



DEPARTMENT OF THE NAVY

NAVAL TRAINING CENTER
2601A PAUL JONES ST
GREAT LAKES, ILLINOIS 60088-2845

NTCGLAKESINST 5040.1J

SJA-IG

AUG 20 1999

NTC GREAT LAKES (COMPLEX) INSTRUCTION 5040.1J

From: Commander, Naval Training Center, Great Lakes

Subj: NAVAL TRAINING CENTER, GREAT LAKES, MISSION CAPABILITY
ASSESSMENT (MCA)

Ref: (a) SECNAVINST 5040.3
(b) CNETINST 5040.6B
(c) CNET/CHBUMED MOU of 25 Jul 95
(d) NAVFACINST 5042.5G

Encl: (1) MCA Responsibilities

1. Purpose. To assign responsibilities and define procedures for administering the MCA within Naval Training Center (NTC) Great Lakes.

2. Cancellation. NTCGLAKESINST 5040.1H. This instruction has been substantially revised and should be reviewed in its entirety.

3. General Policy. Activities listed in enclosure (1) shall be assessed in accordance with references (a) and (b).

4. Action

a. Chief of Staff, Operations:

(1) Serves as the principal advisor to Commander, NTC on assessment matters.

(2) Serves as Chief Inspector.

(3) Conducts assessments of activities listed in enclosure (1).



DEPARTMENT OF THE NAVY
HUMAN RESOURCES SERVICE CENTER NORTHEAST
111 SOUTH INDEPENDENCE MALL EAST
PHILADELPHIA, PA 19100-2598

RETIREMENT QUESTIONNAIRE / REQUEST FORM

Pg 1 of 2

NAME: _____ SSN: _____ DOB: _____

ACTIVITY _____ WORK PHONE: _____ FAX _____

HOME ADDRESS _____ HOME PHONE _____
Street address

City _____ State _____ Zip code _____

CURRENT PAY SERIES: _____ (ie: GS., WG etc.) SHIFT WORKED: During the past 3 years, list the shift worked and effective dates. (If shift work stopped provide date)

RETIREMENT COVERAGE: CSRS CSRS OFFSET FERS OTHER;
EXPLAIN _____

ANTICIPATED DATE OF RETIREMENT: _____

SICK LEAVE:

IF CSRS, SICK LEAVE BALANCE AT RET: _____. IF FERS, AND AT LEAST 5 YEARS UNDER CSRS, BALANCE AT RETIREMENT OR TRANSFER TO FERS, WHICHEVER IS LESS: _____.

SURVIVOR ANNUITY:

CSRS: Under CSRS, you may leave full survivors benefits which equals 55% of your benefit, a partial benefit of 55% of any portion of your benefit or no survivor benefits.* Please select: Full _____ Partial \$ _____ (Indicate the amount of your benefit to be used) None _____

FERS: Under FERS, you may leave full survivor benefits which equals 50% of your benefit, a partial benefit of 25% of your benefit or no survivor benefits.* Full _____ Partial _____ None _____

*NOTE: In order to provide survivors with health insurance beyond your death, you must elect to provide some type of survivor benefits and have family coverage. If the survivor benefit is too small to pay the premium, the survivor may make payments directly to the Office of Personnel Management.

Health Insurance Code: _____ Have you been covered under FEHB for at least the last 5 years?
Yes ___ No ___

Life Insurance: Level of coverage of *Basic Life* carried into retirement: **

	Cost per \$1,000 of Basic	
	Before Age 65	After Age 65
Basic with 75% reduction _____	\$0.3358	No Charge
Basic with 50% reduction _____	\$0.9258	\$0.59
Basic with No reduction _____	\$2.3758	\$2.04

PRIVACY ACT STATEMENT

The information you furnish will be used to identify records associated with you request for determining your eligibility for retirement. Furnishing the data is voluntary, but failure to do so may delay or make it impossible for

NAME: _____ SSN: _____ ACTIVITY: _____ Pg 2 of 2

Optional Life Insurance to continue into retirement: (Refer to your FEGLI Program Booklet, RI 76-21, Rev. April 1999 for rates at retirement.)**

	Stop at Ret	Maintain Max level	Allow to reduce
Option-A: Additional 10,000	_____	_____	_____
Option-B: Multiples	_____	_____	_____
Option-C: Family	_____	_____	_____

**Note: You must have had the level of life insurance you wish to continue into retirement for at least the last 5 years prior to retirement or from the first opportunity to elect if less than 5 years.

The items shown below can have an affect on your retirement payment and may require payments to the retirement system in order to receive full credit in your retirement computation.

A: ACTIVE DUTY MILITARY SERVICE INFORMATION:

Do you have military service? Yes No. If yes, then:

<u>Branch</u>	<u>From</u>	<u>To</u>	<u>Time Lost?</u>	<u>Type of Discharge</u>
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DD-214 yes no. Retired Military yes no. If yes, will you waive military retire pay? Yes No. If military service after 1956, Post-56 Deposit Made yes no. Please attach proof of deposit.

B: PART TIME EMPLOYMENT:

Have you been in a part time work schedule any time after 1985? Yes No
If yes, please provide hours worked and effective dates:

C: TEMPORARY APPOINTMENT: A Temporary Appointment is one in which you worked for the government on a temporary basis and no deductions were made for the retirement system. Have you ever held a Temporary appointment? Yes No
If yes, did you make a deposit into the retirement system? Yes No (If yes, please attach a copy of the final payment receipt.)

D: BREAKS IN SERVICE:

Have you ever left the government? Yes No
If yes, did you receive a refund of your retirement contributions? Yes No. If yes, Amount refunded: \$ _____ Date of Refund _____
Did you repay this refunded amount plus interest back into the retirement system? Yes No (If yes, please attach a copy of your final payment receipt from the Office of Personnel Management)

Did you ever receive severance pay? Yes No
When?

FAX TO: 215-408-5079
MONICA RUTHERFORD
Employee Relations Specialist

AUG 20 1999

MISSION CAPABILITY ASSESSMENT (MCA) RESPONSIBILITIES

1. Assessment Schedules. An NTC Notice will announce the schedule for MCAs of Great Lakes activities.
2. Activities Assessed by NTC (triennially).

Naval Hospital *
Naval Dental Center *
Recruit Training Center
Transient Personnel Unit
Service School Command
Navy Public Works Center **
Naval Training Center ***

* Activity assessed by NTC with CHBUMED in conjunction with Joint Commission of Accreditation for Health Care Organizations (JCAHO) survey.

** Activity assessed by NTC with COMNAVFACECOM.

*** Activity assessed by CNET (quadrennially).

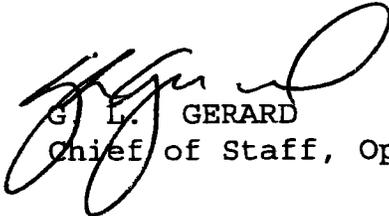
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(4) Serves as Chief Inspector for the Chief of Naval Education and Training Responsible Line Commander (CNTC Great Lakes) when joint command assessments are conducted with Chief, Bureau of Medicine and Surgery (CHBUMED) and Commander, Naval Facilities Engineering Command (COMNAVFACENGCOM) in accordance with references (c) and (d).

b. The MCA Coordinator:

- (1) Serves as assistant to the Chief Inspector.
- (2) Ensures actions in reference (b) are implemented.
- (3) Maintains internal follow-up controls for the purpose of monitoring directed actions resulting from MCAs.


G. L. GERARD
Chief of Staff, Operations

Distribution:
NTCGLAKESINST 5216.5M
Lists I and II (case B)

Copy to:
CNET (OOG)
CHBUMED (OOIG)
COMNAVFACENGCOM (09G1)