

**DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL THE ARMED FORCES  
 "RETIREES CASUALTY ASSISTANCE CHECKLIST"  
 (For later use by next of kin)**

As of Date: \_\_\_\_\_

Retirees Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) SSN \_\_\_\_\_ Ser# (Other) \_\_\_\_\_

Military Grade \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Branch of Svc. \_\_\_\_\_ Yrs. of Svc. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Month Day Year

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

Mother's Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year

**Documents needed to claim death benefits:**

- Copies of report(s) of separation from active duty (DD Form 214, etc.)
- Copy of retirement orders
- Copies of birth and death certificates
- Beneficiaries birth certificate(s) and marriage and/or divorce data
- Social Security data (see below)
- VA Insurance data (see below)

Location of these Documents:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Plus- You should always have the following documents on hand:**

- Updated Will and "LETTER OF INSTRUCTIONS"
- Names of banks, credit unions, etc. (account numbers)
- Updated lists of assets and liabilities
- Insurance policies, numbers, instructions, payments, etc.
- Adoption or naturalization papers (if applicable)

Note:  
 See "Letter of Instructions" for location of other documents.

**Part I – Veterans Administration Data (if applicable)**

VA Compensation \$ \_\_\_\_\_ Disability Claim # \_\_\_\_\_ Remarks \_\_\_\_\_

VA Insurance Policy nr(s) \_\_\_\_\_ / \_\_\_\_\_ File # \_\_\_\_\_

Type \_\_\_\_\_ Amount \$ \_\_\_\_\_ / \_\_\_\_\_ Location of Policies \_\_\_\_\_

Any known paid-up-add'l VA Insurance \$ \_\_\_\_\_ As of date \_\_\_\_\_

Other remarks \_\_\_\_\_

Veteran's claim nr(s) (other) \_\_\_\_\_ Patients data card # \_\_\_\_\_

**Part II – Retirement Pay Data (see Retiree Account Statements)**

Retiree gross and net pay data: as of date \_\_\_\_\_

Gross pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Net pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Taxable income \$ \_\_\_\_\_

Survivor coverage information (coverage type: spouse only, etc.): \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Survivor Benefit Plan Annuity: \_\_\_\_\_ Annuity Base Amount: \$ \_\_\_\_\_  
55% annuity amount \$ \_\_\_\_\_ Note: See "Retiree Account Statement" for  
35% annuity amount \$ \_\_\_\_\_ explanation of Social Security Offset/2-tier Formula  
RSFPP Annuity: \$ \_\_\_\_\_  
Supplemental SBP: \$ \_\_\_\_\_ Effective \_\_\_\_\_

### Part III – Social Security (when applicable)

Social Security Claim # \_\_\_\_\_ Month Filed \_\_\_\_\_  
Type of Benefit(s) \_\_\_\_\_ Beginning month of entitlement \_\_\_\_\_  
Amount monthly \$ \_\_\_\_\_ Bank and acct. # (direct deposit) \_\_\_\_\_  
Note: No payment is payable for the month of death (call 1-800-772-1213)

### Part IV – Miscellaneous (Things to know and plan for upon death of retiree)

- Disposition instructions for the body (burial, cremation, memorial service, etc.)
- Info required for Death Certificate (date/place of birth, father's name, mother's maiden name. etc.)
- Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)
- Widows will need a new ID card (military, medical, commissary, base exchange, etc.)
- Necessary changes in your "DEERS" program will have to be made
- It may take several months to clear estates (you may require at least 8 copies of death certificates)
- Contents of your safety deposit box should be known
- Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed
- Named beneficiaries on insurance policies become very important (keep current)
- There may be some entitlement to burial benefits (headstone, payments, etc.)
- Check VA for Presidential Memorial Certificate
- An American flag can be obtained (check VA and Post Office)
- The survivor should update appropriate will
- Extra credit cards should be destroyed or cancelled
- Appropriate changes should be made to all joint ownerships
- Contact insurance companies as appropriate
- Be prepared to turn in Retirees ID card (where and when required)

**Note:**  
MAKE EVERY EFFORT  
to retain "Original"  
documents (Provide  
Certified copies whenever  
possible).

Fill in and keep handy the following office phone numbers:

<u>Office/Organization</u>	<u>Phone Number</u>
Casualty Assistance	_____
Retiree Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	1-800-827-1000
Social Security Hotline	1-800-772-1213
DEERS (Information)	_____
Other	_____
Finance (DFAS – Cleveland)	_____
SBP (Annuity Pay Info)	_____
Other <u>Pass &amp; ID</u>	_____

<b>OTHER IMPORTANT NUMBERS</b>	
<u>Organization</u>	<u>Local and 800#</u>
Mortuary Affairs	
American Red Cross	
Family Support Center	
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it.

## GENERAL INFORMATION

Directions for preparing and maintaining an Emergency Medical Information Record.

1. Complete all applicable items on the Emergency Medical Information document, preparing an individual copy (file) for each member of the household.
2. Create a “water proof tube” made of 2” diameter x 11 ¾” length, Schedule #125 white PVC pipe with two (2) 2” flat PVC end caps (These materials can be secured from any irrigation or hardware supplier). Paint the two end caps RED and use a black marker to print (in large letters) EMERGENCY MEDICAL INFORMATION on the white surface of the PVC tube (label stock can also be used).
3. Place all documents pertaining to each individual of the household (with attachments) in an individual 8 ½” x 11” plastic sheet protector (Avery #PV119 or similar). Place the completed document in the “waterproof tube” for safety and store the tube in the kitchen refrigerator door storage area with the RED end caps installed. (It is possible that more than one (1) tube may be required, depending upon the family size.)
4. Instruct all family members, custodians, care givers, children or house sitters and any other assistance personnel who will be in the home, that an EMERGENCY MEDICAL INFORMATION (EMI) tube is stored in the kitchen refrigerator door storage area. In case of an emergency the EMI tube is to be made available to the Emergency Medical Service personnel -- fire, emergency aid -- when they arrive at the home. Notify the Emergency Medical Service personnel that EMERGENCY MEDICAL INFORMATION on the patient is located in the kitchen refrigerator door storage area.
5. Emergency Medical Service personnel will retrieve the appropriate file from the tube to assist in your medical care. They may take the individual file to the hospital to assist in the patient care.
6. When the patient leaves the hospital, arrange for pick-up of the individual EMI file. Return file to its storage location within the refrigerator storage area EMI tube.
7. Update your file on a regular basis to reflect current medical treatment, at least once a year, more often if necessary. It would also be advisable to maintain a copy in a safety deposit box or other safe place, in case the original was lost.
8. An information card should be prepared and attached to each vehicle registration, listing family members, address and telephone number (home and office). Also identify on the “card” that emergency medical information for each member of the family is maintained and retrievable from the EMI tube which is stored in the residence kitchen refrigerator.

**EMERGENCY MEDICAL INFORMATION**

Either fill in or circle the correct response.

1. Patient: \_\_\_\_\_ Sex: M F SS# \_\_\_\_\_  
First Initial Last
2. Address: \_\_\_\_\_  
Street (Apt.) City State Zip
3. Telephone: Home#: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Religion: \_\_\_\_\_  
day/month/year
5. Blood Type: \_\_\_\_\_ Bleeding Problems: \_\_\_\_\_
6. Medical Aids: Pacemaker yes no Model# \_\_\_\_\_  
 Heart Valve yes no Name/Type \_\_\_\_\_  
 Implants yes no Name/Type \_\_\_\_\_  
 Hearing Aids yes no # \_\_\_\_\_ Type \_\_\_\_\_  
 Dentures yes no Upper \_\_\_\_\_ Lower \_\_\_\_\_  
 Oxygen yes no  
 Others (identify): \_\_\_\_\_
7. List Surgeries or Hospitalizations within last five (5) years:  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Copy Attached #7? yes no
8. Childhood diseases:  
 Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_
9. List Vaccinations: Type: \_\_\_\_\_ Date: \_\_\_\_\_  
 List Allergies (if any): \_\_\_\_\_  
 List Medications Allergic To (if any): \_\_\_\_\_  
 Copy Attached #9? yes no
10. Identify location of all medications (either prescription or over-the-counter) in the HOME.  
 \_\_\_\_\_
11. List all MEDICAL PROBLEMS currently treated for: \_\_\_\_\_





**DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL ARMED FORCES**

**LETTER OF INSTRUCTIONS**

Date: \_\_\_\_\_

**I. From Retiree:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**To Spouse/Next of Kin:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**II. The following forms and documents should be located and gathered up immediately upon death and the Casualty Assistance Representative at \_\_\_\_\_ be contacted immediately at ( ) \_\_\_\_\_ or in person:**

- Retiree Casualty Assistance Checklist
- Estate Planning Document
- Military Identification Card(s)
- Retiree's Last Pay Statement (known as a Retiree Account Statement)
- Birth Certificate(s)
- DD Forms 214
- Retirement Orders

Note: While gathering these documents, make arrangements to purchase certified copies of death certificate (up to 5). Since these can be expensive, use photocopies wherever they are accepted.

**III. Once the above items are located, the following things need to be done right away:**

- Notify Social Security (1-800-772-1213)
- Advise bank where retirement checks are sent
- Spouse to get new identification card (Military)
- Contact Private Insurance Companies (Casualty Assistance Rep. At Base will assist in getting V.A. Insurance)
- Change titles on all vehicles as well as all other "Joint Tenancy"
- Contact all other interested agencies

**IV. You can expect the Casualty Assistance people at \_\_\_\_\_ to fill out the following paperwork:**

- The Initial Retiree Death Report
- SF 1174 to be sent to DFAS-Cleveland for arrears in pay
- DD Form 1184, W-4P and FMS Form 2231 to be sent to DFAS-Denver for payment of SBP and/or RSFPP where appropriate
- VA Form 21-534 to be sent to VA as claim form for death benefits insurance (NSLI, VGLI, or SGLI) when appropriate

**Note: These are only general type of considerations since each C A R and individual will have their own personal requirements. Also, the individual services may have different needs and requirements.**

**BURIAL INFORMATION**

Who should be notified of your death?

Name	Relationship	Address	Phone#

Do you want to be (circle one): Buried          Cremated?  
 Name of cemetery where you want to be buried: \_\_\_\_\_  
 Do you want to be buried in your uniform? YES          NO  
 Do you want a memorial service? YES          NO          If yes, where?  
 Have you purchased a burial plot? YES NO          If yes, where?  
 Do you have a preference of funeral home? YES          NO          If yes, which one?  
 Do you want a military honor guard? YES          NO

**INFORMATION**

Enrolled in RSFPP, SBP, SSBP (circle all that apply)  
**Did you disenroll from this plan?** Yes No (circle one)  
 VA Claim #  
 Eligible to draw VA disability compensation (even if not currently in receipt): Yes No (circle one)  
 Receiving Social Security: Yes No (circle one) If yes, age at which first received:  
 Organ donor: Yes No (circle one)  
 Is there a living will?

Date of Marriage: \_\_\_\_\_ Place of Marriage (City, State, Country): \_\_\_\_\_

**LOCATION OF DOCUMENTS**

<u>DOCUMENT</u>	<u>WHERE LOCATED</u>
Living will	_____
Current Retired Pay Statement	_____
Marriage Certificate(s)	_____
Divorce Decree(s)/property settlements(s) (from previous marriages of retiree or spouse)	_____
Death certificate(s) (from previous marriages of retiree or spouse)	_____
Birth certificates/adoption papers (retiree, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge	_____

Record)(for all periods) \_\_\_\_\_  
Retirement Orders \_\_\_\_\_  
Safe-Deposit Box – List Contents: \_\_\_\_\_  
Will \_\_\_\_\_  
Vehicle Registration \_\_\_\_\_  
Vehicle Title \_\_\_\_\_  
Insurance policies \_\_\_\_\_  
Investment papers (CDs, Mutual Funds, \_\_\_\_\_  
IRA, other) \_\_\_\_\_  
Burial plot information \_\_\_\_\_  
Uniform for burial \_\_\_\_\_  
Medical and dental records \_\_\_\_\_  
Real Estate deeds \_\_\_\_\_  
Tax returns \_\_\_\_\_  
Bank Name Phone# Type of Acct \_\_\_\_\_  
Account# (check or savings) \_\_\_\_\_