

LOCATION OF DOCUMENTS

Will: _____

DD214 (all): _____

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):

Retirement Orders or 20-year Letter: _____

Safe deposit box (list contents): _____

Insurance policies: _____

Tax returns: _____

Investment papers (CDs, Mutual Funds, IRA, etc.):

Burial plot information: _____

Medical and dental records: _____

Real estate deeds: _____

PHONE NUMBERS/WEBSITES

Casualty Assistance Office (call upon retiree's death):
1-800-626-3317; from overseas, call collect (502) 613-3317
<https://www.hrc.army.mil/site/Active/tagd/CMAOC/CasualtyAssistance/reportingadeath.htm>

Retirement Services Office (follow-up assistance):
Pages 13/14 of Army Echoes
<http://www.armyg1.army.mil/rso/rso.asp>

Retired/Annuitant Pay: 1-800-321-1080 <http://www.dfas.mil>

VA: 1-800-827-1000 <http://www.va.gov>

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

Update ID card information: 1-800-538-9552; (831) 583-2500

WEBSITE: <http://www.armyg1.army.mil/retire>

For more information on retirement topics, here are some of the pamphlets, prepared by HQDA, Army Retirement Services, 200 Stovall Street, Alexandria, VA 22332-0470, and available from your Retirement Services Officer (RSO):

Retirement Services Offices

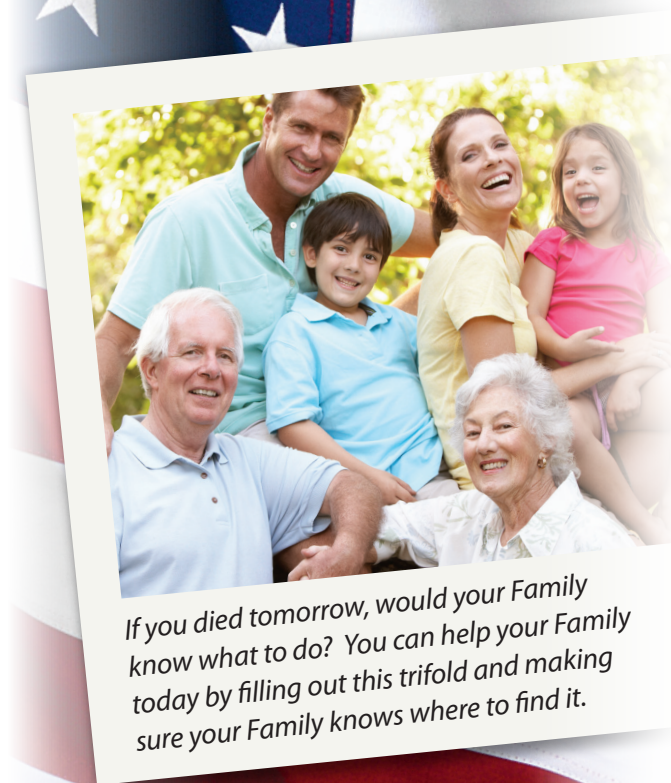
The Survivor Benefit Plan (SBP) Basic Questions Answered

Survivor Benefit Plan — Facts vs. Myths

Uniformed Services Former Spouses' Protection Act



RETIREE CASUALTY ASSISTANCE CHECKLIST



RETIREE CASUALTY ASSISTANCE CHECKLIST

RETIREE INFORMATION

Name: _____

Social Security number: _____

Date and place of birth: _____

Date of retirement: _____

Retired grade/rank: _____

SURVIVOR BENEFIT PLAN

Enrolled in **RSFPP** **SBP** **RCSBP**
(Circle any that apply)

Did you disenroll? **YES** **NO**

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**

SPOUSE INFORMATION

Name: _____

Date of birth: _____

Social Security number: _____

Date of marriage: _____

Place (City, County, State): _____

CHILDREN INFORMATION

Name: _____

Address: _____

Date of birth: _____

Incapable of self-support? **YES** **NO**

INSURANCE POLICIES

Policy #: _____

Company: _____

Amount (include "as of" date): _____

Beneficiary: _____

Agent phone/email: _____

INVESTMENTS

Type (IRA, CD, Mutual Fund): _____

Amount (include "as of" date): _____

Agent phone/email: _____

BANK ACCOUNTS

Bank & phone/website: _____

Type of acct: _____

Amount (include "as of" date): _____

Account #: _____

CREDITOR

Name & address: _____

Phone/email: _____

Account #: _____

Balance Due (include "as of" date): _____

BURIAL INFORMATION

I would like to be: **Buried** **Cremated**

Who should be notified of your death:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name of cemetery where you want to be buried or have your ashes inurned:

Do you want to be buried in your uniform? **YES** **NO**

Do you want a funeral? **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**

Help your Family today by filling out this trifold and making sure your Family knows where to find it.