

**RETIREE CASUALTY ASSISTANCE CHECKLIST**

If you died tomorrow, would your family know what to do? You can help your family now by filling out this tri-fold and making sure they know where you keep it.

**RETIREE INFORMATION**

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date and Place of Birth: \_\_\_\_\_  
 Date of Retirement: \_\_\_\_\_  
 Retired grade/rank: \_\_\_\_\_

Circle all that apply:  
 Enrolled in RSFPP SBP SSBP, RCSBP  
 VA Claim #: \_\_\_\_\_  
 Eligible to draw VA disability compensation:  
 YES NO  
 Receiving Social Security:  
 YES NO  
 If yes, age first received:  
 Years: \_\_\_\_\_ Months: \_\_\_\_\_  
 Organ donor: YES NO

Is there a Living Will?  
 YES NO  
 Location: \_\_\_\_\_

**SPOUSE INFORMATION**

Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_  
 Married(City, State, County): \_\_\_\_\_

**CHILDREN INFORMATION**

(For each child)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Incapable of self-support?  
 YES NO

**INSURANCE POLICIES**

Policy #: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Amount (include "as of date"): \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Agent phone #: \_\_\_\_\_

**INVESTMENTS**

Type: (IRA, CD, Mutual Fund)  
 Company(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Amount (include "as of date"): \_\_\_\_\_  
 Agent phone #: \_\_\_\_\_

**BANK ACCOUNTS**

Bank Name & Phone #: \_\_\_\_\_  
 Type of Acct. \_\_\_\_\_  
 Amount(include "as of date"): \_\_\_\_\_  
 (Savings/checking):

Account #: \_\_\_\_\_

**CREDITORS**

Name & Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Balance Due(include "as of date"): \_\_\_\_\_  
 Life insurance? YES NO

**BURIAL INFORMATION**

Who should be notified of your death:  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Do you want to be(circle one)  
 Buried Cremated?

BURIAL INFORMATION (CONT.)

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, where? \_\_\_\_\_

Do you want a military honor guard? YES NO

(Based on available military support)

LOCATION OF DOCUMENTS

Documents                      Location

Will: \_\_\_\_\_

Current Retired Pay Statement: \_\_\_\_\_

Marriage Certificate(s): \_\_\_\_\_

Divorce Decree(s)/property settlement(s) (from previous marriages of retiree or spouse) \_\_\_\_\_

LOCATION OF DOCUMENTS (CONT.)

Documents                      Location

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: \_\_\_\_\_

(or) 20-year Letter: \_\_\_\_\_

(Reservist not yet 60)

Safe Deposit Box (list contents): \_\_\_\_\_

Insurance policies: \_\_\_\_\_

Tax returns: \_\_\_\_\_

Investment papers (CDs, Mutual Funds, IRA, other): \_\_\_\_\_

LOCATION OF DOCUMENTS (CONT.)

Burial plot information: \_\_\_\_\_

Medical and dental records: \_\_\_\_\_

Real Estate deeds: \_\_\_\_\_

PHONE NUMBERS

Casualty Assistance Office

(Immediate assistance upon retiree's death):

Call collect: (703) 325-7990

Retirement Services Office

(follow-up assistance) PAGE 9 OF ARMY ECHOES.

RETIRED PAY: 1-800-321-1080

ANNUITANT PAY: 1-800-435-3396

VA: 1-800-827-1000

SOCIAL SECURITY: 1-800-772-1213

For more information on retirement topics, these pamphlets, prepared by HQDA, Army Retirement Services, 2461 Eisenhower Ave., Alex., VA 22331-0970, are available from your Retirement Services Officer (RSO):

- *Getting Ready to Retire*
- *Retirement Services Offices*
- *Military Retired Pay*
- *The Survivor Benefit Plan (SBP) Basic Questions Answered*
- *The Negatives of SBP--Are They Really?*
- *Unemployment Services Former Spouses Protection Act*
- *Health Care*