



VETERANS OF FOREIGN WARS.

G E O R G I A

SURVIVOR'S CHECKLIST

24 October 2023

GEORGIA VFW SURVIVOR'S CHECKLIST

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Key Phone Numbers

Defense Finance and Accounting Service (DFAS)

Retiree and Annuitant pay matters800-321-1080
Casualty matters (Death reports)800-321-1080

Cemeteries, Georgia Veteran

Glennville, 8819 US Hwy 301, Glennville GA 30427912-654-5398
Milledgeville, 2617 Vinson Hwy, Milledgeville GA 31061478-445-3363

Cemeteries, National800-698-2411

Civil Service Retired Operations888-767-6738

Coast Guard Personnel Center800-772-8724

DEERS (Press 3 once connected)800-538-9552

..... www.tricare.osd.mil/deers

ID Card Office (check with local area policies)

Online appointmentsrapids-appointments.dmdc.osd.mil

Insurance

SGLI/VGLI800-419-1473

USGLI, NSLI800-669-8477

Legal Office (Check with nearest military base policies)

Social Security National Office800-772-1213

Veterans Affairs (VA)

Georgia Regional Office.....404-656-2300

Attachments

1. Georgia VFW Member Survivor Checklist
2. DD Form 2656-6 – Survivor Benefit Plan Election Change Certificate
3. DD Form 1174 – Claim for Unpaid Compensation of Deceased Member...
4. DD Form 2866 – Retiree Change of Address
5. DD Form 2894 – Designation of Beneficiary Information

Other Resources (Check local listings)

American Red Cross
Military Treatment Facilities (each determines their policy and availability of services)
Health Benefits Advisors
Pharmacy
Prescription Refills
VA Outpatient Clinics
Veterans Service Officer VSO

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1. CORRESPONDENCE. Correspondence with Government agencies on matters in this checklist may require Social Security numbers for identification purposes. Social Security number documents must be maintained by the survivor, **not** the Post or Post representative.
2. PERSONAL PAPERS. Your personal papers are important for the application of benefits and settling of your estate when you die. Following is a list of the more prominent personal papers and information that should be identified, maintained up to date, and protected in a safe location known to the retiree, trustworthy family member and/or close family friend. See VFW survivor checklist (attachment 1)
3. ACTION FOR THE MILITARY RETIREE WHEN SPOUSE DIES.
 - a. If the VFW member is still on Active duty, contact their chain of command or if in the process of terminal leave contact nearest Military Installation Casualty Assistance Officer (CAO) or Veteran Service Organization (VSO).
 - b. Select a Funeral Director and make arrangements for burial.
 - c. If enrolled in SBP program, submit DD Form 2656-6 (attachment 2) with a copy of the death certificate to Defense Finance and Service (DFAS), Cleveland to stop the pay deduction. This is required even if SBP is paid up.
 - d. Review and update the beneficiaries on any insurance policies.
 - e. Close out the deceased's medical and dental records.
 - f. Review and update legal documents, you will and/or trusts.
 - g. Obtain advice regarding joint financial accounts.
 - h. Obtain advice regarding credit card accounts and the cards.
 - i. Update joint financial accounts.
 - j. Review joint ownership of property, change ownership if appropriate.
 - k. Review payment of deceased's outstanding bills and any joint bills.
 - l. File insurance claims.
 - m. File medical (TRICARE/Medicare/etc.) claims if applicable.
 - n. Review and update supplemental health insurance (Note: Check into a decrease in premiums because of the death).
 - o. Return spouse's ID card to ID Card Office (Copy of death certificate required so that spouse can be deleted from DEERS).
 - p. Contact the Social Security Administration to update Social Security benefits.

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4. ACTIONS FOR SPOUSE OR FAMILY WHEN MILITARY RETIREE DIES:

- a. Have a copy of the deceased's DD Form 214 to assist in the process.
- b. Select a funeral director and make arrangements for burial. This includes military honors.
- c. Contact the CAO or VSO and be prepared to provide the following information:

i. For the deceased retiree

Name: _____ Rank/Rate: _____
Service: _____ Social Security # _____
Date of Death: _____ Cause of Death (Natural, etc.) _____
Date of Birth: _____

ii. For the spouse of the deceased retiree

Name: _____ Phone # _____
Address: _____
Date of Birth: _____ Social Security # _____
Date of Marriage: _____

iii. For the Next of Kin (NOK)

Name: _____ Phone # _____
Address: _____
Date of Birth: _____ Social Security # _____
Relationship: _____

- d. When the information above is received, the CAO or VSO will report the death to Defense Finance and Accounting Service, Cleveland (DFAS-CL). This report may be made directly to DFAS-CL by you or a representative, if desired. Their phone number is 1-800-321-1080.

Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56th St
Indianapolis IN 46249-1200

- e. If the retiree was a participant in SBP, forms for applying for the SBP annuity will be sent to the designated annuitant by DFAS. The CAO or VSO can assist if needed.

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- f. If the Military retiree was also a Civil Service employee, Civil Service Retired Operations must be notified. Call (888)767-6738. The CAO or VSO can assist if needed.
- g. Obtain copies of the death certificate (Normally, the funeral director will apply for the certificate for the survivor). Death Certificates MUST list medical cause of death (if service connected).
- h. Retiree pay stops at midnight on the day of death of the retiree. Any funds for un-earned retiree pay will be pulled back /returned to DFAS. DFAS will request "direct deposit" institutions to return any un-earned deposit to DFAS. DFAS will then send forms (DD1174) (attachment 3) for unpaid retiree pay to the designated recipient. Payment with direct deposit will be used for the unpaid pay to the designated recipient. The CAO or VSO can assist if needed.
- i. Turn in retiree's ID card to the ID /PSD office. The survivor will obtain a new, updated ID card. The Death Certificate is required for DEERS update. (*See #11 below*)
- j. File insurance claims. Report by phone for Government NSLI or SGLI/VGLI insurance policies. The CAO or VSO can assist if needed.
- k. Review and update supplemental health insurance. Normally there will be a decrease in the premium when one of the insured dies. Tricare for Life (TFL) will be addressed with assignment of new ID card and DEERS.
- l. Review and update beneficiaries on insurance policies.
- m. Close out medical and dental records.
- n. Review and update your legal documents to include last will and any trusts.
- o. Obtain advice regarding retiree's credit card accounts and the cards.
- p. Update joint financial accounts.
- q. File medical claims, if applicable. This includes Tricare, Medicare, and any others.
- r. Review and change real estate deeds and automobile title, if applicable.
- s. Contact the Social Security Administration to update Social Security benefits. (*See #15 below*)
- t. If the military retiree was receiving VA disability pay, you must notify the VA Regional office. Call (800) 827-1000. The CAO or VSO can assist if needed.

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5. ACTIONS FOR SURVIVORS WHEN THE ANNUITANT DIES.

- a. The surviving Next of Kin must notify DFAS-CL to report the death of the annuitant. This report may be made directly to DFAS-CL by you or a representative, if desired. Their phone number is 1-800-321-1080. The CAO or VSO can assist if needed.

Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56th St
Indianapolis IN 46249-1200

6. DEATH GRATUITY. If a military retiree dies from causes related to active service within 120 days of retirement, the military will pay the widow(er) or children a Death Gratuity. Contact the military service for details. The CAO or VSO can assist if needed.
7. LEGAL SERVICE. Your nearest Military installation Legal Service Office may provide legal consultation, advice, referral, and minor legal services e.g. standard will to retirees, their widow(er), and eligible dependents. The Military Legal cannot represent clients in court or undertake complicated lengthy cases for individuals.
8. REVIEW, REPLACEMENT, AND CORRECTION OF MILITARY RECORDS. The military services have procedures for replacing military records, e.g. DD Form 214's, and correcting errors in military records to remove injustices or administrative errors. The CAO or VSO can assist in obtaining forms for these procedures. Online access is at vetrecs.archives.gov. The VA can also assist in requests to replace certain service records.
9. RETIREE PAY. The Defense Finance and Accounting Service, Cleveland, Ohio, Telephone (800) 321-1080 administers military retiree pay for all the military services. If you receive retiree pay and change your address DFAS MUST be notified.

Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56th St
Indianapolis IN 46249-1200

10. SURVIVOR BENEFIT PLAN (SBP). For retirees who elected to participate, the SBP will provide your widow(er) with an annuity upon death of the retiree.
 - a. The annuity is administered by the Defense Finance and Accounting Service (DFAS), telephone: (800) 321-1080. Details of SBP coverage i.e. type of coverage, cost, and amount of retired pay covered (Base Amount), and annuity amount are indicated on the Retiree Account Statement (RAS) that is periodically received from DFAS.
 - b. Upon the death of the retiree, forms for applying to start the SBP annuity will be sent to the annuitant by DFAS. CAO or VSO will assist in their completion in the CAO or VSO office if desired.
 - c. If you are receiving an SBP annuity and change your address, inform DFAS of the change at:

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Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56th St
Indianapolis IN 46249-1200

- d. If you are a widow(er) receiving an SBP annuity and decide to remarry before age 55, your annuity is suspended. If remarriage is after age 55, payments will continue.
 - e. If the spouse pre-deceases a retiree who has SBP and SBP has been suspended (*See 3c above*) and the retiree decides to remarry; the marriage must be reported to DFAS within 1 year in order to reactivate the SBP.
11. IDENTIFICATION CARDS. When the retiree who is the sponsor dies, the widow(er) and certain dependents continue to be entitled to certain ID card privileges but are required to renew their ID Cards to verify their privileges and accurately indicate the sponsor as "deceased". Visiting the following can make online appointments for ID cards website: <https://rapids-appointments.dmdc.osd.mil>
12. SERVICE NEWSLETTERS. Each military service issues a periodic newsletter for the benefit of respective retirees and their widow(er)s. The Newsletters are the primary vehicles for the individual services to keep their retirees informed on important matters of concern. The Navy's newsletter is only available online. The Newsletters particularly provide up-to-date telephone numbers. The Newsletters are:
- a. Navy - ***Shift Colors*** (www.npc.navy.mil/ReferenceLibrary/Publications)
 - b. Marine Corps - ***Semper Fidelis*** (www.manpower.usmc.mil) Click on *Semper Fidelis*
 - c. Army - ***Echoes*** (www.armyg1.army.mil/retire)
 - d. Air Force - ***Afterburner*** (www.Retirees.af.mil/afterburner)

When you change your address, be sure to inform DFAS since addresses for newsletters are obtained from DFAS.

13. MEDICAL CARE. Treatment in Military Treatment Facilities (MTF) for military retirees and their dependents is determined by the MTF Command or may be on a "space available" basis under Tricare programs.
14. DENTAL AND VISION CARE. Retirees, dependents and survivors are eligible to enroll in the Federal Government's Dental and Vision program (FEDVIP). Specific information can be obtained on the Tricare website, FEDVIP website or by calling (877) 888-3337.

BENEFEDS website: www.benefeds.com

TRICARE website: www.tricare.mil

15. BENEFITS UNDER THE SOCIAL SECURITY ADMINISTRATION (SSA). One of the first things a widow(er) should do when the retiree dies is contact SSA telephone: (800) 772-1213 to report the death, update Social Security benefits, and to apply for the possible one time lump sum death benefit. Most Funeral Directors will assist in the initial report and

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applying for the lump sum death benefit. If required SSA will make an appointment for the widow(er) via virtual or phone in most cases.

16. BENEFITS UNDER THE DEPARTMENT OF VETERANS AFFAIRS (VA).

- a. The VA administers and determines eligibility for several programs applicable to retirees and their families which are very briefly summarized in this checklist.
- b. Burial. The funeral director normally makes arrangements including burial in a National Cemetery.
 - i. A retiree qualifies for a United States flag for their casket or cremains service, military honors, and a military chaplain, if one is available, to conduct the funeral service. The funeral director usually makes these arrangements.
 - ii. The VA will provide headstones and markers for retiree graves in both National and private cemeteries. The VA does NOT pay for cremation.
 - iii. If the retiree's death is service connected, the VA will pay a burial allowance. For retirees entitled to receive VA compensation, or those who die in VA medical facilities, the VA will pay a burial allowance. For burial in a private cemetery for those retirees entitled to receive VA disability compensation, the VA will pay an allowance. Call 1-800-827-1000 for details.
- c. Keep VA insurance beneficiaries up to date. Information on government life insurance, including the status of government life insurance for individual retirees, is available from the "Department of Veterans Affairs, Regional Office, telephone (800) 827-1000 and/or Insurance Center, P.O. Box 8079, Philadelphia, PA 19101, telephone: (800) 669-8477.

17. CHANGE OF ADDRESS. Be sure to inform DFAS, DEERS and the Social Security Administration (SSA), if you change your address so that you will continue to receive your retiree or annuitant account statements, 1099's for income tax purposes, and other important correspondence. The Change of Address form is DD Form 2866 (attachment 4).

18. CHANGE OF BENEFICIARY. Be sure to inform DFAS, DEERS of the current beneficiary. It is important to have current documentation. The Designation of Beneficiary or Change of Beneficiary form is DD Form 2894 (attachment 5).



VFW MEMBER SURVIVOR CHECKLIST

Name: LAST/MIDDLE/ FIRST	D.O.B.	Service

PERSONAL DOCUMENT CHECKLIST

This checklist provides the necessary data to help aid and assist the surviving family member during their interface with government agencies. In addition to providing the survivor the necessary information to obtain the rights and benefits during their time of need.

PERSONAL	Status	Completion date	Re-eval date
1. Record of personal data			
2. Life Insurance			
3. Next of kin information:			
4. Family Birth certificates			
5. Marriage certificates			
6. Divorce decrees			
7. Social Security numbers or cards			
FINANCIAL	Status	Completion date	Re-eval date
8. Military retirement information DD214 Retirement Orders			
9. Last Retiree Account Statement from DFAS			
10. Financial information Checking Savings Joint acct's			
11. Stock/ Investments location			
12. Tax returns last 5 years			
13. Personal Property real estate Deeds, Vehicle titles			
MEDICAL	Status	Completion date	Re-eval date
14. VA rating judgements			
15. Medical/Dental information (Location)			
16. Medicare/Tricare information			
CIVIL	Status	Completion date	Re-eval date
17. Will			
18. General/Special Power of Attornny			
19. DNR information			
20. Inturnment information/ location			

SURVIVOR BENEFIT PLAN ELECTION CHANGE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 73, subchapters II and III; DoD Instruction 1332.42, Survivor Annuity Program Administration; DoD Financial Management Regulation, Volume 7B, Chapter 43; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by uniformed service retirees to change their Survivor Benefit Plan election upon certain events occurring.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in an incorrect election and/or delayed payment of survivor benefits in the event of the member's death..

INSTRUCTIONS

This form is used to change a Survivor Benefit Plan election. A retired member may change an election under certain circumstances when specific conditions are met. Section III of this form describes these conditions and instructs you what additional sections of the form to complete. Complete this form and submit to the appropriate agency listed below with appropriate documentation, such as marriage certificates, birth certificates, divorce decree, etc., as required. Contact your Service Representative if you have questions or need assistance completing this form. For Army, Navy, Air Force and Marine Corps accounts, send the completed form to: Defense Finance and Accounting Service, U.S. Military Retired Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1200. For Public Health Service accounts, send the completed form to: U.S. Public Health Service/Commissioned Corps, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857-0001.

NOTE: Do **NOT** use this form to elect to terminate SBP coverage under the provisions of Title 10 U.S.C., Section 1448a. Use DD Form 2656-2, "SBP Termination Request".

Do **NOT** use this form to elect coverage for a former spouse. Use DD Form 2656-1, "Former Spouse Election Certificate".

SECTION I - MEMBER INFORMATION

1. NAME (<i>Last, First, Middle Initial</i>)	2. SOCIAL SECURITY NUMBER	3. DATE OF RETIREMENT (YYYYMMDD)	4. DATE OF BIRTH (YYYYMMDD)
5. MAILING ADDRESS (<i>Street, Apartment Number, City, State, and ZIP Code</i>)			6. TELEPHONE NUMBER (<i>Include area code</i>)

SECTION II - CURRENT COVERAGE

7. **MY CURRENT COVERAGE IS:** (*X one*)

<input type="checkbox"/> NO COVERAGE	<input type="checkbox"/> SPOUSE ONLY	<input type="checkbox"/> CHILD ONLY	<input type="checkbox"/> SPOUSE AND CHILD
<input type="checkbox"/> INSURABLE INTEREST	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> FORMER SPOUSE AND CHILD	<input type="checkbox"/> SUSPENDED COVERAGE (<i>See NOTE</i>)

NOTE: Suspended coverage occurs when the member loses his/her spouse beneficiary to death or divorce; or his/her former spouse beneficiary remarries before age 55; or his/her children exceed the age for eligibility.

SECTION III - CONDITIONS THAT TRIGGER ELIGIBILITY TO CHANGE COVERAGE

8. **I AM REQUESTING A CHANGE IN COVERAGE BASED ON:** (*X all that apply*)

<input type="checkbox"/>	MARRIAGE. A member, who does not have a spouse at the time of initial eligibility, may provide SBP for the first spouse acquired after retirement by electing coverage before the first anniversary of that marriage. Coverage and cost begin on the first anniversary of the marriage (<i>coverage begins immediately upon the birth of a child to the member and spouse beneficiary</i>).
<input type="checkbox"/>	REMARRIAGE. A member whose spouse coverage is suspended due to death of the spouse or divorce, has three options upon remarriage (<i>choose one option only by placing an X in the appropriate block</i>): <input type="checkbox"/> (1) Resume existing level of coverage for my new spouse (<i>X appropriate block in Section IV</i>); <input type="checkbox"/> (2) Increase existing level of coverage - up to full retired pay (<i>Complete Section IV</i>); <input type="checkbox"/> (3) Not resume any SBP coverage for my new spouse (<i>Complete Sections VI and VII</i>). The following additional option is available for members who have former spouse coverage, who remarry and the member is allowed to discontinue that coverage: <input type="checkbox"/> (4) Select coverage for my new spouse if my current coverage is former spouse coverage (<i>Complete Section IV</i>). NOTE: An election in Section V which increases my initial level of coverage will result in an amount owed that is equal to the difference between the amount of SBP costs that would have been incurred if the new level of coverage had originally been elected and the amount of SBP costs that I have incurred to date, plus interest. I understand that payment of the amount owed must be made prior to the first anniversary of the remarriage. I also understand that although this election must be submitted within the first year of marriage, my new spouse will not be an eligible SBP beneficiary until the first anniversary of our marriage (or upon the birth of our child born after the date of our marriage, if earlier). My failure to notify DFAS or the PHS payroll office, as appropriate, of my SBP decision will result in automatic coverage at the previous level and a debt for monthly premiums will accrue beginning upon the first anniversary of our marriage. In the event of my death, payment of the monthly premium debt must be completed before my spouse will receive payment of the SBP annuity.
<input type="checkbox"/>	ACQUIRING A DEPENDENT CHILD. A member who does not have a dependent child at the time of initial eligibility for SBP may elect coverage for a dependent child within the one-year period after acquiring the first dependent child.
<input type="checkbox"/>	DIVORCE. A member with spouse coverage who divorces, AND who does not elect former spouse coverage, is automatically in a "Suspended Coverage" status. To elect former spouse coverage, submit DD Form 2656-1, "Former Spouse Election Certificate".
<input type="checkbox"/>	DEATH OF SPOUSE. A member with spouse coverage, who subsequently loses that spouse to death, must select "Suspend Coverage" in Section IV. Reminder: Death does not permanently terminate SBP spouse coverage. Coverage and costs are simply suspended pending future events.

NOTE: If either "Divorce" or "Death of Spouse" is selected, and the member had previously elected spouse and child coverage, the coverage would convert to "Child Only" coverage if the member has an eligible child. Exception: In the event of divorce and the member is required to provide former spouse coverage.

MEMBER NAME <i>(Last, First, Middle Initial)</i>	SSN
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SECTION IV - REQUESTED CHANGE TO COVERAGE

9. PLACE AN X IN THE APPROPRIATE BOX TO INDICATE YOUR ELECTION. **NOTE:** If you are changing to former spouse coverage, disregard this form. Instead, submit DD Form 2656-1, "Former Spouse Election Certificate".

<input type="checkbox"/>	RESUME EXISTING COVERAGE. <i>(Complete Sections VI and VII below.)</i>
<input type="checkbox"/>	SPOUSE ONLY. <i>(Complete Sections V through VII below.)</i>
<input type="checkbox"/>	SPOUSE AND CHILD(REN). <i>(Complete Sections V through VII below.)</i>
<input type="checkbox"/>	CHILD(REN) ONLY. <i>(Complete Sections V through VII below.)</i>
<input type="checkbox"/>	SUSPEND COVERAGE. <i>(Complete Section VII below.)</i>

SECTION V - LEVEL OF COVERAGE

10. If this is an initial election (or if increasing the level of coverage following remarriage), select the monthly amount of retired pay you wish to have the survivor annuity based on. **NOTE:** You cannot decrease the level of existing coverage. Your covered spouse beneficiary will receive an annuity that will pay 55 percent of the level of coverage you select until their age 62 and will pay between 45 to 50 percent during the phase-out of the two-tier method (October 2005 - March 2008). Effective April 1, 2008, the annuity regardless of age will be 55 percent of the level of coverage selected. The annuity paid to a child or children totals 55 percent (divided in equal shares). Children annuities are payable to children who are: under age 18; or under age 22 if full time, unmarried students; or any age if disabled and incapable of self-support before 18 (or 22, if while a full time student). An insurable interest annuity is 55 percent of the difference between retired pay and the premium for coverage. Insurable interest annuities remain at 55 percent of the net base amount regardless of age.
Place an X in the appropriate box to indicate your election.

<input type="checkbox"/>	FULL RETIRED PAY.
<input type="checkbox"/>	REDUCED AMOUNT OF RETIRED PAY <i>(Cannot be less than \$300.00)</i> \$ _____

SECTION VI - SPOUSE AND CHILD(REN) INFORMATION *(If applicable)*

11. a. SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	12. DATE OF MARRIAGE <i>(YYYYMMDD)</i>
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13. DEPENDENT CHILDREN. Complete this section for your unmarried, dependent children who are under age 18; or under age 22 if full time students; or any age if disabled and incapable of self-support before age 18 (or 22 if a full time student).

a. CHILD'S NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. RELATIONSHIP <i>(Son, daughter, stepson, etc.) (Indicate "FS" if from previous marriage)</i>	e. DISABLED? <i>(Yes/No)</i>

SECTION VII - MEMBER SIGNATURE

A NOTARY PUBLIC OR SBP COUNSELOR MUST WITNESS THE MEMBER'S SIGNATURE. The witness cannot be the member's spouse, or beneficiary.

14. SIGNATURE OF MEMBER	15. DATE SIGNED <i>(YYYYMMDD)</i>
16.a. PRINTED NAME OF WITNESS <i>(Last, First, Middle Initial)</i>	b. SIGNATURE
d. MAILING ADDRESS OF WITNESS <i>(Include ZIP Code)</i>	c. DATE SIGNED <i>(YYYYMMDD)</i>
	e. (For Notary Use Only) MY COMMISSION EXPIRES: <i>(YYYYMMDD)</i>

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A.

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age 4. Is designation of beneficiary for unpaid compensation on file with service? _____ (Yes or No)
		5. Are you named beneficiary? _____ (Yes or No)
6. Claimant(s) State of Legal Residence	7. Name, rank or rating, service number, and social security number of decedent	8. Date of Death 9. Name of Service 10. Decedent's domicile

Part B (To be completed by the widow of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? _____

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after names which class) or the descendants of deceased children.
 - (c) If not widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether nature, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters)

Name and Social Security Number	Age	Relationship to Deceased	Address

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statements should be

I/we have been duly appointed _____ of the estate of the deceased, as evidence, as evidenced by
(Executor or administrator)

certificate of appointment herewith, administration having been taken out in the interest of

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE, --If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be _____
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
FILL IN PART E. ALL OTHER MUST.**

Part E

Have the funeral expenses been paid _____ (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses _____

**FINES, PENALTIES, and FORFEITERS are imposed by law for the making of false or fraudulent
claims against the United States or making of false statements in connection therewith.**

(Signature of claimant)

(Date)

(Signature of claimant)

(Date)

(Street address)

(Street address)

(City, State and ZIP code)

(City, State and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the _____ and that
(Name(s) of claimant)
the signature(s) of the claimant(s) was (were) affixed in our presence.

(Signature of witness)

(Signature of witness)

(Street address)

(Street address)

(City, State and ZIP code)

(City, State and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowance should accompany this claim.

RETIREE CHANGE OF ADDRESS REQUEST/STATE TAX WITHHOLDING AUTHORIZATION

(Read Privacy Act Statement before completing this form.)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C., Chapters 53, 61, 63, 65, 67, 69, 71, 73, 74; 10 U.S.C. Sec. 1059, and 1408(h); 38 U.S.C. Sec. 1311 and 1313; Pub. L. 92-425; Pub. L. 102-484 Sec. 653; Pub. L. 103-160 Sec. 554 and 1058; Pub. L. 105-261, Sec. 570; DoDI 1342.24, Transitional Compensation for Abused Dependents; DoD Financial Management Regulation 7000.14-R, Volume 7B and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To change a member's address in the military retired pay system so that the information is current and accurate, and allow the member to start, stop, or change tax withholding information which will allow for the proper computation of the member's pay. Applicable SORNs: T7347b.

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy and to avoid redundancy.

DISCLOSURE: Voluntary; however, failure to furnish the requested information could result in non-receipt of payments/correspondence and/or incorrect deductions for tax purposes being made from your retired pay. The Social Security Number is required to identify the correct member/annuitant account information and required to be reported by utilizing the individual's SSN for tax purposes.

PART I - CHANGE OF ADDRESS (Please print or type all information.)

1. MEMBER'S NAME			2. SSN	
a. LAST	b. FIRST	c. MIDDLE INITIAL		
3. NEW CORRESPONDENCE ADDRESS				
a. OTHER ADDRESS INFORMATION				
b. NUMBER AND STREET OR ROUTE				
c. CITY		d. STATE	e. ZIP CODE	

PART II - STATE INCOME TAX WITHHOLDING AUTHORIZATION (Please print or type all information.)

Deduction from military pay for state tax withholding is voluntary. Complete this form with or without a change of address if you wish to start, change, or terminate state tax withholding.

4. MARK (X) ONLY ONE BOX BELOW. THIS FORM MUST BE SIGNED AND DATED.

<input type="checkbox"/>	a. I wish to start state income tax withholding from my payments for the state and monthly amount indicated below. The monthly amount must be in whole dollars and not less than \$10.00.
<input type="checkbox"/>	b. I wish to change my state and/or monthly amount for state tax withholding purposes as indicated below.
<input type="checkbox"/>	c. I authorize that state income tax withholding deduction from my pay be terminated.
d. STATE	e. WITHHOLDING AMOUNT \$
f. SIGNATURE	g. DATE SUBMITTED (YYYYMMDD)

RETURN COMPLETED AND SIGNED FORM TO:

Defense Finance and Accounting Service
US Military Retired Pay
8899 E. 56th Street
Indianapolis, IN 46249-1200

DESIGNATION OF BENEFICIARY INFORMATION

*(Read Privacy Act Statement and Instructions on back before completing this form.)
(After completing this form, make a copy for your records.)*

1.a. RETIRED MEMBER'S NAME <i>(Last, first, middle initial)</i>	b. SSN
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2. DESIGNATED BENEFICIARY INFORMATION			
a. (1) SHARE %	(2) FULL NAME <i>(Last, first, middle initial)</i>	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		
b. (1) SHARE %	(2) FULL NAME <i>(Last, first, middle initial)</i>	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		
c. (1) SHARE %	(2) FULL NAME <i>(Last, first, middle initial)</i>	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		
d. (1) SHARE %	(2) FULL NAME <i>(Last, first, middle initial)</i>	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		
e. (1) SHARE %	(2) FULL NAME <i>(Last, first, middle initial)</i>	(3) SSN	(4) RELATIONSHIP
	(5) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>		

3. IF YOU DO NOT ELECT TO DESIGNATE BENEFICIARIES ABOVE, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR FAMILY MEMBERS WHO MAY BE CONTACTED IN THE EVENT OF YOUR DEATH.			
a.	(1) FULL NAME <i>(Last, first, middle initial)</i>	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>			
b.	(1) FULL NAME <i>(Last, first, middle initial)</i>	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>			
c.	(1) FULL NAME <i>(Last, first, middle initial)</i>	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>			
d.	(1) FULL NAME <i>(Last, first, middle initial)</i>	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>			
e.	(1) FULL NAME <i>(Last, first, middle initial)</i>	(2) SSN	(3) RELATIONSHIP
(4) ADDRESS <i>(Street, Apartment Number, City, State and ZIP Code)</i>			

4.a. RETIRED MEMBER SIGNATURE	b. DATE SIGNED
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PRINCIPAL PURPOSE(S): This form is used to determine the beneficiaries of a deceased military retiree for entitlement of unpaid retired pay. Applicable SORNs: [T7347b](#).

ROUTINE USE(S): Certain "[Blanket Routine Uses](#)" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy and to avoid redundancy.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will result in delays in payment of arrears of retirement pay, as well as the inability to pay the designated beneficiary. The Social Security Numbers are required to correctly identify the retiree and beneficiaries.

INSTRUCTIONS

This form is intended to apply to any amounts you are due as a retired member on the date of your death, including retired pay and, if you are eligible, Combat-Related Special Compensation (CRSC). References to unpaid retired pay in this form include CRSC, if applicable. Entitlement to retired pay stops on the date of your death. CRSC payments terminate on the first day of the month in which you die. In order to determine who should receive any retired pay or CRSC you are owed when you die, this form should be completed and returned to:

Defense Finance and Accounting Service
U.S. Military Retired Pay
8899 E. 56th Street
Indianapolis, In 46249-1300

By law, you may designate a beneficiary or beneficiaries you wish to receive your unpaid retired pay. If you specifically elect to designate a beneficiary or beneficiaries, you must list the names of the beneficiaries you desire in the top part of the form (Item 2), their relationship to you (Item 4), their SSN (if available) (Item 3), and their address (Item 5). You can either provide a SHARE percentage to be paid to each person or leave the SHARE percentage blank. If you leave the SHARE percentage blank, any retired pay you are owed when you die will be divided equally among your designated beneficiaries. Complete all other requested information. If you list more than one person with a 100% SHARE, we will pay in the order of the beneficiaries as you list them on the form. If, for example, you designate two beneficiaries, then the SHARE percentage can be blank, 100% for each beneficiary, or the SHARE percentages when added together must equal 100%. Similarly, if you designate three beneficiaries, then the SHARE percentage can be blank or equal one of the following combinations: 100% for each of the beneficiaries; or, if you designate 100% for one of the beneficiaries, the sum of the SHARE percentage for the remaining two must equal 100%; or, the sum of the SHARE percentage for all three beneficiaries must be 1/3 each. If you designate beneficiaries, you should update your beneficiary information whenever there is a change in your marital status or whenever you choose different beneficiaries.

If you designate more than 5 beneficiaries, you must submit your beneficiary designation in a signed letter to the return address listed above. To be valid, a beneficiary designation must be received by DFAS before the date of your death.

If you are not specifically designating beneficiaries, complete the bottom of the form (Item 3) with the Name, Social Security Number (if available), Relationship and Address of your living family members who may be contacted upon your death regarding the unpaid retired pay. The names provided should include spouse, children, parents and siblings. If you do not elect to specifically designate beneficiaries to receive your unpaid retired pay upon your death, or the designated beneficiary dies before you, the amount due will be paid to the person or person(s) highest on the following list living at the time of your death: (1) your spouse; (2) your children and their descendants, by representation; (3) your parents, in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate; and (5) persons entitled under the law of your domicile. When you complete the form, you must enter your Social Security Number and sign the form. Forms or letters that contain incorrect SHARE percentages will be returned for correction. Forms or letters that do not contain your Social Security Number or your signature will be returned to you unprocessed.