

THE READINESS REPORT

FOR INDIVIDUAL RESERVISTS

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*The official publication of the
Headquarters Individual Reservist Readiness and Integration Organization*

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RIO Connect - IMA Mobile Wingman



LEADERSHIP



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ABOUT HQ RIO

The Headquarters Individual Reservist Readiness and Integration Organization (HQ RIO) is located at Buckley Air Force Base, Colorado. Its mission is to seamlessly integrate wartime-ready Individual Reserve forces to meet Air Force and Combatant Commander requirements.

HQ RIO standardizes the processes for the Individual Reserve program. The IR force is comprised of Individual Mobilization Augmentees (IMAs), who are accountable to the Air Force Reserve Command and assigned to funded, active-component positions, and Participating Individual Ready Reservists (PIRRs), who participate for points towards retirement only. There are more than 2,700 enlisted members and more than 4,500 officers in the IR. IMAs and PIRRs support more than 50 major commands, combatant commanders and government agencies.



Watch >> the What is the Individual Reserve video on YouTube: <https://youtu.be/r0bMSNnYhUE>.

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NEWS BRIEFS

Updated Travel Companion for IRs available

An updated version of the Travel Companion for Individual Reservists is now available from the Headquarters Individual Reservist Readiness and Integration Organization website.

The digital guide provides information on a variety of IR travel topics, including travel voucher computation, authorized travel entitlements, IDT travel, permanent change of station entitlements, Defense Travel System. The guide also includes process checklists and other how-to guides.

Download the [Travel Companion for Individual Reservists](#).

Additional travel information and resources are available in the [IR Travel section of the HQ RIO website](#).

BRS, flu shot deadlines set for Dec. 31

Individual Reservists have until Dec. 31 to complete their Blended Retirement System training and to receive their flu vaccination. Failure to receive a flu shot by that date will result in the member's individual medical readiness turning red.

Review the following IR Notice to Airmen for details on how to complete each requirement:

- [17-053 - IRs must obtain flu shot by Dec. 31](#)
- [IRs have until Dec. 31 to complete BRS training](#)

IRs should contact their servicing [HQ RIO Detachment](#) with any questions or concerns.

AY18/19 RDEDB results released

The academy year 2018-2019 Reserve Developmental Education Designation Board results are now available. 26 Individual Reservists were selected for educational opportunities through the program.

The selection board convened at HQ Air Reserve Personnel Center the week of Oct. 23-27, 2017, to match selected members to their respective schools based upon the needs of the Air Force Reserve and consideration for individuals' school preferences. Board members selected 47 of 82 officers considered.

A list of selected members can be found here on the [ARPC website](#).

AF travelers reminded of flat rate per diem policy

Some Air Force travelers may not be aware of a flat rate per diem policy established a few years ago that focused on extended temporary duty travel.

Congress instituted the flat rate in November 2014. The new policy reduced per diem from 100 percent to 75 percent for TDYs from 31 to 180 days and to 55 percent for TDYs over 180 days.

Air Force Installation and Mission Support Center finance officials encourage Air Force travelers whose temporary duty travel exceeds 30 days and their approving officials to be knowledgeable of the policy.

Flat rate per diem information is available at the Defense Travel Management Office website at <http://www.defensetravel.dod.mil>.

Did You Know?

Career tips for Individual Reservists

Did you know Individual Reservists who are currently serving, or previously served (since 2012), on Title 10 orders, lasting 180 days or longer, must complete the Transition Assistance Program requirements?

Members currently serving on these orders should begin the requirements as soon as possible by contacting their serving Airman and Family Readiness Center (or sister-service equivalent).

IRs who previously served on qualifying orders but have not completed their TAP requirements can complete a virtual curriculum. These members should be in-status when completing the requirements and may elect to do so on points-only IDTs or, with supervisor approval, complete TAP during their next annual tour/IDT periods.

More information is available at www.arpc.afrc.af.mil/HQRIO/TAP/.

CY18 IR Orientation dates set for March, May

There are two upcoming Individual Reservists Orientations, scheduled for March 27-29, 2018 and May 22-24, 2018. The maximum number of attendees for each course is 80.

IMAs gained within the last 12 months are automatically eligible to attend. IMAs gained more than 12 months prior to the course start date will need their detachment commander's approval to attend. IRs should contact their servicing HQ RIO Detachment via email to request approval.

IR Orientations are provided twice a year at HQ RIO, Buckley AFB, Colorado. The course provides IRs with tools and information to effectively manage their Air Force career. Although this training is not mandatory, it is highly recommended.

The deadline to apply for March IR Orientation is Jan. 10; the deadline for the May IR Orientation is Feb. 1, 2018.

All attendees must be in a School Tour status, requested through AROWS-R. Annual tour or IDTs cannot be utilized for attendance. The HQ RIO Individual Reserve Readiness team will follow up with each attendee to confirm course admittance, pending seat availability.



To Register:

- Log-in to [myPers](#)
- Select "Incidents/Messages" under My Account (top left of home screen, below the myPers logo and site navigation bar)
- Select "Email Us"
- Component - "Air Reserve"
- Category - "Training"
- Subject - "IR Orientation March 2018 or August 2018" (indicate which date you wish to attend)
- Question – Supply the required registration information listed below
 - Detachment assigned
 - Date gained to IMA program
 - Rank
 - Name (Last Name, First Name)
 - Contact number (duty phone or cell phone)
 - E-mail address
 - Is lodging being request (yes or no)
 - Travel mode
 - HQ RIO Detachment commander endorsement (for members gained more than 12 months prior to course start date)

Space is limited and applications must be received by deadlines listed above. IRs should contact their servicing HQ RIO Detachment with questions or concerns.



The Get1Now Program is a great way for Reservists to keep the Air Force Reserve strong by recommending qualified people with whom they wish to serve. You can refer someone you believe will make a good member of the Air Force Reserve. Once your referral is verified as a qualified lead, you become eligible for one of many awards.

Visit the Get1Now website for information on how to refer candidates, as well as the various prizes available for making qualifying referrals: www.Get1Now.us.

IMA leads life-saving med-evac mission

By Senior Master Sgt. Timm Huffman

A week before Thanksgiving, a Navy explosive ordnance disposal technician clung to life in a Baghdad hospital after an IED he was clearing left his body in tatters.

With extensive damage to his airways and his lungs failing, this Sailor would need specialized treatment if he had any hope of survival. That's when a team of doctors from the San Antonio Military Medical Center, led by Air Force Reserve Citizen Airman Dr. (Maj.) Jeffrey DellaVolpe, was called into action.

DellaVolpe is an Individual Mobilization Augmentee assigned to a one-of-a-kind life-saving medical team at SAMMC. He is one of less than a handful of military doctors fully qualified to perform a treatment known as extracorporeal membrane oxygenation, or ECMO for short.

According to Dr. (Col.) Phillip E. Mason, the SAMMC Adult ECMO Program medical director, ECMO is a process in which blood is oxygenated and circulated to the brain and other critical organs. Highly-skilled doctors insert garden hose-sized tubes, called cannulas, into blood vessels in the neck or groin. These tubes are then connected to the ECMO device, which uses a pump to remove the blood from the body, pass it through an artificial lung, and then return it to the body.

"It keeps the patients alive while the lungs, and possibly heart, heal," said Mason, adding that a patients have successfully remained on ECMO from anywhere from a few days to a few months.

According to Mason, who was deployed during the call for ECMO help, DellaVolpe is one of the most experienced ECMO physicians in the entire Department of Defense and also has experience with long-range ECMO transports -- eight at the time, with the November mission making his fifth international transport and ninth overall.

"Getting him activated for this mission was key to a successful operation," said Mason.

Due to the severity of the bomb tech's injuries, he would require the specialized care of the SAMMC ECMO team in order to be transported to a fully equipped medical facility. There's a very small percentage of patients sick enough to need an ECMO transport but those who are, can't be moved until they're on the therapy.

"The biggest part," said DellaVolpe, "is if they need ECMO, they need it quick."

DellaVolpe and his team of two doctors and five nurses went into action as soon as the call came in.

The Air Force Reservist, who works at Methodist Hospital in San Antonio, coordinated the time off. The

ECMO team was placed on travel orders, gathered their equipment -- nine Pelican cases of gear, plus enough backup supplies to operate independently for 72 hours -- and hopped on the next flight to Germany. At Ramstein Air Base they were picked up by a waiting C-17 and flown to Baghdad.

"This was about as complex as a mission can get," said DellaVolpe, who credited the many people working behind the scenes to ensure orders were cut and travel arrangements made with getting the team in the air on time.

While the medical staff in Baghdad waited, they kept their Sailor alive on a ventilator. However, because his lungs were severely failing, it was a race against the clock to get the ECMO team in place.

"A ventilator supports your breathing, but if your lungs



Maj. Jeffrey DellaVolpe, an IMA assigned to the San Antonio Military Medical Center's adult extracorporeal membrane oxygenation (ECMO) program. The Reserve Citizen Airman led a life-saving mission to Baghdad in November to med-evac a Navy explosive ordnance disposal technician injured while clearing an IED. (U.S. Air Force photo by Senior Airman Keifer Bowes)

are failing, it's not going to help," said DellaVolpe.

During the flights, the ECMO team prepared for what was ahead so they could show up ready to go; the Sailor was on ECMO within one hour of arrival. DellaVolpe said it took 30 hours from the time they got the call in San Antonio until they were treating the patient on the other side of the world in Baghdad.

After the patient was on ECMO, doctors at the Baghdad hospital performed several more critical

surgeries. The Sailor was then loaded onto a C-17 for a historic flight. Historic because the medical evacuation marked the first time a U.S. service member undergoing ECMO treatment would be flown to the United States on ECMO. 72 hours after initial notification, the medical evacuation flight delivered its patient directly to SAMMC, where he is now recovering, surrounded by family and friends.

“It is also the first time we have responded from the continental U.S. to an overseas location for a combat casualty,” said Mason, who added that it was the longest ECMO transports ever conducted by the military.

While the life-saving capability is not uncommon, few doctors come out of training with any experience in the niche therapy. Coupled with the frequency at which military doctors have a permanent change of station or leave the military, they rarely have time to become fully qualified.

“Factor in 6-month deployments for some of our people and you can see that we have a revolving door that makes it very difficult to retain talent and sustain the program,” said Mason.

The head ECMO doctor said the first military team to use ECMO was an ad hoc group of doctors and nurses from Landstuhl Regional Medical Center, Germany, between 2005 and 2011. This team saved nine of the 10 patients they treated but, with no in-patient ECMO facilities available, they had to rely on a local German hospital to sustain the treatment once the service member transported out of theatre. This early team highlighted the need for the Department of Defense to maintain an ECMO team and develop an in-patient capability said Mason.

The ECMO team at SAMMC treated its first patient in 2012. The first few years saw no more than six cases per year, said Mason. But, beginning in July 2015, that number exploded, growing to 17 in 2016 and on track for 35 patients in 2017. Since 2013, the team has also conducted 42 total ECMO transports, “including international missions from Afghanistan, Iraq, Japan, Honduras, Germany and Columbia,” said Mason.

In addition to combat casualties, ECMO utilization is growing quickly for multiple patient populations, including trauma, medical conditions and acute illnesses, Mason added. These missions help keep military medicine on par with leading civilian centers, while also maintaining readiness for combat casualty care.

With the growing demand and short supply of qualified doctors, Mason turned to the Individual Reserve to retain and nurture talent.

The Individual Reserve is managed by the Headquarters Individual Reservist Readiness and Integration Organization, Buckley Air Force Base, Colorado. The program includes IMAs, reservists assigned to funded positions at active-component organizations and government agencies where they augment full-time counterparts. They have military requirements similar to traditional reservists, serving between 24 and 36 days per year, but also manage a civilian career.

According to Col. David Lesko, the HQ RIO Detachment 5 commander, responsible for all Individual Reserve medical positions, the IMA program was a good fit for Col. Mason’s need at SAMMC. An IMA can continue serving in the Air Force, contributing directly to the active-duty mission as-needed, while simultaneously working a full-time civilian job. In this case, DellaVolpe gains full-time specialty experience at Methodist Hospital, where he works in the surgical and cardiac intensive care unit, and the Air Force can retain him and his ever-growing ECMO capability for critical missions like the one in November.

The Det 5 commander said that during their annual review of positions, Mason reached out to him to inquire about adding several IMA billets to the SAMMC ECMO team. Lesko had several billets he was able to redistribute to Mason’s team. DellaVolpe went directly from active duty into one of the new IMA positions in July.

“Working for Methodist allows me to build experience in ECMO, since the Air Force doesn’t do much in the way of heart transplants and mechanical circulatory support devices,” noted DellaVolpe. “This is a treatment usually for the critically ill but the military still has a need for the war fighter.”

He said he could not have asked for a better mission. For the eight who went, the dedication of the whole team working around the clock to safely bring their brother-in-arms home was inspiring.

“Hopefully this demonstrated our capability and we can continue to save lives,” said DellaVolpe.



Maj. Jeffrey DellaVolpe and his ECMO team transport a Sailor injured while clearing an IED. ECMO is a way to oxygenate blood and circulate it to critical organs. (U.S. Air Force photo by Senior Airman Keifer Bowes)

Air Force Reserve doc does double duty with UFC

By Senior Master Sgt. Timm Huffman

Photos courtesy of Elliot Howard

When Ultimate Fighting Championship hall-of-famer Forrest Griffin was in the octagon, he knew who to turn to when a pummeling led to lacerations--Air Force Reserve Citizen Airman Dr. (Col.) Gregory Hsu.

That's because Hsu, who serves as the Individual Mobilization Augmentee to the U.S. Pacific Air Forces surgeon general, is a highly experienced ophthalmologist and plastic surgeon with over 24 years of experience.

Hsu is a solo-practitioner in Las Vegas and has operated his own eye clinic for the past two decades. As a doctor who specializes in diseases of the eye, he has to be at the top of his game when it comes to patching his patient's faces after their treatment.

That skill, said Griffin, is what makes Hsu so valuable to the UFC and its fighters. When someone gets cut in a fight, that wound has to be closed up in such a way that it doesn't open back up or form scar tissue, which leaves the skin susceptible to opening up in the future.

The UFC is a popular mixed martial arts fighting organization started in 1993. According to the UFC website, fighters must be skilled in many forms of hand-to-hand combat, including jiu-jitsu, karate and boxing. It produces more than 40 live events annually and is the largest Pay-Per-View event provider, broadcasting in 129 countries, 28 languages and reaching 800 million households.

Hsu's and Griffin's UFC histories are tightly intertwined. Griffin was a contestant on season 1 of The Ultimate Fighter reality TV show in 2005; a top contender for season champ and a spot in the UFC. In the penultimate fight, he received a cut severe enough that the safety commission wanted to disqualify him from the final fight. That's when Hsu got the call.

"I knew the [chief financial officer] of The Ultimate Fighter and he asked if I could do a suture job that would hold up through the fight," said Hsu.

Hsu closed the wound to the satisfaction of the safety board and Griffin went on to win the final fight and earn a spot in the UFC at a time when the fighting format was exploding in popularity. Today, Griffin is retired from fighting but he continues with the organization, serving as the vice president of athletic development at the UFC Performance Institute in Las Vegas.

Like Griffin, Hsu continues to work for the organization, supporting both the reality TV series, which is carried on Fox Sports 1, and eight to 10 major UFC events each year.

When Hsu is not stitching fighters or running his eye clinic, he serves his country as the IMA to the U.S. Pacific Air Forces surgeon general. The doctor said he was a late-comer to the military but joined because he wanted to



Above--Dr. (Col.) Gregory Hsu, left, treats facial lacerations on famed UFC fighter Conor McGregor. Hsu, an Air Force Reserve Citizen Airman, operates a Las Vegas-based private ophthalmology practice and has provided medical support to the UFC since 2005.



Above and below--Dr. (Col.) Gregory Hsu, right, treats facial injuries on UFC fighters following their bouts in the octagon. Hsu is an ophthalmologist who also serves in the Air Force as the Individual Mobilization Augmentee to the Pacific Air Forces Surgeon General.



give back to his country. He originally joined the Nevada Air National Guard but later switched to the Air Force Reserve, becoming a traditional reservist at the Nellis Air Force Base clinic. However, after being selected for promotion to colonel, he had to look for a position that would match his new grade. In 2015 he applied for his current position as an IMA. He was hired and promoted to his current rank.

Hsu said moving to the IMA program, where he can directly support the active-duty Air Force, has been a great ride, but working the budget, manpower and policy side of operations was a new experience for him.

“Integrating guidance to best meet the needs of PACAF down to the Airman, and seeing how we promote and deliver care, was an eye opening experience,” he added.

IMAs are Air Force Reserve Airmen assigned to augment active-component military organizations and government agencies. They have participation requirements similar to members in the traditional reserve. However, most IMAs perform all of their required annual duty all at once; 24 to 36 days per year, depending on the assignment.



Following a fight, Dr. (Col.) Gregory Hsu, top right, sutures an eye injury on the face of a UFC fighter as Dana White, president of the UFC, looks on.

In 2017, Hsu used his duty time to represent the PACAF surgeon general at exercise Talisman Sabre 2017, a joint training activity with the Australian military.

“It was like lifting the hood of a car to see a new aspect of how it works,” he said of the experience that had him operating alongside Soldiers, Sailors and Marines, as well as Australian forces.

Hsu said it can be a balancing act to serve with the Air Force while also managing his business, UFC gig and family, but ultimately he loves being in uniform and helping to get the mission done.

The balancing act is something Hsu excels at. Griffin said he didn’t even know Hsu was in the Air Force until once when Doc, as the fighters call him, wasn’t at a fight.

“I asked where he was and he was at some sort of crazy exercise,” said the former fighter.

The doctor said he provides two primary services that keep the UFC fighters happy. First, good-quality plastic surgery keeps them healthy and returns them to the fight faster. Second, is the ability to skip a lengthy emergency room visit, allowing injured fighters to participate in press conferences, meet with fans and be a part of the post-fight buzz.

Hsu said it can be intimidating dealing with the fighters, especially following a loss when “you can cut the depression with a knife” or the fighter can’t calm down. But, with fighters sometimes lining up four to five deep, his presence is definitely needed.

The cuts are not typical for what he would see in his clinic. Hsu described them as challenging.

“Sometimes it takes me an hour to work on these guys,” he said. “The cuts are from gloves, knees, hands, they’re not the same as planned cuts in surgery.”

The worst injury Hsu said he handled was after a fight between Tito Ortiz and Chuck “The Iceman” Liddell. Ortiz came out of the fight with a ripped eyelid and eyebrow and had to spend 45 minutes in Hsu’s suture room having it repaired.

“He didn’t care about his face, he was just pissed that he lost,” said Hsu, adding that his efforts ensured there was no permanent disfigurement from the injury.

As the sport has grown more professional, so have the demands on Hsu. Originally, the fighters were grateful for the quality, ring-side medical care. Now, with publicity, sponsorship and announcing jobs, Hsu said it’s also important for the fighters to come off the operating table looking good.

Griffin noted that Hsu has been a huge part of UFC, working the biggest shows of the year and taking care of stitches and any eye-related injuries.

“Post-fight medical care is one thing we really care about,” said Griffin. “It lets our fighters get back to training and fighting as soon as possible.”

Hsu, who knows most of the fighters personally, said they ask him to take good care of their faces.

“My work has to be perfect; everything, every time,” he said, adding “I love it, it’s a great ride.”

AF announces continuation pay rates

By Secretary of the Air Force Public Affairs Office

Air Force leaders recently announced the Air Force's continuation pay rates which are part of the new Blended Retirement System.

Continuation pay is a way to encourage Airmen covered by BRS to remain in the Air Force since it will be possible to leave with some retirement benefit prior to 20 years of service.

The system is a blend of a 20-year retirement and contribution plan that allows service members to contribute to a Thrift Savings Plan account that is transferable after separation from the military.

"Continuation pay is a one-time direct cash payout, like a retention bonus," said Lt. Gen. Gina Grosso, deputy chief of staff for Manpower, Personnel and Services. "Members will receive continuation pay at 12 years of service in return for a commitment of four years of service."

For active duty Airmen the payment rate is 2.5, times monthly basic pay. For the Reserve component Airmen to include, Guardsmen and Reserve, the payment rate is 0.5 times monthly basic pay, as if on active duty. For Reserve component Airmen on active Guard and Reserve orders, the payment rate is 2.5 times monthly basic pay. The rates and parameters for paying CP will remain in effect until changed.

"Modernizing the current retirement system into the BRS will ensure that the vast majority of uniformed service members receive a portable government retirement benefit," said Daniel Sitterly, acting assistant secretary of the Air Force for Manpower and Reserve Affairs. "It will help make the uniformed services more attractive to new generations of American citizens by providing a retirement annuity with options on how to shape their retirement benefit."

The BRS was enacted into law in the Fiscal Year 2016 National Defense Authorization Act, and will go into effect Jan. 1, 2018. All currently serving members are grandfathered into the current military retirement system. However, those with fewer than 12 years of service as of Dec. 31, 2017, or Air Force Reserve component members with fewer than 4,320 retirement points may choose to "opt in" to the BRS during the designated opt-in period from Jan. 1, 2018, through Dec. 31, 2018.

For more information about the BRS please visit myPers.

RESERVE COMPONENT

Just the Facts Continuation Pay

What is Continuation Pay (CP)?

- A mid-career financial incentive paid to Airmen who are enrolled in the Blended Retirement System (BRS).
- It is in addition to any career-field-specific incentives or retention bonuses.
- You must elect to receive it before starting your 12th year of service.

[For more information: \(CAC required\)
https://mypers.af.mil/app/answers/detail/a_id/32564](https://mypers.af.mil/app/answers/detail/a_id/32564)

How Much CP Will I Get?

X=-=

Monthly Basic Pay¹
0.5² or 2.5³
Gross CP
Tax Withholding⁴
Net CP⁵

¹Amount over 12 years; ²RC. Airmen serving on man-day orders or Voluntary Limited Period of Duty (VLPAD) receive the RC amount; ³AC or AGR. Active Guard/Reserve (AGR) Airmen receive the Active Component (AC) amount for CP; ⁴CP is eligible for Combat Zone Tax Exclusion (CZTE); ⁵What you take home.

What Must I Do to Receive CP?

1. You must elect to receive CP before you start your 12th year of service (according to your Pay Entry Base Date).
2. You must commit to serve an additional 48 months (concurrent with other service commitments). If you do not complete the obligation, you must repay all or part of your CP.*

How Will My CP Be Paid?

You can choose to receive a one-time payment or spread your payments to potentially save on taxes.

One Installment
 Paid the first pay period after you start your 12th year of service

Two Equal Installments
 First installment is paid the first pay period after you start your 12th year of service and the next installment is paid the following year

Four Equal Installments
 First installment is paid the first pay period after you start your 12th year of service and the remainder in three equal annual installments

Which installment plan is right for YOU?

How much will you potentially pay in taxes on your CP? Remember, CP is subject to tax withholding!

When Do I Need to Make My CP Election?

CP Eligibility Notification

180 days before you begin your 12th year of service.

You **MUST** elect to receive CP BEFORE your 12th year of service begins.

12th Year of Service Begins

Complete ADSC forms within 30 days of starting your 12th year.

CP Received

First pay period AFTER your 12th year of service begins.

*Title 37 USC, Sec. 373 and DoD Financial Management Regulations, Vol. 7A, Chap. 2.

Airmen encouraged to update their vRED, SOES information

Airmen should review and update their virtual Record of Emergency Data and their Servicemembers' Online Election System information annually, before deploying and each time they experience a major life change, such as marriage or divorce, permanent change of station or birth of a child.

vRED replaced the paper-based form in 2003 as the way for active, Guard and Reserve Airmen to provide personal emergency information.

"Accurate information helps ensure families are cared for during a crisis and prevents unnecessary delays," said Maj. Pamela Nuila, Air Force's Personnel Center Air Force Casualty Services chief. "Having up-to-date information is critical when Air Force casualty officials need to contact family members when an Airman goes missing, suffers a serious illness or injury, or dies. It also assists with prompt casualty reporting and notification, as well as compassionate follow-on assistance to surviving family members."

As important as the vRED is, recent data reveals that more than 35 percent of Airmen across the Total Force have not reviewed or updated their vRED information within the last year.

"Delays in next of kin notification are usually associated with the vRED having incomplete or outdated information," Nuila said. "It's important that Airmen validate and update this information."

The vRED can be accessed through [myPers](#). On the myPers home page, Airmen should click the "Update my virtual Record of Emergency Data" link and follow the instructions. On vMPF, select "Record of Emergency Data" at the bottom left of the screen. The

form takes most people about 15 minutes to fill out and requires addresses and phone numbers for emergency contacts.

Along with the vRED update, SOES elections are equally important. Last August 2017, the Air Force began a 12-month roll out of SOES by birth month. SOES enables Airmen to make automated Service members' Group Life Insurance and Family SGLI coverage/beneficiary elections 24/7, 365 days a year via the [milConnect application](#).

Paper-based coverage levels and beneficiary elections on the SGLV 8283A, FSGLI, form and the SGLV 8286, SGLI, form are in effect until superseded by a SOES election. Should a tragedy occur prior to making a SOES election, the paper-based coverage amount and beneficiary(ies) will be certified for payment, ensuring the elections are properly enacted.

SOES also provides an administrative tool for human resources personnel, commanders and unit SOES administrators by giving them the ability to validate members' SGLI elections and key SGLI data for a single individual or an entire unit. In addition, SOES provides casualty offices with a central source to obtain beneficiary and coverage information in the event of a casualty.

Airmen can access SOES via a .mil computer using their common access card or by using a personal computer or electronic device. Members can also use a Department of Defense self-service, or DS Logon (username/password), to access SOES without a CAC.

Airmen must log into SOES via [milConnect](#) to designate an SGLI beneficiary, increase or decrease coverage or decline coverage.

Airmen can also visit myPers, select "Any" from the dropdown menu and enter "SOES" or "vRED" in the search menu. Individuals who do not have a myPers account can request one by following these instructions.

Hope video series

In this video, entitled *A Reserved Space*, Maj. Stacey Smith talks about how she found hope in the face of a personal crisis.

The video is part of a series of videos which allows Reserve Citizen Airmen the opportunity to share their stories of how they found hope, even in their darkest hours. The videos are intended to be a source of learning and encouragement and allows leaders to share stories of hope and to highlight options for those who are suffering. Visit www.afrc.af.mil/Hope/ for more videos.

