PUERTO RICO STATE GUARD RECORD OF EMERGENCY DATA

(This information is for official and confidential use only and will not be released to unauthorized persons)

PRIVACY ACT STATEMENT

AUTHORITY: The Health Insurance Portability and Accountability Act, HIPAA, Aug. 21, 1996. Puerto Rico Military Code Century XXI, Law Number 88 of August 8, 2023.

PRINCIPAL PURPOSES: This form is used by military personnel of the Puerto Rico State Guard. For the Puerto Rico State Guard members, it is used to designate beneficiaries for certain benefits in the event of the service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the service member desires to be notified in case of emergency or death. The purpose of soliciting the last 4 SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None. This PRSG form 93-is also available at http://prsg.us/
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.
WARNING: The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiance), and, to designate beneficiaries for certain benefits if you die.
IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information.
Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME *(Last, First, Middle Initial)*	**2. LAST 4 SOCIAL SECURITY**

3a. SERVICE CATEGORY ☐ ARMY ☐ MEDICAL COMMAND ☐ AIR GROUP ☐ OTHER	**b. GRADE** **RANK**

4a. SPOUSE NAME *(If applicable) (Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**
☐ SINGLE ☐ DIVORCED ☐ WIDOWED	

5. CHILDREN **a. NAME** *(Last, First, Middle Initial)*	**b. RELATIONSHIP**	**c. DATE OF BIRTH** *(mm/dd/yyyy)*	**d. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

6a. FATHER NAME *(Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

7a. MOTHER NAME *(Last, First, Middle Initial)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

8a. DO NOT NOTIFY DUE TO ILL HEALTH	**b. NOTIFY INSTEAD**

9a. DESIGNATED PERSON(S) *(Military only)*	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

10. OTHER EMERGENCY TELEPHONE NUMBER

SECTION 2 - BENEFITS RELATED INFORMATION
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11a. BENEFICIARY(IES) FOR DEATH GRATUITY *(Military only)*	**b. RELATIONSHIP**	**c. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**	**d. PERCENTAGE**

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES *(Military only)* **NAME AND RELATIONSHIP**	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**	**c. PERCENTAGE**

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) *(Military only)* **NAME AND RELATIONSHIP**	**b. ADDRESS** *(Include ZIP Code)* **AND TELEPHONE NUMBER**

14. CONTINUATION / REMARKS

15. SIGNATURE OF SERVICE MEMBER *(Include rank, rate, or grade if applicable)*	**16. SIGNATURE OF WITNESS** *(Include rank, rate, or grade as appropriate)*	**17. DATE SIGNED** *(mm/dd/yyyy)*