

CASUALTY ASSISTANCE CHECKLIST

(to be completed by retired Soldier and/or spouse and kept in your files for your survivors to use)

Name: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Date of Retirement: _____ Retired grade/rank: _____
Enrolled in RSFPP, SBP (circle all that apply) Did you disenroll from SBP? YES NO
VA Claim #:
Eligible to draw VA disability compensation (even if not in receipt now): YES NO
Receiving Social Security? YES NO If yes, age at which first received:
Organ donor? YES NO (circle one)
Is there a living will? YES NO

SPOUSE INFORMATION

Name: _____ Date of birth: _____ SSN: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage (City, State, Country): _____

CHILD(REN) INFORMATION

Name Birth date Address/Phone/E-mail Capable of self-support?

INSURANCE POLICIES

Policy # Company Amount (include "as of" date) Beneficiary Agent phone/E-mail/Web site

LONG TERM CARE INSURANCE

Policy# Company Type of coverage Agent phone/E-mail/Web site

INVESTMENTS

Type (IRA, CD, Mutual Fund) Company Amount (include "as of" date) Agent phone/E-mail/Web site

Safe-Deposit Box	_____
List Contents	_____
Will	_____
Vehicle Registration & Title	_____
Insurance policies	_____
Investment papers	_____
Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real Estate deeds	_____
Tax returns	_____
Other	_____

PHONE/E-MAIL/WEB SITES

Retired and Annuitant Pay: 1-800-321-1080; Web site <http://www.dod.mil/dfas>; Online account access: <https://myPay.dfas.mil>

Retirement Services Officer: 334-255-9124 (Fort Rucker, AL)

Update ID card information: 334-255-2182 (Fort Rucker, AL)

Veterans Affairs: 1-800-827-1000; VA Insurance 1-800-669-8477; Web site <http://www.va.gov>

Social Security 1-800-772-1213; Web site <http://www.ssa.gov>