



# Coast Guard Mutual Assistance

## Pre-Authoriation Form

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

### CGMA Sponsor Information

Name: Last	First	M.I.	Last 4 of SSN	Employee ID No.
Rank/Rate/Grade:	Current Duty Station (if applicable) and OPFAC		Unit Telephone No:	
Home Address: Street	Apt. No.	City	State	Zip Code
Home Telephone No:	Home E-Mail Address			
Status: (Please check one)				
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA <input type="checkbox"/> Other				

### Authorization for Family Member to Receive Assistance

During the period I am deployed, underway or otherwise separated from my immediate family, I authorize Coast Guard Mutual Assistance to provide necessary financial assistance, up-to the amount indicated, to the family member listed below on my behalf and without my specific approval.

Name: Last	First	M.I.	Last 4 of SSN
Home Address: Street	Apt. No.	City	State Zip Code
Home Telephone No:	Relationship to CGMA Sponsor: (Please check one)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other		
Amount Authorized Not to Exceed	Dates Authorization is Valid (Not to exceed 12 months)		
\$	From:	To:	

I understand that I will be responsible for repayment if assistance is provided as a loan. Further, if the assistance is provided as a loan, I authorize Coast Guard Mutual Assistance to start an allotment for the amount of the loan (Active Duty, Retired Members and Civilian Employees only). I understand that allotment terms will be based on the best information available at the time assistance is provided and will be reviewed by the family member listed. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided, along with information pertaining to the terms of any allotment or other repayment terms.

I understand that any assistance to my family members will depend on the merits of the situation and the policies and procedures of Coast Guard Mutual Assistance. I also understand that this authorization does not establish a line of credit with Coast Guard Mutual Assistance.

I certify that all information contained herein is true, accurate and complete.

CGMA Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_