



RETIREE SERVICES PROGRAM  
**Retiree Casualty Assistance Checklist**

(To be filled out by retiree for personal and family use) Would your family know where to find the following information? You can help your family today by filling out this checklist and making sure your family knows where to find it.

**Retiree Information**

Name:	SSN:	DOB:
Place of Birth:	Date of Retirement:	Retired Grade/Rank:

**Survivor Benefit Plan** (Check those that apply)

Are you enrolled in:	<input type="checkbox"/>	RSFPP	<input type="checkbox"/>	SBP	<input type="checkbox"/>	RCSBP	<input type="checkbox"/>	Did you disenroll?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------------	--------------------------	-------	--------------------------	-----	--------------------------	-------	--------------------------	--------------------	--------------------------	-----	--------------------------	----	--------------------------

**VA Claim Number:**

Eligible to draw VA disability compensation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Receiving Social Security?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, age first received:	Years:	<input type="text"/>	Months:	<input type="text"/>	Organ Donor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

**Spouse Information**

Name:	SSN:	DOB:
Place of Birth:	Place of Marriage:	Date of Marriage:

**Children Information**

Name:	SSN:	DOB:				
Place of Birth:	Phone Number:	Email:				
Address:	Self-Supporting:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Insurance Policies**

Company:	Policy Number:	Amount:
Beneficiary:	Agent Phone Number:	Agent Email:

**Investments**

Type (IRA, CD, Mutual Fund):	Amount:	Agent Phone Number:	Agent Email:
------------------------------	---------	---------------------	--------------

**Bank Accounts**

Bank Name:	Bank Phone:	Bank Website:
Account Type:	Amount:	Account Number:



RETIREE SERVICES PROGRAM  
Retiree Casualty Assistance Checklist

**Creditor**

Name:		Address:			
Phone Number:	Email:	Account Number:	Balance Due:		

**Death / Burial Information**

Name of Person to Notify of Death:					Relationship:							
Address:					Phone Number:							
Name of Person to Notify of Death:					Relationship:							
Address:					Phone Number:							
<input type="checkbox"/>	Buried	<input type="checkbox"/>	Cremated	Name of Cemetery to be Buried or Inurned:			Buried in Uniform?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Funeral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, where?							
Funeral Home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, which one?			Military Honor Guard?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Location of Documents**

Will:	DD214 (all):	Current Retired Pay Statement:
Marriage Certificate(s):	Divorce decree(s)/property settlement(s)	
Death Certificate(s):	Birth Certificate(s)/Adoption Paper(s):	
Retirement Orders/20 Year Letter:	Safe Deposit Box Location & Contents:	
Insurance Policies:	Tax Returns:	
Investment Documents:	Burial Plot Information:	
Medical & Dental Records:	Real Estate Deeds:	