

## Casualty Assistance Checklist for Survivors

The below Casualty Assistance Checklist highlights some of the things retired Service Members can do to help their Families prepare for the future. It also reflects some of the major benefits the surviving spouse and, in some cases, the children or parents of retired Service Members may be entitled. In planning for the future, it is important to remember that retirement pay stops when the retired Service Member dies, unless the retired Service Member elected to participate in the Survivor Benefit Plan (SBP). In addition, retired Service Members are responsible for ensuring their Families understand that applications must be submitted to the appropriate government agencies before survivor benefits can be paid. It is also a retired Service Member's responsibility to advise their Families to file applications for all other benefits for which they might be eligible. A good plan is supported by documentation, records, and files. The first step in planning and determining tomorrow's needs is knowing what you have today. Therefore, retired Service Members are urged to develop a list of assets and to list the location of important documents that survivors will need to claim these assets. Family Members should be told where this information is on file and should have ready access to them. You can use the enclosed Casualty Assistance Checklist to satisfy this requirement.

### **CASUALTY ASSISTANCE CHECKLIST**

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

#### **SPONSOR INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Enrolled in Survivor Benefit Plan (SBP): YES NO Disenrolled from SBP: YES NO

VA Claim Number: \_\_\_\_\_

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSURANCE POLICIES**

Policy #	Company	Amount (include "as of" date)	Beneficiary	Agent Phone/E-mail/Website
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LONG TERM CARE INSURANCE**

Policy #	Company	Type of Coverage	Agent Phone/E-mail/Website
_____	_____	_____	_____
_____	_____	_____	_____

**INVESTMENTS**

Type (IRA, CD, Mutual Fund)	Company	Amount (include "as of" date)	Agent Phone/E-mail/Website
_____	_____	_____	_____
_____	_____	_____	_____

**BANK ACCOUNTS**

Bank Name	Account #	Type of Acct	Amount (include "as of" date)	Phone/Website
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CREDITORS**

Name & Address	Account #	Balance Due (include "as of" date)	Life Insurance	Phone/E-mail
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BURIAL INFORMATION**

Who should be notified of your death:

Name	Relationship	Address	Phone/E-mail

Do you want a military honor guard: YES NO Do you want to be (circle one): Buried / Cremated

Have you purchased a burial plot: YES NO If yes, location: \_\_\_\_\_

Name and location of cemetery where you want to be buried: \_\_\_\_\_

Do you want to be buried in your uniform: YES NO If yes, location: \_\_\_\_\_

Do you want a memorial service: YES NO If yes, location: \_\_\_\_\_

Do you have a preference of funeral home: YES NO If yes, location: \_\_\_\_\_

**LOCATION OF DOCUMENTS**

**Document**

**Location**

Living Will	_____
Current Retired Pay Statement	_____
Marriage Certificate(s)	_____
Divorce Decree(s)/property settlement(s)	_____
(from previous marriage(s) of	_____
retired Soldier or spouse)	_____
Death certificate(s) (from previous	_____
marriage(s) of retired Soldier or spouse)	_____
Birth certificates/adoption papers	_____
(retired Soldier, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge	_____
Record ) (for all periods)	_____
Safe-Deposit Box (lists content)	_____
Will	_____
Vehicle registration and title	_____
Insurance policies	_____
Investment papers	_____
Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real estate deeds	_____
Tax returns	_____
Other	_____

**Note:** Your selected funeral director will assist you with requesting military funeral honors, if desired. Retirees are eligible for full military funeral honors.

## **POINTS OF CONTACT**

**Please contact the following upon retiree's death:**

**Fort Jackson Casualty Assistance Center (CAC)**, 803-751-4519, 7:30 a.m.-5 p.m., Monday-Friday, to request a casualty assistance officer (CAO) for assistance with processing benefits and entitlements, if desired. Please have the following information available regarding the retiree:

- Full name
- Social security number and/or service number
- Date and Place of Birth
- Retired Rank
- Retirement Date
- Disability Rating
- Next of Kin (NOK) Information
- Copy of the Statement of Service (DD Form 214)
- Copy of the Death Certificate

**Fort Jackson Retirement Services Officer (RSO)**, 803-751-6715, 7:30 a.m.-5p.m., Monday-Friday, to stop retirement pay and process SBP payments, if applicable.

**Department of Veterans Affairs**, 1-800-827-1000; VA Insurance, 1-800-669-8477

**Social Security**, 1-800-772-1213

**U.S. Marine Corps**, 1-800-847-1597

**U.S. Navy**, 1-800-368-3202

**U.S. Air Force**, 1-800-433-0048