

# Military Retiree Casualty Assistance Checklist

**INTRODUCTION:** A simple, easy to use checklist to annotate your military career information, family data, insurance policies, financial data, and other information. When completed, members of your family will have what they need to help settle your estate upon your death and meet your personal desires. A copy of this checklist should be placed together with your Will and other important documents in a safe deposit box for safekeeping. We also recommend that you provide each member of your family a copy; but that will be a personal choice. Print a copy by clicking on "file" on your browser then "print."

## 1. PERSONAL DATA.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Retired Rank/Grade: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

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

## 2. FAMILY DATA.

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

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

Child Name/Date of

Birth/SSN: \_\_\_\_\_

Child Name/Date of

Birth/SSN: \_\_\_\_\_

Child Name/Date of

Birth/SSN: \_\_\_\_\_

Child Name/Date of

Birth/SSN: \_\_\_\_\_

Child Name/Date of Birth/SSN:

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Father's Name/Address:

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Mother's Maiden Name/Address:

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Former Spouse's Name/SSN/Date and Place of Divorced/Address & Phone  
Number: \_\_\_\_\_

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### **3. SURVIVOR BENEFIT PLAN AND INSURANCE POLICIES.**

#### **SURVIVOR COVERAGE INFORMATION**

Survivor benefit plan annuity \$ \_\_\_\_\_ SBP Base Amount \$ \_\_\_\_\_

Supplemental SBP (if any) \$ \_\_\_\_\_ Effective: \_\_\_\_\_

RSFPP annuity \$ \_\_\_\_\_

**LIFE AND LONG TERM CARE INSURANCE POLICIES** (Company, policy#,  
Coverage, Beneficiary, Agent name and Phone Numbers)

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### **4. FINANCIAL ACCOUNTS.**

**INVESTMENT** (Type, Company Name, Amount, Agent Name and Phone Number)

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**BANK ACCOUNTS** (Bank Name, Type of Account, Account Number, Phone Number)

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**CREDITORS** (Name, Address, Phone Number, Credit Card type, Balance Due)

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**MORTGAGE** (Mortgage Company Name and Phone Number, Account #, Homeowner Insurance Company Name, Policy # and Phone Number)

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## **5. NAMES AND LOCATIONS OF IMPORTANT DOCUMENTS.**

<b><u>TYPE OF DOCUMENT</u></b>	<b><u>WHERE LOCATED</u></b>
<b>DD Form(s) 214 (Discharge Record)</b>	<hr/>
<b>Retirement Orders</b>	<hr/>
<b>Medical and Dental Records</b>	<hr/>
<b>Most Current Retired Pay Statement</b>	<hr/>
<b>VA Disability Paperwork</b>	<hr/>
<b>Marriage Certificate(s)</b>	<hr/>
<b>Divorce Decree(s)</b>	<hr/>
<b>Birth Certificates</b>	<hr/> <hr/> <hr/>
<b>Adoption Papers</b>	<hr/>
<b>Death Certificates (previous marriages)</b>	<hr/> <hr/>
<b>Safe Deposit Box</b>	<hr/>
<b>Living Will</b>	<hr/>
<b>Last Will and Testaments</b>	<hr/>

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Vehicle Titles and Registrations

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Passports

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Insurance Policies

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Investment Papers

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Tax Returns

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Real Estate Deeds

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## 6. PERSONAL DESIRES.

Who should be notified of your death? (Name, Relationship, Address and Phone Number)

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Do you want to be buried or 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?

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Do you have a preference of funeral home? YES NO If yes, which one?

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Do you want a military honor guard? YES NO

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**BURIAL BENEFITS FOR RETIREES FROM THE NATIONAL CEMETERY ADMINISTRATION:** Burial benefits available include a gravesite in any of over [120 national cemeteries](#) with available space, opening and closing of the grave, perpetual care, a [Government headstone or marker](#), a grave liner for casketed remains, [a burial flag](#), and a [Presidential Memorial Certificate](#), at no cost to the family. Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.

**7. NOTIFICATION REQUIREMENT.** Notify the retiree's service branch (USAF, Army, Marines Corps, Navy or Coast Guard) Casualty Assistance Office, Defense Finance and Accounting Service (DFAS), and other government agencies (i.e., VA, Social Security, etc) of the death of a retiree. Provide the following information when calling:

- Retiree's full name, grade, Social Security number, date of retirement
- Date and place (city and state) of death
- Cause (layman's terms) of death
- Name, relationship, phone number, and address of next of kin.
- Date and place of funeral, if known.

Camp Pendleton Retired Activities Office: 760-725-9791

Marine Corps Base (Name and telephone Number): \_\_\_\_\_

Army Casualty Assistance Office: 800-626-3317

Navy Casualty Assistance Office: \_\_\_\_\_

Marine Corps Casualty Assistance Office: 800-269-5170

Coast Guard Casualty Assistance Office: 800-772-8724

DFAS Cleveland Office (Retired Pay): 800-269-5170

Veterans Administration (if receiving Disability Compensation): 800-827-1000

## **8. IMPORTANT TELEPHONE NUMBERS.**

Retired Pay (Cleveland DFAS): 800-321-1080

DEERS Office: 800-538-9552

Camp Pendleton Main Gate ID Section: 760-725-2768

ID Card Facility at the nearest military facility to your house:

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Casualty Assistance Office at the nearest military facility: \_\_\_\_\_

Camp Pendleton Retired Activities Office: 760-725-9791

Retiree Activities Office at the nearest military facility: \_\_\_\_\_

Veterans Group Life Insurance (VGLI): 800-419-1473

Social Security Administration: 800-772-1213

Medicare: 800-633-4227

Military Personnel Records Center: 314-538-4218

State Veterans Affairs Office: \_\_\_\_\_

American Red Cross Office: \_\_\_\_\_

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### **9. ADDITIONAL INFORMATION.**

- Retirement Pay will stop upon the death of a retiree.
- Spouse and other family members authorized an ID Card will have to get a new one.
- Turn in the Retiree ID Card to the nearest military facility.
- Scheduled an appointment with the nearest Casualty Assistance Office for a briefing.
- Schedule an appointment with the VA and your state Veterans Affairs office for briefing on your benefits and entitlements.

\_\_\_\_\_  
RETIREE'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**CONTINUATION (If insufficient spaces on other pages)**

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