HOW TO VERIFY YOUR RED/DA IN NSIPS

POC:

HM3 Kornheisl – kayleigh.r.kornheisl.mil@mail.mil

First, you need to verify your address in NSIPS is correct

ESR Home Page

Electronic Service Record

Rank/Rate: HM3   Current DSC: 100

Personal Information
Review member address and phone, marriage, and personal information.

View Personal Information
Update member address, phone, e-mail, emergency contacts, religion, race, ethnicity and civilian employer information.

Update Personal Information

Training, Education, and Qualifications
Review member training, education, and qualifications.
View Training, Education, and Qualifications

Performance
Review member performance information.

View Performance

e-Leave
Request, Review, Submit, Cancel Leave Request(s).
e-Leave

CIMS Calculators
CIMS - Selective Reenlistment Bonus
CIMS - Retirement Plan
CIMS - Survivor Benifit Plan

Professional History
Review member history of assignments

View Professional History

PCS Travel
Update member PCS Travel information.
Update PCS Travel

Service Obligations and Agreements
Review member service obligations and agreements.
View Service, Obligations, and Agreements

Administrative Remarks
Review member administrative remarks.
View Administrative Remarks

Summary of Changes
NSIPS Summary of Changes
Summary of Changes

Due to the spreading Zika Virus, you should check your international leave destinations for Zika and any other CDC travel health advisories at:
http://wwwnc.cdc.gov/travel/notices
CONUS and US teritory destinations are posted at
http://www.cdc.gov/zika/geo/index.html

RED/DA
Record of Emergency Data

Under ESR, go to:
"Update personal information"

then:
"Address and Phone"

1. Make sure the address type is "HOME"
If not, click the plus sign and select "HOME"

2. Click the plus sign to add an address

3. Click "Edit address" to edit the address

4. Add new address
This must be where you CURRENTLY LIVE – if you are in the barracks or an apartment, your room/apt# goes in the "Address 2" line.
No PO boxes.

5. Once finished, click "save" at the bottom of the screen and then return to the NSIPS Homepage.

Address and Phone

KORNHEISL KAYLEIGH RENEE   Employee

Address Type   Find | View All   First 1 of 3 Last

*Address Type: HOME   Home

Address History   Find | View All   First 1 of 2 Last

*Effective Date: 12/14/2017   *Status: Active

Locality: Domestic

Mail Status: ☐ 50 Mile Indicator

Country: US   United States   Edit Address

Address:

VERIFY

Verify Date:

Verified by Operator ID:

Phones   Find | First 1-2 of 2 Last

Phone Type	Telephone	Phone Type
Cellular		Domestic Phone
Work	843-228-5907	Domestic Phone

Email Addresses   Find | First 1-2 of 2 Last

Email Type	Email Address
Business	kayleigh.r.kornheisl.mil@mail.mil
Other	

Go to: ESR Home

Edit Address

Effective Date: 12/14/2017

Country: United States   Change Country

Address 1:
Address 2:
Address 3:
Address 4:
City: BEAUFORT   State: SC   South Carolina   Postal: 29902
County: BEAUFORT

Ok   Cancel

How to get to RED/DA:

My NSIPS Task/Notifications

Tasks: You have no pending tasks.

Messages: You have no pending messages.

View Message History

Menu

My Favorites
EDM
RED/DA

ESR Home Pa

Electronic

Name: KORN
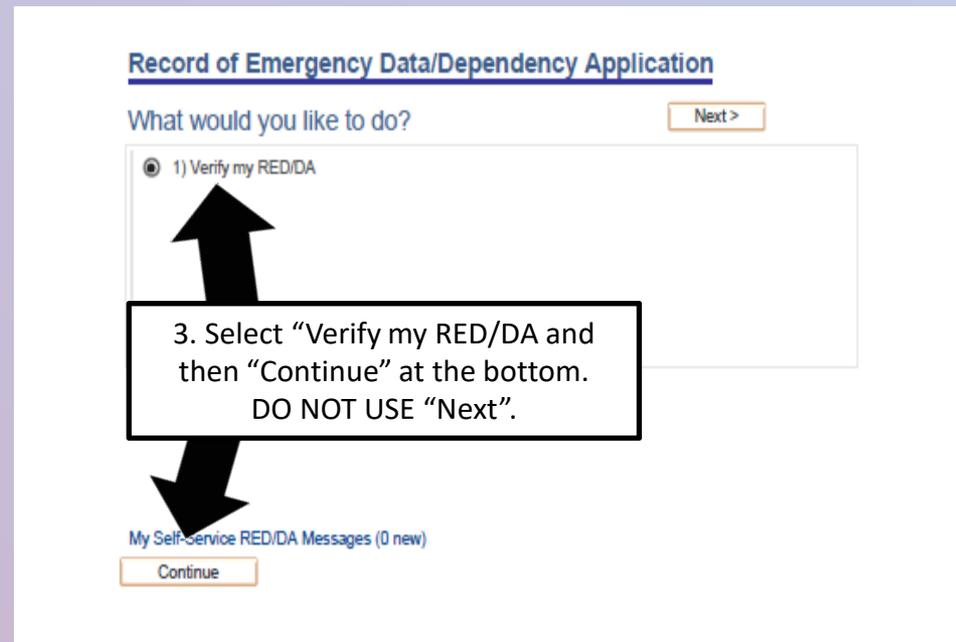
Pers
Revie
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View
Upda
conta
inform

Upda

Train

Revie
qualifi
View

Perf
Revie

View

1. Click on "RED/DA" on your NSIPS homepage

Record of Emergency Data/Dependency Application

What would you like to do?   Next >

○ 1) Verify my RED/DA

3. Select "Verify my RED/DA and then "Continue" at the bottom. DO NOT USE "Next".

My Self-Service RED/DA Messages (0 new)

Continue
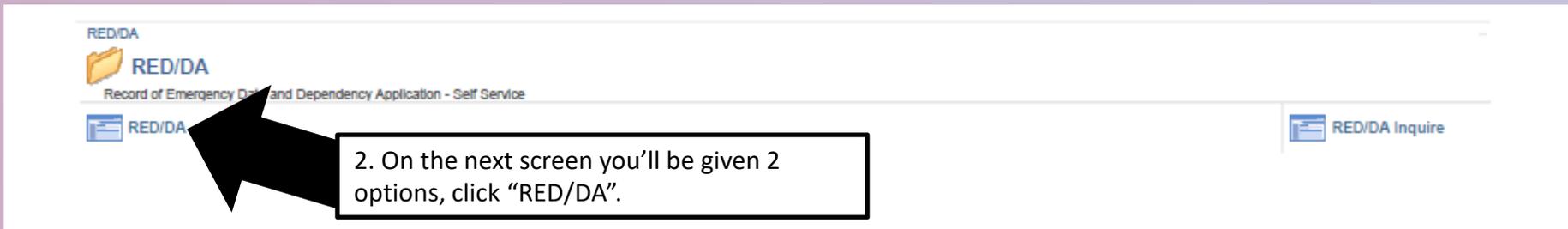
RED/DA

📁 **RED/DA**

Record of Emergency Data and Dependency Application - Self Service

🖳 RED/DA   🖳 RED/DA Inquire

2. On the next screen you'll be given 2 options, click "RED/DA".

New Dependent/Beneficiary/Other Contact

[▼]   Add

| Dependents/Beneficiaries/Other Contacts | | Certification/Recertification Dates | | |

Id	Name	Status	Dependent Status	Secondary Dependency Status	Relationship	Unpaid Pay / Allowances	Allotment If Missing	Gratuity Pay	PADD	Auth Bedside Travel	Auth Funeral Travel	Other Person to Notify	Notify If Missing	Do Not Notify Due to Ill Health	Delete
02	Dad	Living	Not Dependent		Father	50%	50%	50%	No	Yes	Yes	☑	☑	☐	Delete
03	Mom	Living	Not Dependent		Mother	50%	50%	50%	Yes	Yes	Yes	☐	☐	☐	Delete
04	Brother		Not Dependent		Brother	00%	00%	00%	No	No	No	☑	☑	☐	Delete
05	Brother		Not Dependent		Brother	00%	00%	00%	No	Yes	Yes	☐	☐	☐	Delete
	Summary					100%	100%	100%							

▶ Comme...

Status: Not Submitted

Click on each person, starting at the top of the page. If you are married, your spouse will be at the top – see next page to see what their page will look like.

RED/DA requires you to have both a mother and father in the system, make sure all information on this page is correct.
If you do not have any contact with the selected parent, there is an "unknown" option under "status".

LAST, FIRST   Step 1 of 4

①–②–③–④   Next >

RED/DA Parent
Parent Information

Parent ⑦

Relationship: Father
*Status: Living   *Dependent   Not Dependent ▼
*Name: [   ]
                                        Effective/Certification Date: [   ]
*Birthdate   [   ]   Recertification Date: [   ]

Designations ⑦

Cancel   Next >

Spouse Details
Spouse Information

Spouse ?

*Name: [_____]   *Dependent [Dependent ▾]

*Birthdate [_____] 📅   Primary Language [_____] 🔍

*Gender [_____ ▾]   Spouse

Spouse's Military Information ?

*Military Spouse [No ▾]

SSN [___] - [___] - [_____]

Branch of Service: [_____ ▾]
Classification: [_____ ▾]
Duty Affiliation: [_____ ▾]
Service Component: [_____ ▾]
Duty Station [_____]
Pay Grade [_____]

*Citizenship ?

⦿ US   ○ US by Naturalization   ○ Not US

Country: [_____]

Spouse's Previous Marriage

*Previously Married [No ▾]

Dissolved ...
On: [_____]   By: [_____ ▾]
City: [_____]
State: [_____]
Country: [_____]

Designations ?

THIS INFORMATION WILL BE UPDATED LATER

Spouse's Emergency Contact ?

Name: [_____]
Relationship: [_____ ▾]   Address Type: [_____ ▾]
Address 1: [_____]
Address 2: [_____]
Address 3: [_____]
City: [_____]
County: [_____]
State: [__] 🔍   ZIP Code: [_____] 🔍
Country: [US] United States

[Cancel]   [< Previous]   [Next >]

If you do not have a spouse, skip this page

***

If you are married
Fill out ALL information on this page, including your spouse's emergency contact – this CAN NOT be you.
If your spouse has been previously married, you will need to attach a copy of their divorce decree.
If you're married mil-to-mil ensure your spouse is marked as "not dependent" – this will automatically have you fill in the "Spouse's Military Information" block on the left. You will need to input all of the details requested.

For ALL dependents residing with you, select the "Resides with Service Member" option and then add their phone number.
If they do not have their own phone number, select the "Same phone number as Service Member" option.

①—②—③—④

Address De...
Address infor... ...TEST,TEST.

☐ Resides with Service Member?   ...mmand Sponsored?
☐ Resides with Service Member's Mother?   ☐ Same phone number as Service Member?
☐ Resides with Service Member's Father?
▼ Dependent/Beneficiary/Other Contact Address

Address

*Address 1:	
Address 2:	
Address 3:	
*City:	County:
*State: 🔍	*Postal: 🔍
*Country: US 🔍 United States	

Phone Numbers ?

Primary Phone

*Phone Type:	*Telephone:	Domestic Indicator:
⌄		⌄

Alternate Phone

Phone Type:	Telephone:	Domestic Indicator:
⌄		⌄

Email Address

Email:	

[Edit My Phone, Other Email Addresses, Current Address]

For ALL non-dependents and dependents who do not reside with you, make sure you complete BOTH the address AND phone sections.

Cancel		< Previous	Next >

① ② ③ ④ ⑤   < Previous   Next >

Attachments

Upload attachments for TEST,TEST if required.

Supporting Documentation

Upload Supporting Documentation ❓

[dropdown ▼] [Add]

If the system requires you to upload any supporting documentation, it will be requested here.

	Description	View Attachment	Validated	Delete
		View Attachment	☐	Delete

If you need to upload documentation:
Use the dropdown menu to select the type of document you are uploading, then click "Add".
A pop-up will come up – upload the document.

Once uploaded, select "View Attachment" to verify you've selected the correct document.

[Cancel]   < Previous   Next >

---

① ② ③ ④

Confirmation

Confirm any changes for ▮▮▮▮▮ by clicki...

This page will show ALL changes made to the selected person's information, including the supporting documentation.
Once you review, click "Finish".

Item	Original Information	New Information

Supporting Documentation

Attached To:	File Name	Attachment Type	Description	Validated	View Attachment
				☐	View Attachment

[Cancel]   < Previous   [Finish]

After updating everyone's information:

PADD: Person Authorized to Direct Disposition of Remains
Usually your next of kin and must be 18 or older

Check at least 1 person for both "Notify if Missing" and "Other Person to Notify".
If you don't want someone notified then use the "Do Not Notify" and select the person you would like to be notified instead.

New Dependent/Beneficiary/Other Contact

[____] [Add]

Dependents/Beneficiaries/Other Contacts | Certification/Recertification Dates

Id	Name	Status	Dependent Status	Secondary Dependency Status	Relationship	Unpaid Pay / Allowances	Allotment If Missing	Gratuity Pay	PADD	Auth Bedside Travel	Auth Funeral Travel	Other Person to Notify	Notify If Missing	Do Not Notify Due to Ill Health	Delete
02	▓▓▓	Living	Not Dependent		Father	50%	50%	50%	No	Yes	Yes	☑	☑	☐	Delete
03	▓▓▓	Living	Not Dependent		Mother	50%	50%	50%	Yes	Yes	Yes	☐	☐	☐	Delete
04	▓▓▓		Not Dependent		Brother	00%	00%	00%	No	No	No	☑	☑	☐	Delete
05	▓▓▓		Not Dependent		Brother	00%	00%	00%	No	Yes	Yes	☐	☐	☐	Delete
	Summary					100%	100%	100%							

Comments

View Letter(s) of Determination

[Save for Later] [Back] [Con...]

You can split each of these 3 pays up however you would like or you can give it all to 1 person.
People receiving it must be 18 or older and the total amount must equal 100%

Bedside travel is authorized for up to 3 people - the Navy will pay for these people to travel to your bedside should anything happen to you.
Funeral travel is for anyone on your PG2, however, you are not authorized to add ALL extended family and friends just for this reason.
There is no age limit for either.

Member's Personal Data:

Effective Date:	07/29/2014

Member's Marital Status

*Currently: Single   On:

Place of Marriage ...

City:
State: Country: US

Member's Previous Marriage

City:
State: Co   US

Ensure this is your official email, it should only be what we can find in outlook
i.e. gov issued emails (.mil accounts)

*Religion
█████████████████████████

*Official Email Address
KAYLEIGH.R.KORNHEISL.MIL@MAIL.MIL   Edit Official Email

*Phone   Find | | First 1-2 of 2 Last

Phone Type	Telephone	Domestic Indicator
Cellular	████████	Domestic Phone
Work	843-228-5907	Domestic Phone

Other Email Addresses   Find | | First 1-2 of 2 Last

Email Type	Email Address
Business	kayleigh.r.kornheisl.mil@mail.mil
Other	██████████████

*Current Address   Find | | First 1 of 1 Last

Address Type	Effective Date	Foreign Address Type	Country	Address
HOME	02/22/2018	Domestic	United States	███████████████████

Edit My Phone, Other Email Addresses, Current Address

Save for Later	Back	Continue	Status: Not Submitted

If the system requires you to upload any supporting documentation, it will be requested here.

Supporting Documentation

Upload Supporting Documentation ?

[dropdown] Add

If you need to upload documentation:
Use the dropdown menu to select the type of document you are uploading, then click "Add".
A pop-up will come up – upload the document.

Description | View Attachment | Valida

View Attachment

Once uploaded, select "View Attachment" to verify you've selected the correct document.

▼ **Remarks: NAVPERS 1070/602 (Service Member Only)** ?

Form Block 14

Form Block 46

▼ **Remarks: NAVPERS 1070/602 (Clerk/Supervisor Only)** ?

Form Block 49

Find | View All   First ◄ 1 of 1 ► Last

Clause [ ]   Sequence Number: 0

Description:

USE THIS BLOCK TO STATE WHY YOU ARE VERIFYING
Examples include:
"Update due to birth month"
"Update due to birth of child"
"Update due to marriage/divorce"
"Update due to PCS gain/loss"

Save for Later | Back | Continue | Status: Not Submitted

Will and Life Insurance:

If you have a will or any life insurance *other than SGLI* upload requested information here.
Use the drop down menu to choose the document type, and then select "Add Vital Document Data"

Vital Documents ?

Summary | Address | Additional Remarks

Document Type | Description

View/Edit | Delete

*Document Type [dropdown]   Add Vital Document Data

Save for Later | Back | Continue | Status: Not Submitted

Verification:

Take a minute to review **ALL** changes that were made. If you notice something that is incorrect, use the back button at the bottom of the screen to get to the corresponding page.

Once again, review that you have the correct document(s) uploaded to the correct person.

NAVPERS 1070/602 – (Dependency Application) this is your PG2 and shows your dependency status.
DD Form 93 – (Record of Emergency Data) this all your benefits information; who they're going to contact/how they're going to contact them should anything happen to you.

Both of these documents should have: **"Signature Required"** underneath them, open the PDF and electronically sign.

***It is extremely common for the DD93 to show "Form must be signed prior to submit". After you e-sign the document, save it to either your desktop or H-drive; then come back to this page and use the "Upload Signed Forms" option.

Once both documents show "Signed" underneath them, click "Submit".

Status: Not Submitted

No Changes for Father 02:

Item	Original Information	New Information

No Changes for Mother 03:

Item	Original Information	New Information

No Changes for Brother 04:

Item	Original Information	New Information

No Changes for Brother 05:

Item	Original Information	New Information

Personal Data Change Summary

Item	Original Information	New Information
Work Phone		
Phone	(n/a)	843-228-5907

Supporting Documentation

Attached To:	File Name	Attachment Type	Description	Validated	View Attachment
				☐	View Attachment

▼ Remarks: DD Form 93 (Service Member Only)
Form Block 14

▼ Remarks: NAVPERS 1070/602 (Service Member Only)
Form Block 46

Update due to …

Forms
📄 NAVPERS 1070/602   📄 DD Form 93   Upload Signed Forms

| Save for Later | Back | Submit | Status: Not Submitted |