroneously Paid;" 10 U.S.C. 1453, "Recovery of Amounts Erroneously Paid;" 10 U.S.C. 2774, "Claims for Overpayment of Pay and Allowances and of Travel and Transportation Allowances;" 32 U.S.C. 716, "Claims for Overpayment of Pay and Allowances, and Travel and Transportation; and E.O. 9397 (SSN), as amended. Remissions authority: Navy 10 U.S.C. 6161; Air Force 10 U.S.C. 9837

PRINCIPAL PURPOSES(S): To be used by civilian employees (current, former, or retired) and military members (active, separated or retired), and annuitants to request waiver of indebtedness collection for erroneous payments of salary or pay and allowances and expense reimbursement or allowances for travel, transportation, and relocation; or in the case of enlisted members, remission of debts.

ROUTINE USE(S): For a complete list of routine uses, visit the applicable systems of records notices:
T7332, Defense Debt Management System: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570181/t7332/
T7335, Defense Civilian Pay System: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570184/t7335/
T7340, Defense Joint Military Pay System – Active Component: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/
T7344, Defense Joint Military Pay System – Reserve Component: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/

DISCLOSURE: Voluntary; however, failure to provide this information will result in initiating administrative or salary offset procedures under the provision of the Debt Collection Act of 1982 (Pub. L. 97-365, as amended by Pub L. 104-134, the Debt Collection Improvement Act of 1996).

INSTRUCTIONS FOR COMPLETING DD FORM 2789, WAIVER/REMISSION OF INDEBTEDNESS APPLICATION

Please note: If you do not agree with the validity of your debt, a waiver request cannot be processed. You must first agree that the debt is valid. This is not admission to or agreement that you should be responsible for the repayment of the debt. It merely means that you agree that you received an erroneous payment or an overpayment. Once you agree with the validity of the debt you may file for waiver at that time. Please visit www.dfas.mil/waiversandremissions for guidance with completing and submitting your waiver.

To complete the DD Form 2789, please follow instructions below. Please note that an incomplete DD Form 2789 will delay the processing of the Remission/Waiver consideration. Carefully read and complete all information as requested, and be sure to include any required documentation with your submission. If DFAS does not receive a valid DD Form 2789, the indebtedness will continue to be collected. For sections 10 through 16, if you need additional space for this information you can attach a typed and a signed document. All fields must be filled out. If some fields do not apply to you, please put Not Applicable (N/A).

INSTRUCTIONS BY SECTION:

1.	**Type of claim (Remission/Waiver) (Required)**	**Place an "X in appropriate box.** All service members may apply for Remission. (Army, Navy, AF, and US M C). Waiver applicants please refer to http://www.dfas.mil/waiversandremissions.html for the Remission process. USMC-please refer to http://www.dfas.mil/waiversandremissions.html to reference address.The debt had to occur while on Active Duty, not National Guard Bureau, or Reserve Duty. AF/USMC-use DD Form 2789. Please refer to https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2789.pdf and send the DD Form 2789 to your agency. Army - use DA Form 3508. Please refer to http://armypubs.army.mil/eforms/pdf/a3508.pdf and send the DA Form 3508 to the Army (HRC).

INSTRUCTIONS: Page 1, Section I - Civilian /Military/Retiree/Annuitant Information		
2.	**Name (Required)**	
3.	**Rank/Grade (status at the time of debt) (Required)**	Civilians: Grade. Military: Rank. Retirees: Retired rank/rate. Annuitants: Not applicable.
4.	**Social Security Number (Required)**	Debtor's Social Security Number.
5.	**Agency/Service (Required)**	Civilian: Check "Agency" and specify what Agency at the time of debt. Military: Mark branch of Service. Retirees: Mark branch of Service. Annuitants: Mark "Agency" and specify "Annuitant".
6.	**Status at the time of debt (Required)** Please "X" the applicable box and provide date *(YYYYMMDD)* for separation (DOS), retirement (DOR), or service computation date (SCD), as appropriate.	Active: Fill in "DOS". Guard/Reserve: Fill in "DOS". Retired: Fill in "DOR". Separated: Fill in "DOS". DOD Civilian: Fill in "SCD". Annuitant: Only need to "X" the box, no date needed.
7.	**Current mailing address (Required)**	Current mailing address
8.	**Place of assignment or Employment**	Civilian: Employing Agency. Military: Employing Agency/Assignment. Retirees: Not applicable (Mark N/A). Annuitants: Not applicable (Mark N/A).
9a.	**Work Telephone (Required)**	Work telephone number (if applicable).
9b.	**Home Telephone (Required if no work phone)**	Home and/or cell telephone number.
9c.	**E-Mail Address**	.gov or .mil e-mail preferred.
10.	**Type of Debt or Pay and Allowance Erroneously Paid**	Brief description of debt as stated in debt notification letter.
11.	**Gross Debt Amount (Required)**	Gross debt amount provided on debt notification letter.
12.	**State the date and how you first became aware of the erroneous payment. (Required)**	Date debt notification letter (or other correspondence, if applicable) was received. **Attach copy of notification letter or other correspondence.**
13.	**If you were aware of the debt or erroneous payment, explain the actions you took to correct the situation. (Required)**	Explain any actions taken to correct the debt or prevent debt from occurring. If needed, explanation can continue on additional pages. **Any additional explanations and documentation (emails, letters, etc.) showing your attempts should be signed and submitted with the completed form.**
14.	**Reason for requesting a Remission/ Waiver and why you feel it should be approved. (Required)**	Explain why you think your Remission/Waiver request should be approved. **Submit any additional documentation with the completed form.**
15.	**For Annuitants, provide name, SSN, and date of death of deceased Military member/sponsor. (Required)**	Retirees: Not Applicable (Mark N/A). Annuitants: State deceased spouse/sponsor's full name, SSN, and date of death.
16a.	**Attach copies of all pertinent documents (Required)**	**Attach any supporting documentation from parts #12 through #14.**

16b.	**HR Point Of Contact (POC) (Civilian employees only) (Required)**	Write HR contact and Telephone number.
16c.	**HR POC phone**	
17.	**Please provide copies of all pay records (LES/RAS/AAS) including 3 pay periods before and after the debt period (if applicable). (Required)**	Documents required to match time period of the Debt Letter.
17a.	**I attest I have attached all copies of available pay records from ___ (date) to ___ (date). (Required)**	
17b.	**All records provided cover the entire debt period as stated above: (Required)**	Check "Yes" or "No" confirming records provided cover the entire debt period. Records could include: emails, memos, orders, etc.
18.	**Have you filed for a Correction of Military Records? (Required)**	Military and Retirees: Mark “Yes” if you have filed for a Correction to Military Record. (Please provide all documentation from the Board of Corrections concerning their findings). Mark “No” if you have not filed for a Correction to Military Record. **Annuitants can request a change through Annuity Pay Office.**
19a.	**Signature (Electronic or Handwritten) Required**	Sign form if you certify that your statements on this form are true and correct to the best of your knowledge. An unsigned form is considered invalid, cannot be processed, and will be returned.
19b.	**Job Title/Career Field**	Civilian and Military: Career Field Retirees: Mark “Retired” Annuitants: Mark “Annuitant”.
19c.	**Date signed (Required)**	Mark date form was completed and signed. An undated form is considered invalid, cannot be processed, and will be returned.
Page 2: Parts 20 through 31. Section I - Active duty/Reserves/Federal Civilian Employees		
20.	**Commander’s Endorsement (Required for Navy active duty and reserves. Optional for all others.)**	Please have your commanding officer provide a statement expressing his or her opinion of the Waiver/Remission request. This is required for Space Force, Air Force, and Navy active duty and reserve members. Federal civilian employees and service members (including guard and reserves) of the Army, and USMC are not required to provide a supervisor or commander endorsement, but have the option to do so..
21.	**Recommendation**	
22a.	**Commander’s or Supervisor’s Name**	
22b.	**Commander’s or Supervisor’s Electronic or Handwritten Signature**	
22c.	**Date Signed**	
Section II - Report of Investigation. To be completed and signed by Military payroll/travel office/civilian payroll, or finance office. (not applicable for retirees, annuitants, or out of service military members).		
23a.	**Gross Debt Amount**	Amount of Gross Debt.
23b.	**Type(s) of Payments**	List type of payments included in debt.

23c.	**Date(s) of Payment(s)**	List the dates of payments received.
23d1.	**Has the debt been validated?**	Check yes or no.
23d2.	**Has the debt been posted to the debtor's records?**	Check yes or no.
23d3.	**Remission: Has the collection action been suspended?**	Check yes or no.
23d4.	**Waiver: Has finance office suspended collection in accordance with DOD 1700.14-R?**	Check yes or no.
24a.	**Entitlement**	Provide type(s) of entitlement included in debt broken down monthly.
24b.	**Dates**	Provide exact dates of the indebtedness. The debt must be broken down by month.
24c.	**Was Paid**	Provide the amount member was paid, broken down by month.
24d.	**Should have been paid**	Provide the amount the member should have been paid, broken down by month.
24e.	**Difference**	Provide the difference amount between what the member was paid, and should have been paid. The difference amount must be broken down by month.
25.	**Detailed statement of how and why error occurred.**	Provide detailed explanation for how and why the error occurred.
26.	**Is there any indication of fraud, misrepresentation, fault, or lack of good faith on the part of the claimant?**	Check yes or no, if yes, please provide a detailed explanation.
27.	**Statement as to whether or not the claimant knew or should have been aware of receiving an erroneous payment.**	Provide a detailed statement which indicates whether the claimant knew or should have known he or she was receiving erroneous payments.
28.	**Remarks**	Provide any additional statements, facts, or remarks.
29.	**Recommendation**	Provide recommendation for waiver request. Please indicate approve, partial, or deny.
30a.	**Designated Financial Agent Electronic or Handwritten Signature**	Provide hand written signature of designated financial agent.
30b.	**Title**	Provide title of signature of designated financial agent.
30c.	**Date Signed**	Provide date of signature of designated financial agent.
31a.	**Complete Unit Mailing Address**	Provide complete mailing address of Unit.
31b.	**Point of Contact Name**	Provide point of contact for questions regarding the Waiver/ Remission request.
31c.	**Telephone**	Provide telephone number for the point of contact.
31d.	**DSN**	Provide DSN for point of contact.
31e.	**ADSN/DSSN/UIC**	Provide applicable ADSN, DSSN, UIC.
31f.	**E-Mail Address**	Provide e-mail address for point of contact.