

Personal Affairs Workbook and Survivor Guide to Benefits

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This guide provides an introduction to the most important issues that loved ones face during difficult times. Please fill in the information and have it available for your spouse. Be assured that the Casualty Office assistance is not limited to the subjects covered here. If you need additional help, please ask and it will be provided. Your first contact at time of death for either spouse is the Casualty Assistance Officer.

Who to Contact

Nearest Casualty Assistance Officer is:

Name: Mr. David Day

Location: Barksdale AFB, LA

Phone/FAX/Cell: 318-456-2212


To find the nearest Casualty Officer call:

Army: 1-800-626-3317

Marine: 1-800-847-1597

Navy: 1-800-368-3202

Air Force: 1-877-353-6807

 **WARNING-This booklet is no good unless filled in and both husband & wife do what must be done-together!**

**PERSONAL AFFAIRS WORKBOOK
AND
A SURVIVOR'S GUIDE TO BENEFITS**

A complete record of your personal information and financial situation will prove to be a valuable asset to your survivors and help them handle the many subjects that need attention in the event of your death. This workbook will help you put your affairs in order and aid your survivors as they deal with the paperwork and notifications that follow death.

**Prepared by Col. Steve dePyssler, USAF Retired.
Director Retiree Activities Office (RAO)**

**MAIL: Retiree Activities Office
P.O. Box 134
Barksdale AFB, LA 71110**

E-MAIL: RAO@barksdale.af.mil.

PHONE: 318-456-5976 or 318-456-4480

TOLL FREE: 1-866-544-2412

FAX: 318-456-3520

**WOULD APPRECIATE ANY RECOMMENDATIONS OR COMMENTS THAT WOULD
MAKE THIS A BETTER WORKBOOK FOR MILITARY RETIREES AND THEIR
DEPENDENTS.**

Chapter 1 Personal Information

First	Middle	Last
Retired grade	Service	Social Security number
Street address	City and State	ZIP Code
Service number	VA claim number, if applicable	

Date and type of retirement _____ Email Address: _____
_____ 20+ years _____
_____ Reserve _____
_____ Disability _____
Spouse: _____
Maiden Name: _____
Birthdate: _____

Place and date of birth:

Town	State	Month, day, year
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Naturalization (if applicable):

By (Designation and location of court granting naturalization)

Parents' names:

Father	First	Middle	Last
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Date and place of birth

Mother	First	Middle	Last
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Date and place of birth

Your marriages:

To whom	First	Middle	Last
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Your marriages:

To whom	First	Middle	Last
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Place and Date	Town	State	Month, Day, Year
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If terminated, show reason, place and date

To whom	First	Middle	Last
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Place and Date	Town	State	Month, Day, Year
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If terminated, show reason, place and date

Children: Full name(s). date(s) of birth, address(es): _____

Personal lawyer or trusted friend who may be consulted in regard to my personal or business affair

Name	Telephone
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Street	Town	State
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Family Records Location:

Birth certificates or other proof of date of birth of self and each member of immediate family: _____

Adoption papers: _____

Naturalization papers if applicable: _____

Marriage certificate: _____

Divorce decree, death certificates or certified copies thereof in case of either spouse: _____

Other Important Papers:

Will: I have a Will Date of Will _____ Have not a will

Will located at: _____

Executor's name and address:

Lawyer's name and address:

Power of Attorney for Financial Affairs: I have have not

Dated	Agent	Address
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Power of Attorney for Health Care have have not

Safety Deposit Box:

Name of bank or trust company

Address

Location of key

Chapter 2 Military

Military Service:

Retirement order, separation papers, awards and decorations, personal medical records, etc. _____

Only essential documents is DD-214 Report of Separation required by Funeral Director for getting burial flag from post office. If not found, retirement order will suffice.

_____ Army _____ Marine _____ Navy _____ AF _____ CG

Year Retired: _____ and _____ number of years served

Military Retired Pay:

Keep last statement and where filed. Contains extremely valuable information on allotments for insurance premiums, bonds, and more.

Survivor benefit plan (SBP)

_____ Yes _____ No

Current 55% Annuity Amount shown on last pay statements:

As of (date) _____ Annuity \$ _____

Retired Servicemans Family Protection Plan (RSFPP)

_____ Yes _____ No Annuity Amount \$ _____

Shown on last pay statement

I have waived all or part of my military retired pay in favor of Department of Veterans Affairs (VA) Disability Compensation or combined Civil Service Payment.

_____ Yes _____ No

Chapter 3 Medical

Retiree

Tricare-Prime _____ Tricare-Standard _____ Tricare-For-Life _____

Insurance for Standard

Company _____ Cost _____

Doctors (His)

Family _____ Phone No. _____

Wife

Tricare-Prime _____ Tricare Standard _____ Tricare-For-Life _____

Insurance for Standard

Company _____ Cost _____

Doctors (Hers)

Family _____ Phone No. _____

Chapter 4 Financial

Bank and Credit Union Accounts;

Type of account

Joint or individual	Account No. _____
Joint or individual	Account No. _____
Joint or individual	Account No. _____
_____	_____
_____	_____
_____	_____

IRA – Retirement Account

<u>His/Her</u>	<u>Location</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

401K – Retirement Account

<u>His/Her</u>	<u>Location</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Annuities

<u>Type: SPDA/SPIA</u>	<u>\$ Amount</u>	<u>Location</u>	<u>Phone</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pencil in amount as it will change.

United States Savings Bonds:

Where kept

Approximate value (attach listing or serial numbers and denominations, if desired)

Stocks, Bonds and Securities Owned:

TRUST Yes No

NAME

POLICY No.

PHONE

Kind of Trust: _____

INCOME TAX: Copies of my federal, city, state, parish or county, income tax returns and related papers are located at: _____

Present Monthly Income-Direct Deposits and/or checks:

Remarks

Military Retired Pay: \$ _____

Social Security – His: \$ _____

Social Security – Hers: \$ _____

VA Disability: \$ _____

IRA – His: \$ _____

IRA – Hers: \$ _____

Civilian Job Income: \$ _____

Investments: \$ _____

TOTAL \$ _____

Surviving Spouse Monthly Income – Direct Deposits and/or checks:

REMARKS

Social Security (Largest of his or hers): \$ _____

Survivor Benefit Plan @55%: \$ _____

VA Dependency & Indemnity Comp: \$ _____

IRA (His + Hers): \$ _____

Civilian Job Retirement Income: \$ _____

Investments: \$ _____

TOTAL: \$ _____

FINANCIAL RECOMMENDATIONS FOR MY WIDOW

CREDIT CARDS

<u>Visa/Master/Other</u>	<u>Number</u>	<u>% Interest</u>	<u>Balance End of Month</u>	<u>As of Date</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Chapter 5 Assets

HOME

Date: _____ Value \$ _____

Mortgage outstanding: \$ _____

Years left _____ Monthly Amount \$ _____

CARS

1. Name/Year _____ Value \$ _____

Loan Outstanding: _____ Years left _____ Monthly \$ _____

2. Name/Year _____ Value \$ _____

Loan Outstanding: _____ Years left _____ Monthly \$ _____

3. Name/Year _____ Value \$ _____

Loan Outstanding: _____ Years left _____ Monthly \$ _____

BOAT

Name/Year _____ Value \$ _____

Loan Outstanding: _____ Years left _____ Monthly \$ _____

Auto Leased Information:

Other Property Ownership or Interest:

Real estate located at

The property is encumbered by a mortgage, trust, deed, etc.

Held by

The property is insured with

Insurance Company

Policy Number

The papers are located at

Location of deed, abstract, mortgage, insurance, contracts and other papers

Chapter 6 Insurance

Life Insurance Policies

Name	Policy No.	Death Benefit	Phone No.	Date
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Recommend annual check of phone numbers and request policy statement

Auto Insurance

<u>Name</u>	<u>Policy No.</u>	<u>Cost</u>	<u>Phone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Property/Home Insurance

<u>Name</u>	<u>Policy No.</u>	<u>Cost</u>	<u>Phone No.</u>
_____	_____	_____	_____

Mortgage Insurance

<u>Name</u>	<u>Policy No.</u>	<u>Cost</u>	<u>Phone No.</u>
_____	_____	_____	_____

Lone-Term-Life Insurance (LTL)

<u>Company</u>	<u>Policy No.</u>	<u>Date Purchased</u>	<u>Premium</u>
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Coverage

Health Insurance (His & Hers)

<u>His-Her</u>	<u>Company</u>	<u>Phone No.</u>	<u>Coverage</u>
_____	_____	_____	_____
_____	_____	_____	_____

None required if over 65 and on Tricare-For-Life

Umbrella Insurance

<u>Name</u>	<u>Policy No.</u>	<u>Phone No.</u>
_____	_____	_____

Highly recommended if you have assets over \$350,000

Burial Insurance

_____ Yes _____ No

If yes – Location/Coverage

Mortgage Insurance _____ Yes _____ No

Name _____

Chapter 7 Veterans Affairs (VA)

A wealth of information concerning compensation and benefits for families of deceased Service members is available from the Department of Veterans Affairs.

Veterans Benefits Administration
 Tel. 1-800-827-1000
<http://www.va.gov>
 Financial Point: 1-888-243-7351
 Montgomery GI Bill/VEAP Refund: 1-888-442-4551
 Survivor's Benefits: 1-800-827-1000
<http://www.vba.va.gov/survivors/index.htm>

Veterans Health Administration
 Tel. 1-877-222-8387
<http://wwwi.va.gov/health/>
 Bereavement Counseling: 202-273-9116
 National Cemetery Administration
 Tel. 1-800-827-1000
<http://www.cem.va.gov>
 Memorial Programs Service: 1-800-697-6947
 Presidential Memorial Certificate Program:
 202-565-4259
 Head Stones and Markers: 1-800-697-6947

Nearest VA Service Officer

<u>Name</u>	<u>Location</u>	<u>Phone No.</u>
_____	_____	_____

VA Service-Connected Disability: Yes No

Percentage Rating: _____% Combat Related: yes No

Amount \$ _____ (As of _____)

Receiving CRSC Payments: Yes No

If yes – Location of Award Letter: _____

If not found, get from VA Service Officer. Need to know all ratings for future re-evaluations and widow claim for VA Dependency and Indemnity Compensation (DIC)

Eligible for Agent Orange Disability: Yes No

Only if served in country - Vietnam

Chapter 8 Survivor Assistance

Identification Cards:

Your spouse should turn in all military ID cards. The survivor assistance officer will help obtain a new card for your spouse and any eligible children. If your spouse is not near a military base, application forms and instructions for getting new cards can be obtained by mail.

Department of Veterans Affairs (VA):

Your surviving spouse might be eligible for Dependency and Indemnity Compensation (DIC). Contact the nearest VA Service Officer who will apply for \$600 if you have a VA Service-Connected Disability and \$2,000 if death is result of Service-Connected Disability. Also, will apply for DIC if appropriate.

Social Security Administration (SSA). At age 60 widow or 50 if disabled, she is entitled to widow's SSA Benefits. A Burial Allowance of \$255 is payable. Contact the nearest SSA Office or call 1-866-777-7887 to expedite claim or 1-800-772-1213. For more information go to www.ssa.gov.

Employer Benefits

Employer	Address	Telephone
Survivor benefits	<input type="checkbox"/> yes <input type="checkbox"/> No	

Probate/Succession

Required in Louisiana if you own property or assets over \$25,000, check your state if and when required. Recommend a fixed attorney price rather than an hourly charge. Fair price in Louisiana including court cost, is \$1,100.

Required: Yes No

Comments:

Membership in Private Associations and Organizations:

You may be a member of several associations or organizations that might be helpful to your spouse. We suggest that you list them below and indicate what assistance, if any, your spouse may expect. Even if you are not a member, some veterans organizations might be of help. List, in particular, such organizations as Military Officers Association of America, a local MOAA chapter, military aid societies, American Legion, Veterans of Foreign Wars, American Red Cross, state veterans departments and so forth.

Name	Address
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Names, Addresses and Telephone Numbers of Friends or Business Associates Who May Be Helpful:

Name	Address	Phone
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Name	Address	Phone
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Chapter 9 Funeral & Burial

Arrangement

Donation of Body

Cremation

Burial

Donation of Body – Locally LA State Anatomical Board, 675-5312 or 675-5320.
Must have permission card prior to death. No funeral director involved.

Funeral service

The funeral director, apart from the unique and indispensable services performed, is usually well informed regarding the administrative details of a military retiree's death.

Name of funeral director.

Name	Address	telephone
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Military ceremony and honors. Yes No

If yes, advise funeral director to arrange with military or Veteran Honor Guard Uniform

Hymns, Psalms, scripture, special requests

Flowers

Open or closed casket

Viewing Yes No

Memorial Service Yes No

Cemetery

_____ Local _____ Phone _____

_____ Arlington National Cemetery, Tel 703-607-8585, <http://arlingtoncemetery.org>

_____ NW LA War Veterans Cemetery at Keithville Phone 318-925-0612

Plot _____ Yes _____ No

Location or plot: _____

Cremation

If cremation is desired, consult your funeral director for instructions. Requests for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers. If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.

Church and clergy. Depending on religious preference for affiliation, a clergyman may be either essential, or merely of assistance. Families with strong religious ties should consult their clergyman before making funeral arrangements.

Clergyman	Telephone – Church
<hr/>	
Address	Telephone - Home

HONOR GUARD

If you desire a Military Honor Guard, request Undertaker make the arrangements. Honor Guard will make the presentation of the flag to the widow or family.

OBITUARY NOTICE

A

A biographical sketch will be helpful in preparing the obituary news story. A photo should be attached. We suggest you include this at the end of this section. Doing this now will save time and confusion when the time comes. Contact a Funeral Home and get a draft form to fill out and get an estimate cost of the obituary.

Memorials and remembrances

Personal Effects:

At the discretion of my executor, next of kin or beneficiaries, I suggest that a suitable disposition of my special effects, not otherwise legally specified, might be as follows:

Clothing

Firearms

Medals

Books

Special equipment

Jewelry

Sword

Plaques and awards

Collections

Works of Art

Stamps/coin collections

Others:

Other: (Enter any additional data)

Chapter 10 Additional Resources-phones

Army Survivor Benefits
Army Casualty
Tel. 1-800-626-3317
<http://www.armycasualty.army.mil>

Navy Survivor Benefits
Navy Casualty
Tel. 1-800-368-3202
<http://www.lifelines.navy.mil>

Marine Corps Survivor Benefits
Marine Corps Casualty
Tel. 1-800-847-1597
<http://www.manpower.usmc.mil>

Veterans Benefits Administration
Tel. 1-800-827-1000
TDD: 1-800-829-4833
<http://www.va.gov>
Financial Point: 1-888-243-7351
Montgomery GI Bill/VEAP Refund: 1-888-442-4551
Survivor's Benefits: 1-800-827-1000
<http://www.vba.va.gov/survivors/index.htm>

Veterans Health Administration
Tel. 1-877-222-8387
<http://www1.va.gov/health/>
Bereavement Counseling: 202-273-9116
Vet.center@HQ.med.va.gov

Arlington National Cemetery
Tel. 703-607-8585
<http://arlingtoncemetery.org>

Tricare
General number: 1-888-363-9116
North region: 1-877-874-2273
West region: 1-888-874-9378
South region: 1-800-444-5445
<http://www.tricare.osd.mil>

Air Force Survivor Benefits
Air Force Casually
Tel. 1-800-433-0048
<http://ask.afpc.randolph.af.mil>

Coast Guard Survivor Benefits
<http://www.uscg.mil/HQ/psc/sbp.rcsbp.shtm>

Social Security Administration
Tel. 1-800-772-1213
Expedited Claim Unit, Tel. 1-866-777-7887
<http://www.ssa.gov>

Defense Finance and Accounting Service (DFAS)
Tel. 1-800-321-1080
<http://www.dod.mil/dfas/>

National Cemetery Administration
Tel. 1-800-827-1000
<http://www.cem.va.gov>
Memorial Programs Service: 1-800-697-6947
Presidential Memorial Certificate
Program: 202-565-4259
Head Stones and Markers: 1-800-697-6947

NW LA War Veterans Home
PO Box 8570
Bossier City, LA 71112
318-741-2763
FAX: 741-2783
www.VetAffairs.com

NW LA Cemetery
7970 Mike Clark Rd
Keithville, LA 71047
318-925-0612

Hey Honey, It is later than we think! Let's do what Steve says and get our affairs in order.

