

**ANNEX \_\_\_\_\_ -DD FORM 4**  
**INSERVICE ENLISTMENT (DUAL COMPONENT) OPTION**

*(For use of this form, see NGR 600-200; the proponent agency is NGB-ARP-PE)*

**PRIVACY ACT**

*Authority: Sections 510 and 511, Title 10, US Code and Sections 301 and 304, Title 32, US Code*

*Purpose: To explain other obligations and requirements under this option.*

*Use: Confirmation of obligations and requirements incurred under this option.*

*Disclosure: Disclosure of your SSN is voluntary; however, if not provided you will not be accepted into the ARNG.*

**THIS FORM WILL BE COMPLETED FOR EACH APPLICANT ENLISTING FOR THE INSERVICE ENLISTMENT OPTION AND MUST BE FIRMLY ATTACHED TO EACH COPY OF THE DD FORM 4**

1. I understand that enlistment for the Inservice Enlistment Option provides that-

a. I must be within 10 working days of my start of terminal leave or Date Eligible for Return Overseas (DEROS) for the purpose of Regular Army (RA) Expiration Term of Service (ETS), be expected to be discharged from the RA with a Reenlistment Eligibility Code of RE-1, or RE-2, or RE-3A and meet the ARNG basic eligibility requirements for enlistment.

b. I agree to enlist in the ARNG. I understand that I will be assigned to

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(Unit ID/Unit UIC)

of the State of \_\_\_\_\_ .

c. I further understand that I must report to the above named unit within 30 days of my discharge/release from the active component. Failure to report in the prescribed time will be cause for discharge from the ARNG and reassignment to the Individual Ready Reserve (IRR).

d. I understand that I will be discharged from the ARNG if:

(1) An adverse administrative action is taken before my normal RA ETS that results in an early RA discharge, or

(2) I am discharged with a Reenlistment Eligibility Code other than RE-1, RE-2, RE-3A, or

(3) I subsequently reenlist in the RA.

e. If I am hospitalized before my RA ETS and retained beyond my ETS, I will remain enlisted in the ARNG until a medical decision is made as to my medical fitness for further service in the ARNG. If I am judged not medically fit for continued service in the ARNG, I understand that I will be discharged.

f. I understand that it may be necessary that I be administratively reduced in pay grade to be assigned to an ARNG unit. If I should refuse to be reduced to be assigned to and ARNG unit, I will be discharged from the ARNG and transferred to IRR.

2. I agree to be a satisfactory participant as explained in NGB Form 590 for the entire period of my enlistment after my discharge/release from the RA.

3. I understand that my point of contact (POC) during my enlistment in the ARNG and before discharge/release from the RA is

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4. I agree to keep my POC informed of my location and any conditions that may change my eligibility for ARNG service.

TYPED NAME AND SSN OF APPLICANT	SIGNATURE OF APPLICANT	DATE
TYPED NAME, RANK AND TITLE OF WITNESS	SIGNATURE OF WITNESS	DATE