



The ALLIANCE



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Senior Enlisted Military Leaders Honor Gold Star Families During Memorial Breakfast

by Megan Garcia

Fort Benning, Ga. (Oct. 18, 2017) - Patriot Guard Riders and Columbus Police Department motorcycles filled the air with sounds of rumbles and sirens.

This was the signal to the crowd of servicemembers and civilians outside the National Infantry Museum that important people were on their way. These people, the Gold Star Families, have offered the greatest sacrifice America could ever ask of them.

“The greatest sacrifice is not giving your life for this country but to lose someone who did,” said Retired Army Gen. John Abizaid during the Global War on Terrorism Memorial Dedication at the National Infantry Museum on Oct. 16. “Our nation cannot survive without those who are willing to serve. Without such devotion, we are nothing.”

Before the dedication, the Gold Star Families were honored during a breakfast at the museum. Families from across the country traveled to the dedication and breakfast in memory of their loved ones whom they lost: families like the Marshalls who came from Little Rock, Arkansas,

to honor their son Army Sgt. Bradley Wayne Marshall, who died on July 31, 2007 in Iraq.

Francis Marshall, Bradley’s mother, said it was great to be there for the breakfast and to witness the dedication as another way to pay respect to her son. She added her and her husband, who is a Vietnam veteran, started a scholarship in Bradley’s name following his death in 2007 and have given away more than \$60,000 in scholarship money.

The breakfast ceremony opened with remarks from Master Chief Petty Officer of the Navy Steven S. Giordano and the Sgt. Major of the Marine Corps Ronald L. Green.

“Today, tomorrow and always, you have our unwavering love and support,” said Giordano as he addressed the audience of Gold Star Families. “No one can truly comprehend the unbearable weight of losing a loved one in service, and it is the type of pain no parent could ever imagine because outliving our children is the most unnatural of circumstances. The dedication your child or loved one had to this country is the same dedication you have to one another in

(cont'd on page 4)



REPORT from the HILL

The United States government was designed to be slow and deliberative. The Founding Fathers did that by setting up a system of checks and balances.

However, it has always been assumed that when one party controls the entire Congress as well as the Presidency the wheels of government would turn more easily. Modern American history has shown that’s not true, however.

When Jimmy Carter was President he did not get along with the Democratic

Congress and things did not go well. And as you may remember, he was a one-term President.

Now, Donald Trump is having similar problems. Although Republicans completely control Congress, they are divided among themselves and are having problems passing important legislation.

Their failure to pass new health care legislation repealing and replacing Obamacare is the most well-known example, but as this is written, they have not been able to pass the all-important 12 bills that are needed to fully fund the government for the fiscal year we are already in. They passed a bill to continue government funding

until December 8, but by the time you read this we will have already reached that date, or be fast approaching it.

There are 12 funding bills, called appropriations bills, including the one for the Department of Defense, which must be passed. But if agreement cannot be reached to pass either new spending bills, or simply continue funding at the same levels as last year, we could be facing a government shut-down.

This whole situation raises real problems when it comes to the DoD funding, including funding for military health care.

(cont'd on page 3)



PRESIDENT'S COLUMN

Bernd Dela Cruz

With so many political imperatives coming to a head this fall, it's important to keep an eye on foundational values. But the big picture of foundational values is a blur because of competing priorities, such as the nation's ability to respond to multiple natural disasters and their fiscal aftermath, government funding beyond December, tax reform and immigration, more troops in Afghanistan, and other defense concerns following two deadly accidents at sea.

The recent continuing resolution only funds the government through the first week of December. Once again, DoD is running on borrowed money and time. It hasn't had a stable budget in seven years, which has affected all of the services negatively.

And, following the legislative activities in Washington can be very complex. Right now, the Republican majority in Congress is engaged in the process of trying to pass some kind of legislation that they have been promising to pass for years and that President Trump ran on. As you no doubt know, they are having real problems doing that.

In addition, they are supposed to pass legislation that is routinely needed every year, specifically legislation to fund the government. Sadly, they are not getting that done, either. In the *Report From the Hill* column in this issue of the *Alliance*, we try to explain as simply as possible, what the effects of this could be on your military health care.

The bottom line is that unless and until Congress makes a decision about how much money they are willing to spend for the fiscal year we are now in, any other legislation Congress passes hangs in the balance and will be affected, for better or for worse.

Complicating this process is the desire of President Trump to pass legislation to fund a southern border wall, pass new immigration legislation, pass new health care legislation, defund Planned Parenthood, pass storm disaster relief funding, and pass tax cut legislation. Each of those has generated controversy and political debate of one sort or another.

Clearly, the possibility of passing even one or two of those items yet this year is very small, but they all complicate the process and make it more difficult to pass new funding legislation the government needs to keep running.

Wrapped up in all of that is the debate over the federal deficit. Some members of Congress have decided more defense spending is needed, regardless of what it does to the deficit. Others strongly disagree, and they want spending cuts in some areas in return for more spending in certain other areas.

Cutting your earned military benefits is caught up in this whole debate.

In addition to the attacks on military health care that we discuss in the *Report From the Hill* column, there are other

threats to the earned benefits most of us almost take for granted. Among these is the commissary benefit that so many retirees depend on and regularly use.

The commissary system is trying to reduce the amount of taxpayer subsidy it receives by adopting some of the methods used by commercial grocery stores. They say that they can do this and not reduce the benefit that commissary shoppers are used to having. They began introducing some of their new programs this fall, including introducing their own generic products. One of the affects of this, however, will be to reduce the number of name-brand products they sell.

AFTEA is watching this closely because the whole issue of commissaries is far from settled. The fact is, many in Congress would like to either end the taxpayer subsidy of commissaries, which would raise prices and, in effect, end your benefit, or else close commissaries altogether.

Another issue has once again raised its ugly head and that is the effort to close more active duty military installations.

DoD is the one pushing for this, but there is real resistance in Congress because of the number of jobs that would be lost in whatever district and state the installations proposed for closure now reside. This is happening at the same time DoD is trying to push military health care beneficiaries back into Military Treatment Facilities (MTF's) in order to try and reduce the amount of money it spends in health care for civilian health care providers. In addition, DoD would like to open MTFs to civilian patients in certain locations.

If this all seems a bit crazy to you, we agree, and we're fighting to keep the earned benefits you have now and stop the continuous urge among some in Congress to take them away.

As I said, this is all rather complicated. But it's important that you try to understand what is going on so you can join this fight and help us win.

We will keep fighting to the best of our ability, but never has it been so important for military people to stand together and fight for those things we were promised and that we earned.

The
Armed Forces Top Enlisted Association
would like to take this opportunity to wish
you and your loved ones a very
Happy Holiday Season and a
Healthy New Year!

Report from the Hill

(cont'd from page 1)

The National Defense Authorization Act (NDAA) is the legislation that establishes policy for DoD. The House and the Senate each pass a version of the bill and then they have a conference committee to work out the differences in the bills in order to come up with a single bill.

The Senate wants to impose very large health care fee increases on currently serving and retired military members and families who were explicitly grandfathered against such increases in last year's NDAA.

The Senate also wants to increase TRICARE pharmacy co-pays and eliminate the COLA-based adjustment process for those co-pays -- meaning co-pays would automatically increase, even if you get a smaller COLA, or even no COLA at all. That means that every year you would have less money in your pocket. That is outrageous!

The Senate also proposes a smaller pay increase for active duty personnel than the House version does. AFTEA strongly opposes these initiatives.

However, even if the House and Senate reach an agreement on the NDAA soon, we may not know what will, in fact, happen until December 8 or later. That's because almost everything in the NDAA is dependent upon how much money can be spent.

And because so far Congress cannot reach an agreement on funding the government, and specifically the Defense Department, it is impossible to know if the money envisioned in whatever the final version of the NDAA will be available to spend. The NDAA does not bind the government to spend whatever it contains. It only authorizes the spending of the money if it is eventually appropriated by Congress.

If Congress refuses to spend the additional money that the NDAA calls for, there will be major cuts in DoD's budget and we do not know at this point what would happen to health care and all the other things in the NDAA.

But that's only part of the story.

DoD is also making an end run around the budgetary game. This is a manipulative attempt to get more of your money to fund its readiness accounts and other, unspecified programs. As directed in last year's NDAA, which grandfathered current beneficiaries from increased fees, DoD used its authority as an agency to publish new rules pertaining to upcoming TRICARE program changes, set to take effect on Jan. 1.

Astonishingly, they took this as an opportunity to change the amount you will pay for your health care such as co-pays, which effectively bypasses the legislated grandfathering.

TRICARE officials have said the motivation behind these co-pay changes in the new TRICARE Select option is to make costs more predictable for beneficiaries. They plan to accomplish this by changing the percent of co-pays that

are applied to TRICARE in the beneficiary's bill (usually 15 percent for active duty families and 25 percent for retirees) to a fixed amount -- hence, the claimed predictability. (The head of the Defense Health Agency also will have discretion to change these fees on an annual basis, among other program authorities.)

According to one assessment, the impact these new TRICARE fees will have on beneficiaries, using basic assumptions and very conservative health care utilization patterns for an E5 family of four, will result in an increase of \$213 next year. For a retiree with the same criteria, the cost increase would be \$223 next year. The assumption here is that they would both be using outpatient services.

A funding bill for the Department of Veterans Affairs has not been signed into law this year either. And as with DoD, the amount of money Congress agrees to spend for the remainder of FY2018 could also affect the VA.

Earlier this year the VA proposed reducing VA disability pay in order to fund a program for blue water Navy veterans of Vietnam. However, VA subsequently backed off of that proposal, at least temporarily.

We remain mystified that after 16 years of continuous wars, with U.S. troops still dying on the battlefields somewhere in the world, Congress refuses to ask the vast majority of Americans who have never served in the military in any capacity to pay more in taxes in order to fully fund and support the troops who they so easily give lip service to, but in reality do precious little other than that.

These relentless attacks on the promised and earned benefits of military people will continue, which means we must all stick together and fight to keep what we have.

AFTEA will stay in the fight and do all we can to save your earned benefits. ✨

Social Security Announces 2.0 Percent Benefit Increase for 2018

Monthly Social Security and Supplemental Security Income (SSI) benefits for more than 66 million Americans will increase 2.0 percent in 2018, the Social Security Administration announced.

"The 2.0 percent cost-of-living adjustment (COLA) will begin with benefits payable to more than 61 million Social Security beneficiaries in January 2018. Increased payments to more than 8 million SSI beneficiaries will begin on December 29, 2017. (Note: some people receive both Social Security and SSI benefits) The Social Security Act ties the annual COLA to the increase in the Consumer Price Index as determined by the Department of Labor's Bureau of Labor Statistics." ✨

Senior Enlisted Military Leaders Honor Gold Star Families During Memorial Breakfast

(cont'd from page 1)

softening the great burden of loss.”

Green offered similar sentiments and emphasized how humbled he was to meet the mother of a young Marine at the breakfast. “She said, ‘He did it, sergeant major, and that’s exactly what he wanted to do; defend this country,’” Green said.

Sgt. Maj. of the Army Daniel A. Dailey served as the keynote speaker of the breakfast and followed the senior leaders of the Navy and the Marine Corps with his remarks.

“For over 242 years, Americans have been asked to sacrifice as your sons and daughters, mothers and fathers,

brothers and sisters and many other loved ones, who placed themselves in harm’s way to fight for our country,” Dailey said. “We are deeply indebted to you as you are the legacy of these service members’ sacrifices.”

The newest Maneuver Center of Excellence Command Sgt. Major Scott A. Brzak said he was glad to arrive in time to be present for the breakfast and dedication. “This is a great way to pay tribute to those we have lost and to those who are still serving,” Brzak said. “Our newest Soldiers who are graduating will see this and have a moment to reflect on those who have paid the ultimate sacrifice.” ✦

Top Recruiter: Just 136,000 out of 33 Million Young Americans Would Join the Army

by Meghann Myers

According to U.S. Army Recruiting Command, there are 33.4 million Americans ages 17 to 24, the Army’s prime demographic for enlisting and commissioning.

But there’s one hitch: When you whittle that number down for standards, quality and interest? Only about 136,000 are left.

The Army’s accession standards aren’t coming down, so the service must do a better job of conveying to Americans what the Army is and what soldiers do, USAREC Sgt. Maj. Anthony Bowers said recently at the AUSA annual meeting in Washington, D.C.

“In recruiting command, our soldiers who come out and recruit, we tell them to be giving guests. They show the community itself what the Army is all about,” he said. “We dispel a lot of the rumors, a lot of the stigma that is involved with the military.”

That stigma comes from several places. One is that “Generation Z,” as it’s been dubbed, is much less likely to want to leave home and see the world than others, Bowers said.

“Many of today’s youth are not inclined to want to leave their family and friends,” he said. “Family and friends, they oppose them joining the military service.”

And according to a study, many young Americans see the Army as a last

resort, not a top choice for their future.

“It was kind of sad for me to find out, me being a prior soldier, the American public thought of the Army as the lower left-hand quadrant, and that people join the Army because they had nothing else to do,” said James Cox of the Army Marketing Research Group.

Bottom of Form

A large number of people who join the Army do so because they have a family member who serves or served, Bowers said, and they have a more accurate picture of what the military is like.

It has become a family business, Bowers said. And as the number of Americans who serve -- about 1 percent -- shrinks, so does the number of their family members who might be interested in joining.

That interest is key. Of the 33.4 million target population, only 9.7 million are qualified to join the Army, according to USAREC statistics. Reasons for disqualification include fitness and weight standards, medical issues, misconduct, substance use and mental health.

Then they have to be available to join, i.e. they’re not already enrolled in college. That brings the number down to 5.7 million. And because the Army isn’t looking for just the bare-minimum qualifying recruits, USAREC says only 1.7 million of those young people are of

the high quality they want.

Finally, of those 1.7 million, USAREC estimates that just 136,000 young people would even be interested in joining the Army.

The Army managed to get 6,000 more recruits and officer candidates in the door this year than it had originally planned, thanks to big incentives like bonuses and two-year contracts.

The Army has to recruit 6,000 more soldiers this year than it had planned for. To get there, officials are loosening the rules on contract lengths and ramping up bonuses and marketing.

The Army is also focused on social media outreach, Cox said, through recruiting videos and interaction with potential recruits. But it’s tough to even catch their eye online.

“We have found out we’re dealing with the Generation Z population right now,” he said. “They are, on average, 21 years old, are using five devices, and have an eight-second attention span.”

A high school student’s likelihood of joining increases, Cox said, if they have some face time with a real soldier.

“What we do, when we go into the schools, we try to show them the benefits of joining the Army or the Army Reserve, [that they] still have that ability to go to college,” Bowers added.

The USAREC mission isn’t likely to slow down anytime soon, as the Army is asking to add another 17,000 soldiers to the total force next year. ✦

Lawmakers Unveil Planned VA Health Reforms, but Department Leaders Want More

VA



U.S. Department of Veterans Affairs

by Leo Shane III

House lawmakers are looking to dramatically increase the number of veterans who can seek medical care outside the Veterans Administration system, but department officials want them to go even further.

They're arguing in favor of an even more radical shift in traditional veterans' medical care, opening community care options to nearly any veteran and allowing free walk-in care at local doctor's offices for routine appointments.

"We don't believe there should be strict mileage criteria or wait time criteria," Secretary of Veterans Affairs David Shulkin told members of the House Veterans' Affairs Committee. "These are going to be individual clinical decisions based on feasibility and access."

Shulkin's plan -- the new Coordinated Access & Rewarding Experiences (CARE) Act -- has already received criticism from federal unions for shifting too many department responsibilities and funds to private-sector practices. Critics labeled the plan a full "voucherizing" of veterans' care.

Shulkin, himself a practicing physician along with his Cabinet role, has repeatedly insisted the sweeping overhaul does not amount to diminishing or privatizing VA health care but instead, simplifying and modernizing the overburdened system.

"Having a veteran drive 100 miles for a blood test or flu shot doesn't make sense," he said. "We're trying to model VA after how medicine is practiced across America today."

It's also in keeping with President Donald Trump's repeated promises to free up veterans to see doctors in their neighborhoods instead of requiring them to get their free health care directly from VA clinics and hospitals.

The CARE plan and a similar slate of VA health care reforms unveiled by the committee recently would consolidate a host of community care initiatives into a single, more flexible program with a single funding source.

That has been a goal in recent years of both Republicans and Democrats, who say current systems are too complicated for patients, doctors and bill collectors. Veterans groups have endorsed the idea.

Both plans would also abandon the current eligibility rule allowing only veterans facing a 30-day wait or 40-mile distance to the nearest VA facility to access the Choice program, letting them seek private-sector care at government expense.

But the House plan, offered by committee Chairman

Rep. Phil Roe, R-Tenn., would leave VA physicians with "the right of first refusal" of patients and allow them to seek outside care only if a primary care provider or specific medical services aren't available within the VA system.

"It should go without saying that VA cannot be everywhere, providing everything to every veteran," he said at the hearing. "Expecting VA to perform like that sets VA up to fail."

"That is why my draft bill preserves VA's role as the central coordinator of care for enrolled veteran patients," he said. "But when VA can't do that, my bill would ensure that veterans aren't left out to dry."

Shulkin said he supports much of the House plan but indicated it still may fall short of the goal of a meeting patients' "clinical needs." He pushed for even more flexible rules with a goal of having veterans work with their VA doctors to set up a care plan that may be almost entirely outside the current department network.

About one-third of VA medical appointments each year are conducted by physicians outside the department.

Veterans groups have expressed concerns about a massive expansion of that number, arguing it could undermine the integrity of the department and harm veterans' health care by sending them to doctors unfamiliar with issues like post-traumatic stress disorder and traumatic brain injury.

Officials from Iraq and Afghanistan Veterans of America questioned whether VA medical records are modern enough to allow seamless sharing with private-sector offices. AMVETS officials said sending more veterans into the community to find medical appointments won't solve VA's own physician recruitment and retention problems.

Several groups also objected strongly to the potential cost. Earlier this year, a coalition of veterans' groups forced lawmakers to add nearly \$2 billion in funding to existing VA programs to offset a new \$2.1 billion extension of the Choice program.

The CARE proposal includes a round-down of cost-of-living disability pay increases to help pay for the costs of the expanded program. Officials from the Veterans of Foreign Wars said they continue to "strongly oppose" that plan and a proposal to cap some education benefits to provide other savings.

Officials did not provide specifics on the costs of either the House or VA plans, saying the details are still being worked out. Shulkin said he suspects an overhaul of VA community care will save "billions" over the next decade, with thousands of employees potentially cut as the administrative burden of the programs are simplified.

Critics have called that unrealistic and said that promises

(cont'd on page 6)

Make a Smooth Transition with TRICARE in 2018

You may be wondering what action you need to take, if any, to ensure you continue TRICARE coverage in 2018. If you're currently enrolled in or eligible for TRICARE coverage on Dec. 31, 2017, you'll transition to your respective TRICARE plan on Jan. 1, 2018. If you want to enroll in a TRICARE plan or change coverage after Jan. 1, 2018, you'll need to take action to enroll in the plan of your choice.

All beneficiaries should take action by making sure their information is current in the Defense Enrollment Eligibility Reporting System (DEERS). If you've experienced any changes (for example, marriage, birth, divorce or death), update DEERS as soon as possible to ensure continuous TRICARE coverage.

TRICARE is Changing. Here is what you need to know: *Automatic Transition for Current Enrollees*

Beneficiaries enrolled in TRICARE Prime, either stateside or overseas, as of Dec. 31, 2017 will remain enrolled in TRICARE Prime on Jan. 1, 2018. If you have TRICARE Standard or TRICARE Extra as of Dec. 31, 2017, you'll transition to TRICARE Select. TRICARE Select replaces TRICARE Standard and TRICARE Extra on Jan. 1, 2018.

If you're enrolled in any TRICARE premium-based plan on Dec. 31, 2017, you'll remain enrolled in your plan on Jan. 1, 2018 as long as you continue to make your premium payments. These premium-based plans include:

- TRICARE Young Adult
- TRICARE Reserve Select
- TRICARE Retired Reserve

On Jan. 1, 2018, TRICARE will transition its stateside regional contractors from three to two. Beneficiaries who pay premiums or enrollment fees by electronic funds transfer or recurring debit/credit card payment will be contacted to update their payment information. If you currently pay through a Defense Finance and Accounting Service allotment, your payments will automatically transfer.

If your current TRICARE health plan coverage doesn't automatically transition, contact the TRICARE contractor for your region. There are no changes to the TRICARE For Life (TFL) benefit. TFL beneficiaries will not have to take any action.

Automatic Enrollment of New Enrollees

New active duty service members are automatically enrolled in TRICARE Prime or TRICARE Prime Remote if they live in remote areas in the U.S. Stateside active duty family members who become eligible for TRICARE on or after Jan. 1, 2018 will also be automatically enrolled in TRICARE Prime if they live in a Prime Service Area. If family members live outside a Prime Service Area, they'll be automatically enrolled in TRICARE Select. Active duty family members who are automatically enrolled in

TRICARE Prime or TRICARE Select have up to 90 days after the eligibility date to change health plans.

TRICARE Overseas Program (TOP) active duty family members will be automatically enrolled in TRICARE Select. They will also have 90 days to change their enrollment to TOP Prime or Prime Remote if they are command sponsored.

This is Your Benefit! Are You Ready?

Enroll by Nov. 20, 2017 for Coverage Beginning Jan. 1, 2018

By Nov. 20, 2017, beneficiaries should complete any and all enrollment actions. During December 2017, there will be an enrollment freeze for TRICARE Prime enrollments, and a delay for primary care manager changes. You'll still be able to receive care during the enrollment freeze. If you have a problem accessing care, contact your regional contractor.

For all other stateside beneficiaries, you'll also need to complete any and all enrollment actions by Nov. 20, 2017 to ensure continued health coverage in 2018. As long as your regional contractor receives your completed enrollment application by the 20th of the month, your coverage will begin on the first day of the next month. The 20th of the month rule doesn't apply to beneficiaries overseas, and will go away for everyone starting in 2018.

Enrolling is easy. You can enroll in certain TRICARE plans over the phone, email or mail. Visit the TRICARE Changes page to stay informed with the latest information. You can also sign up for email alerts to get an email anytime new updates are available. Staying informed will help you take command of your health and prepare for changes in 2018. ✨

Lawmakers Unveil Planned VA Health Reforms, but Department Leaders Want More

(cont'd from page 5)

of cheaper care from private-sector offices are misleading.

Committee ranking member Tim Walz, D-Minn., said those cost details will determine whether his caucus will be able to support the plan.

"While I am pleased at how close we are to settling on the policy underlying a Choice replacement program, I am concerned with how it will be funded," he said. "I continue to believe that veterans do not benefit when we scrape the barrel for money by skimming from some veterans' benefits or health care programs to pay for others."

Shulkin has said that lawmakers need to make a decision on potential reforms before the end of the year, when money funding the current Choice program is scheduled to run out. Without a replacement plan, medical care for tens of thousands of veterans could be disrupted in the new year. ✨

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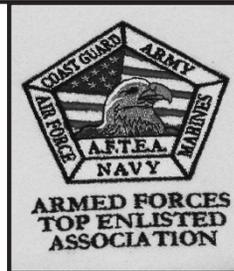
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Back



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In This Issue

Senior Enlisted Military Leaders Honor Gold Star Families During Memorial Breakfast. .page 1

Report from the Hillpage 1

Executive Director's Columnpage 2

Social Security Announces 2.0 Percent Benefit Increase for 2018..... page 3

Top Recruiter: Just 136,000 out of 33 Million Young Americans Would Join the Army . page 4

Lawmakers Unveil Planned VA Health Reforms, but Department Leaders Want More ...page 5

Make a Smooth Transition with TRICARE in 2018page 6



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