

*** * IMPORTANT INSTRUCTIONS * ***

**Please PRINT THIS PAGE and attach this note
to your will or final instructions.**

**In the case of my death, please immediately notify the U.S.
Submarine Veterans Inc. Charleston Base (USSVI CB) at one
of the following numbers:**

- **Base Commander – Ed Stank – 843-569-6012**
- **Vice Base Commander – Jerry Stout – 843-871-9533**
- **Membership Chairman – Don Mook – 864-245-2005**
- **Chief of the Boat – Rick Sparger – 843.553.5594**
- **Chaplain – Nick Nichols – 843.452.3189**

**Please give the person you contact the information regarding
my death, funeral, and burial arrangements, plus who they can
contact for follow-up and support.**

**This information can also be emailed to the USSVI CB
Membership Chairman at: membership@ussvicb.org**

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How to get replacement records

From Retired Activities

There are numerous reasons to have your DD Form 214 or retirement orders readily available to assist you or your family. If you have lost your retirement paperwork and don't know how to get a new copy, or need a copy of other military records, contact one of the below sources.

If you retired prior to 1995, go to www.archives.gov/veterans to request a

DD Form 214. You can also call 1-866-272-6272.

If you retired after 1995 mail your request to:

Commander
Navy Personnel Command
(PERS-312E)
5720 Integrity Drive
Millington, TN 38055-3120

Or you can fax your request to 901-874-2664.

Your request should list exactly what you want (i.e. DD Form 214, service record or medical records), and contain both your identification information and signature.

Gray area reservists (retired reservists not yet receiving retired pay) who have questions regarding their records, as well as their benefits and entitlements, should call the Navy Personnel Command Customer Service Center at 866-827-5672.

Do you know a widowed spouse of a retiree?

If you know any widows/widowers of Navy retirees and you are not sure if they are up to date on their current benefits and entitlements, have them contact the Navy Retired Activities Branch at 1-866-827-5672. This office wants to help those who may be in need of assistance.

RAO volunteers needed

The Navy currently has over 50 Retired Activities Offices (RAOs) worldwide staffed entirely by volunteers. The Navy depends on these volunteers to assist the retiree community. Volunteers are trained to assist retirees and their families in claiming benefits and entitlements after the death of a retired Sailor, as well as plan and conduct annual Retiree Appreciation Days. Most RAO volunteers spend a few hours a week in the office. If you are interested in being a volunteer, please contact your nearest RAO or call the Navy's RAO program manager toll free at 1-866-827-5672 and ask for extension 4308.



Signing in...

Retired Navy captain and former astronaut Jim Lovell and his wife, Marilyn Gerlach, sign the final roofing beam to be lifted into place during the topping-off ceremony for the Captain James A. Lovell Federal Health Care Center. The building will be the first completely integrated Department of Defense and Department of Veterans Affairs health care center. Located near Naval Station Great Lakes, Ill., the center is scheduled for completion in August 2010. (Photo by Bill Couch)

Ready Reference Contact Information

Air Force Retiree Services: (800) 531-7502; www.retirees.af.mil/
Arlington National Cemetery: (703) 607-8000; www.arlington-cemetery.org

Armed Forces Retirement Home: (800) 422-9988; www.afrh.gov
Army & Air Force Exchange Service: (214) 312-2011; www.aafes.com

Army Retired Services: (703) 325-9158; www.armyg1.army.mil/retire

Burial at Sea Information: (866) 787-0081; www.npc.navy.mil

Combat Related Special Compensation:
www.donhq.navy.mil/corb/crscb/crscmainpage.htm

DEERS: (800)-538-9552, Fax: (831) 655-8317;
www.tricare.osd.mil/deers

Defense Commissary Agency: www.commissaries.com

DFAS Casualty Assistance Branch: (800) 269-5170; (For Reporting a Retiree's death, press 2)

Fleet Reserve Association: (703) 683-1400; www.fra.org

Gulf War homepage: www.gulfink.osd.mil

I.D. Cards Benefits and Eligibility: (866) 827-5672;
www.npc.navy.mil/commandsupport/PayPersSupport/IDcards

Internal Revenue Service: (800) 829-1040; www.irs.gov
Marine Corps Retired Affairs: (800) 336-4649; www.usmc.mil
(Hover over "Marine Services" then click on "Retired Services")

Medicare: (800) 633-4227. TTY: (877) 486-2048; www.medicare.gov

Military Officers Assoc. of America: (800) 234-6622; www.moaa.org

National Burial Services: (800) 697-6940

NPC Navy Reserve Personnel Management (PERS 9): (866) 827-5672,
www.npc.navy.mil/CareerInfo/ReservePersonnelManagement/
Navy Retired Activities Office: (866) U-ASK-NPC (866-827-5672);

MILLRetiredActivities@navy.mil;

www.npc.navy.mil/CommandSupport/RetiredActivities

Navy Uniform Shop: (800) 368-4088; www.navy-nex.com/uniform

Navy Worldwide Locator: (901) 874-3388;

www.npc.navy.mil/CommandSupport/NavyWorldWideLocator

Reserve Component SBP: (877) 807-8199

Retiree Dental — Delta Dental: (888) 838-8737; www.trdp.org
Servicemembers Group Insurance (SGLI): (800) 419-1473;
www.insurance.va.gov

Naval Historical Center: (202) 433-2210; www.history.navy.mil

Social Security Administration: (800) 772-1213; www.ssa.gov

Pay/SBP Questions: www.dfas.mil

Pay inquiries and update of pay or SBP records in case of death, divorce or remarriage:

Retiree:

Defense Finance and Accounting Service
U.S. Military Retirement Pay
PO Box 7130

London KY 40742-7130
(800) 321-1080, (216) 522-5955

SBP/RSFPP annuitant:

Defense Finance and Accounting Service
U.S. military Annuitant Pay
PO Box 7131

London KY 40742-7131
(800) 321-1080, (216) 522-5955

TRICARE: www.tricare.mil

TRICARE North: (877) TRICARE (874-2273); www.hnfs.net/:
CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH,
PA, RI, VT, VA, WI, WV, some zips in IA, MO, TN

TRICARE South: (800) 444-5445; www.humana-military.com:
AL, AR, FL, GA, LA, MS, OK, SC, TN (except 35 TN zips near
Fort Campbell), and TX (except the extreme SW El Paso area)

TRICARE West: (888) TRIWEST (874-9378); www.triwest.com:
AK, AZ, CA, CO, HI, ID, IA (except 82 zips near Rock Island),
KS, MO (except St. Louis area), MN, MT, ND, NE, NM, NV, OR,
DE, SW TX, UT, WA, WY

TRICARE Overseas: (888) 777-8343; www.tricare.mil

TRICARE For Life: (866) 773-0404; www.tricare.mil/tfl

TRICARE mail order pharmacy: (866) 363-8667;

www.tricare.mil/pharmacy

TRICARE retail pharmacy: (866) 363-8779;

www.express-scripts.com

VA: www.va.gov

Regional offices: (800) 827-1000 (overseas retirees should
contact the American Embassy/consulate), TDD (800) 829-4833

Insurance:

VA Regional Office and Insurance Center

PO Box 7208 (claims inquiries) -OR-

PO Box 7327 (loans) -OR-

PO Box 7787 (payments)

Philadelphia PA 19101

(800) 669-8477; www.insurance.va.gov

Burial information: (800) 827-1000; www.cem.va.gov

GI Bill: (888) 442-4551; www.gibill.va.gov/

Records:

**For replacement DD 214, service records, medical records,
award information:**

Retired prior to 1995: www.vetrecs.archives.gov

Retired after 1995:

Navy Personnel Command

PERS-312E

5720 Integrity Drive

Millington, TN 38055-3120

Fax requests to: (901) 874-2664

Gray-area reservists: (866) 827-5672

Sister service retiree publications:

Air Force Afterburner: www.retirees.af.mil/afterburner

Army Echoes: www.armyg1.army.mil/rso/echoes.asp

Coast Guard Evening Colors: <http://www.uscg.mil/hq/cg1/psc/retnews/>

Marine Corps Semper Fidelis: www.usmc.mil (hover over
"Marine Services," click on "Retired Services," then hover over
"Retired Activities" in the left menu and click on "Semper Fidelis
Newsletter")

Navy recreation: www.mwr.navy.mil/

Navy Gateway Inns & Suites: <http://dodlodging.net>

ITT: http://www.mwr.navy.mil/mwrprgms/itt_military_special.htm

Retiree checklist: What survivors should know

Shift Colors periodically provides a checklist for retirees and their surviving family members. This checklist is designed to provide retirees and their loved ones with some help in preparing for the future.

— Create a military file that includes a copy of retirement orders, separation papers, DD Form 214, medical records, and any other pertinent military paperwork. Make sure your spouse knows the location and telephone number of the nearest military installation.

— Create a military retired pay file that includes the following contact information for the Defense Finance and Accounting Service (DFAS) and Navy Personnel Command:

Defense Finance and Accounting Service
U S Military Retirement Pay
Post Office Box 7130
London, KY 40742-7130
(800) 321-1080 or (216) 522-5955/(800) 269-5170 (for issues regarding deceased members)

Navy Personnel Command
(N135C)
Retired Activities Branch
5720 Integrity Drive
Millington, TN 38055-6220

(This file should also include the number of any pending VA claim as well as the address of the local VA office; a list of deductions currently being made from retired pay or VA benefits. Also include the name, relationship and address of the person you have designated to any unpaid retired pay at the time of death. This designation is located on the back of your Retiree Account Statement)

— Create an annuities file. This file should include information about the Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan (RCSBP) or the Retired Serviceman's Family Protection Plan (RSFPP), or any applicable Civil Service annuity, etc. Additional information regarding SBP, RCSBP and RSFPP annuity claims can be obtained from DFAS office at (800) 321-1080.

— Create a personal document file that has copies of marriage certificates, divorce decrees, adoptions and naturalization papers.

— Create an income tax file. Include copies of both of your state and federal income tax returns.

— Create a property tax file. Include copies of tax bills, deeds and any other related documents/information.

— Create an insurance policy file. Include life, property, accident, liability and hospitalization policies.

— In a secure location, maintain a list of all bank accounts (joint or individual). Include the location of all deposit boxes,

savings bonds, stocks, bonds and any securities owned.

— In a secure location, maintain a list of all charge accounts and credit cards. Include account numbers and mailing addresses.

— Maintain a list of all associations and organizations of which you are a member. Some of them could be helpful to your spouse.

— Maintain a list of all friends and business associates who may be helpful. Include name, address and telephone number.

— Discuss your plans/desires with respect to the type and location of your funeral service. You should decide about cremation, which cemetery, ground burial, etc. If your spouse knows your desires, it will resolve some of the questions that might arise at a later date.

— Visit a local funeral home and pre-arrange your services. Many states will allow you to pre-pay for services.

— Investigate the decisions that you and your family have agreed upon. Many states have specific laws and guidelines regulating cremation and burials at sea. Some states require a letter of authority signed by the deceased in order to authorize a cremation. Know the laws in your specific area and how they may affect your decisions. Information regarding Burials at Sea can be obtained by phoning the Mortuary Affairs Division at (866) 787-0081.

— Once your decisions have been made and you're comfortable with them, have a will drawn up outlining all your wishes and store it in a secure location with your other paperwork.

— When all the decision-making and documenting is completed, sit back and continue to enjoy life.

Who should be notified in the event of my death?

1. Defense Finance and Accounting Service (800) 321-1080 or (216) 522-5955

2. Social Security Administration (for death benefits) - (800) 772-1213

3. Department of Veterans Affairs (if applicable) - (800) 827-1000

4. Office of Personnel and Management (if applicable) - (724) 794-8690

5. Any fraternal group that you have membership with such as MOOA, FRA, NCOA, VFW, AL, TREA

6. Any previous employer that provides pension or benefits.

The above information is not all-inclusive and should be used with other estate planning tools to lessen trauma to your loved ones. If you have other suggestions that might prove helpful and would like to share them with your fellow retirees, send them to the Retired Activities Section for publication in a future issue.

Guide for family members of surviving spouses

Family members of surviving spouses of military retirees may not know where to turn when a death happens. This information is intended to be a general guide and is not all-inclusive.

- Notify the Defense Finance and Accounting Service at 1-800-321-1080 if the surviving spouse was receiving an annuity for the Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan (RCSBP), Retired Serviceman's Family Protection Plan (RSFPP) or "Forgotten Widows Annuity."
- If the survivor was a civil service retiree or receiving an annuity from the federal government, notify the Office of Personnel Management (OPM) at 1-800-767-6738, in the Washington D.C. area you can call (202) 606-0500.
- If the survivor was receiving Dependency and Indemnity

Compensation (DIC) or other compensation from the Department of Veterans Affairs (VA) please contact that agency at 1-800-827-1000.

- Notify private sector or retirement custodian if the deceased received funds from an employer-sponsored plan.
- Notify financial institutions where the deceased invested, saved or maintained funds.
- Notify insurance companies.
- Contact your nearest Retired Activities Office (RAO) or Retired Services Office (RSO) for assistance. The RAO phone numbers are routinely listed in Shift Colors. Call your nearest military installation for the RSO locations.
- If the deceased was receiving Social Security benefits notify the Social Security Administration at 1-800-772-1213, toll-free TTY 1-800-325-0778.

• If the deceased participated in the federal government's Thrift Savings Plan (TSP) contact the Federal Retirement Thrift Investment Board at 1-877-968-3778, TDD 1-877-847-4385.

• If the deceased was a member of a military fraternal group, such as, the Fleet Reserve Association (FRA), The Retired Officers Association (TROA), The Retired Enlisted Association (TREA), The American Legion or DAV, please notify that organization.

If you have any suggestions about how to make this guide better, please contact *Shift Colors* at Mill_ShiftColors@navy.mil or call toll free 1-866-827-5672.

Editor's note: Surviving spouses, please take note of the information above, and get with your family members or legal representative about which portion will pertain to you.

Reporting the death of a military retiree or annuitant

Courtesy Defense Finance and Accounting Service

The following was prepared to assist family members in reporting the death of a military retiree or annuitant. The information provided is meant to serve as a general guide.

Notify the Defense Finance and Accounting Service (DFAS) at either (800) 269-5170 or (800) 321-1080. Please have the decedent's Social Security Number and the date of death when you call. Please send one photocopy of the death certificate indicating the cause of death. Send it to:

For Retirees

DFAS U.S. Military Retirement Pay
P.O. Box 7130

London, KY 40742-7130
Fax: (800) 469-6559

For Annuitants

DFAS, U.S. Military
Annuitant Pay
P.O. Box 7131
London, KY 40742-7131
Fax: (800) 982-8459

DFAS will take steps to close out the pay account to prevent any overpayments. If the deceased was a retiree enrolled in the Survivor Benefit Plan (SBP) or the Retired Serviceman's Family Protection Plan (RSFPP), DFAS will initiate pay accounts for eligible survivors.

Designated beneficiaries of retirees should expect a Standard Form 1174 and, if applicable, SBP/RSFPP-related forms in the mail within seven to 10 business days of reporting the

death. If assistance is needed call.

Notify the Social Security Administration at (800) 772-1213.

Notify the Defense Enrollment Eligibility Reporting System at (800) 538-9552.

If the member was receiving disability compensation or Dependency Indemnity Compensation, **notify the Department of Veterans Affairs (VA)** at (800) 827-1000.

If the member was a civil servant or retired civil servant, **notify the Office of Personnel Management** toll-free at (888) 767-6738.

If the member enrolled in VA-sponsored insurance such as National Service Life Insurance or Servicemembers' Group Life

Insurance, **notify them** at (800) 669-8477.

Military installations may be able to help with administrative matters through their Casualty Assistance Officer or Retired Activities/Affairs Office. Please note that these services are not available at all military installations.

Here are some additional toll-free numbers that may be useful:

- Armed Forces Benefit Association (800) 776-2322
- Burial at Sea 866-787-0081
- Funeral Honors (877) 645-4667
- Military Benefit Association (800) 336-0100
- Officers Benefit Association (800) 736-7311
- Uniformed Service Benefit Association (800) 368-7021.

What My Family Should Know

A GUIDE FOR GETTING YOUR AFFAIRS IN ORDER

Name:

Date Completed:

What My Family Should Know

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we die.

When and how your benefits will be paid and how your estate will be settled are many questions that must be answered.

This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family. It is not recommended that you keep this guide in your safety deposit box since most are sealed after death.

PERSONAL INFORMATION

Name:					
Social Security No.					
Date of Birth:			Place of Birth:		
Current Home Address:					
Home Telephone #:			Work Telephone #:	Supervisor's Telephone #:	
Prior or Permanent Address:				Same as above <input type="checkbox"/>	
Marital Status:	Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/>	Widowed: <input type="checkbox"/>	Single: <input type="checkbox"/>	Separated: <input type="checkbox"/>
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Spouse Employer:					
Spouse Work Telephone #:					

Name of Former Spouse: (if any)				
Current Home Address:				
Work Telephone #:				
Date & Place of Marriage:				
Date & Place of Divorce:				
Registry of Children:				
Given Name	Date of Birth	Place of Birth	SSN	Address

Current as of:

PERSONAL INFORMATION - SPOUSE

Name:					
Social Security No.					
Date of Birth:			Place of Birth:		
Current Home Address:					
Home Telephone #:			Work Telephone #:	Supervisor's Telephone #:	
Prior or Permanent Address:					
Marital Status:	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>	Separated <input type="checkbox"/>
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					

[illegible]

FAMILY REGISTRY

Grandchildren					
Name	Date of Birth	Place of Birth	SSN	Their Parents	
Husband's Family:					
Name of Father:			SSN:		
Current Home Address:					
Telephone #:					
Work Telephone #:					
Name of Mother:			SSN:		
Current Home Address:					
Telephone #:					
Work Telephone #:					

Registry of Brothers and Sisters			
Given Name	Date of Birth	Place of Birth	Address

Wife's Family			
Name of Father:		SSN:	
Current Home Address:			
Telephone #:			
Work Telephone #:			
Name of Mother:		SSN:	
Current Home Address:			
Telephone #:			
Work Telephone #:			

Registry of Brothers and Sisters			
Given Name	Date of Birth	Place of Birth	Address

If any of the above family members are deceased, please indicate date of death next to the name.

Current as of:

IN CASE OF EMERGENCY THESE PEOPLE MUST BE NOTIFIED

Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Email Address:		
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Email Address:		
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Email Address:		
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Email Address:		
Name:		Relationship:
Address:		
Home Phone:		Work Phone:
Email Address:		

Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			
Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			
Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			
Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			
Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			
Name:		Relationship:	
Address:			
Home Phone:		Work Phone:	
Email Address:			

Current as of:

IMPORTANT BUSINESS AND PERSONAL CONTACTS TO BE NOTIFIED

Immediate Supervisor:			
Office Phone:	Home Phone:	Email Address:	
Spouse's Supervisor:			
Office Phone:	Home Phone:	Email Address:	
Personal Physician:			
Address:			
Office Phone:	Home Phone:	Email Address:	
Clergy:			
Address:			
Office Phone:	Home Phone:	Email Address:	
Attorney:			
Address:			
Office Phone:	Home Phone:	Email Address:	
Dentist:			
Address:			
Office Phone:	Home Phone:	Email Address:	

Accountant:		
Address:		
Office Phone:		Home Phone:
Insurance Agent:	Insurance Agency:	
Address:		
Office Phone:		
Banker:		
Bank Name:		
Address:		
Office Phone:		
Broker:		
Investment Co.		
Address:		
Office Phone:		
Other:		Relationship:
Address:		
Home Phone:		Work Phone:
Other:		Relationship:
Address:		
Home Phone:		Work Phone:

Current as of:

PERSONAL FINANCE INFORMATION

Bank:			
Checking Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank:			
Checking Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank:			
Checking Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Account No:			Joint Account: Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate of Deposit #:	Bank:		
Certificate is kept at:			
Safety Deposit Box #:	Bank:		
Address of Bank/Branch:			
Safe Deposit Box is accessible by:			
Key is kept at:			
DD214 – Record of Military Service is located at:			

Investment/Stock Portfolio is located at:		
Bonds Portfolio is located at:		
IRA Certificate and file are located at:		
401K Retirement File is located at:		
Credit Card Accounts:		
Name:	Account Number:	
Issued by:	Is Account Balance Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Account Number:	
Issued by:	Is Account Balance Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Account Number:	
Issued by:	Is Account Balance Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Account Number:	
Issued by:	Is Account Balance Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Account Number:	
Issued by:	Is Account Balance Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Current as of:

REAL ESTATE

We/I own the property located at:				
Mortgage on the property is held				
Address:				
Monthly Payments:		Balance of Loan:		
Value of Property:				
Homeowners Insurance Held by:				
Homeowners Insurance Policy is located at:				
Mortgage Insurance if any:				
Mortgage Insurance Policy located at:				
I/We own other real estate at: (List addresses and same info as above):				
Deeds, tax documents and pay records are located at:				
AUTOMOBILE AND AUTO INSURANCE				
Make	Model	Year	Registered To	Status of Ownership

TRAILERS AND OTHER MOTOR VEHICLES				
Make	Model	Year	Registered To	Status of Ownership
OTHER IMPORTANT INFORMATION				

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance			
I have Self Only	Or Family	Coverage with the following health plan:	
This is a federal plan	YES:	NO:	
I/We have additional coverage under my spouse's health plan		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
That plan is		And is provided by:	
Life Insurance (1)			
I have Life Insurance in the amount of \$			
With (company)			
I have a designation of beneficiary on file:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
The beneficiary named is:			
He/She is aware of this designation:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
Life Insurance (2)			
I have Life Insurance in the amount of \$			
With (company)			
I have a designation of beneficiary on file:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
The beneficiary named is:			
He/She is aware of this designation:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
I am enrolled in other employee sponsored supplemental insurance plans:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Plan Names:			

Leaves Balances/Leave Programs:			
As of (date):	Hours of annual leave:	Hours of sick leave:	
I am a member of a Medical Leave Sharing Program:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
The beneficiary names is:			
He/She is aware of this designation:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Investment Plans:			
I am a member of Thrift:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, current balance:
I have a designation of beneficiary on file:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
The beneficiary named is:			
He/She is aware of this designation:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I am a member of another employee investment plan		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
I have a designation of beneficiary on file:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
The beneficiary named is:			
He/She is aware of this designation:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Current as of:

RETIREMENT

I am a federal employee	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If federal employee, I am under the:		
Civil Service Retirement System (CSRS)		
Federal Employees Retirement System (FERS)		
Other		
I am eligible for retirement as of:		
Due to prior military service or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service. Yes: <input type="checkbox"/> No <input type="checkbox"/>		
Have deposits/re-deposits been paid?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Amount: \$	Per month. Restrictions/Limitations:	
Social Security:		
If I am a federal employee under FERS, is my spouse aware he/she and the children may qualify for benefits under Social Security. Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

Additional Benefits Information:

Current as of:

FINAL WISHES

Name:			
Church Preference:		Religious Affiliation:	
Clergy:	Phone:	Cell:	
Funeral Home Preference:			
Address:			
Phone:		Email:	
I have a Pre-Paid Burial Plan:	YES <input type="checkbox"/>	NO: <input type="checkbox"/>	
I would prefer to have funeral services held at:			
Funeral Home	Name of Funeral Home:		
Name of Church:		Address:	
		Phone #:	
I prefer:	Internment <input type="checkbox"/>	Entombment <input type="checkbox"/>	Cremation <input type="checkbox"/>
My choice of cemetery is:			
I have not purchased a lot. <input type="checkbox"/>		I have purchased a lot. <input type="checkbox"/>	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
Honorary Pallbearers:		Honorary Pallbearers:	

If cremated, what do you wish done with your ashes?		
Would you want an obituary published?	YES:	NO:
Please list the following in my obituary:		
I am entitled to Veterans Benefits:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
I am entitled to Military Honors:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Musical Selections:		
Special Requests for Service:		

Current as of:

FINAL WISHES

Name:			
Church Preference:		Religious Affiliation:	
Clergy:		Phone:	Cell:
Funeral Home Preference:			
Address:			
Phone:		Email:	
I have a Pre-Paid Burial Plan:		YES <input type="checkbox"/>	NO:
I would prefer to have funeral services held at:			
Funeral Home		Name of Funeral Home:	
Church:	Name of Church:		Address:
			Phone #:
I prefer:		Internment <input type="checkbox"/>	Entombment <input type="checkbox"/>
Cremation			
My choice of cemetery is:			
I have not purchased a lot. <input type="checkbox"/>		I have purchased a lot. <input type="checkbox"/>	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
Honorary Pallbearers:			

If cremated, what do you wish done with your ashes?		
Would you want an obituary published?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Please list the following in my obituary:		
I am entitled to Veterans Benefits:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
I am entitled to Military Honors:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Musical Selections:		
Special Requests for Service:		

Current as of:

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even copying an old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at:	
The attorney who handled my Will is:	
At the Law Firm of:	
Phone Number:	
My last Will is dated:	
The Executor is:	
Legal Guardianship Documents are located at:	

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, then you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a “living Will” <input type="checkbox"/>	I have executed a “living Will” <input type="checkbox"/>
My “living Will” is located at:	

ORGAN DONATION

I DO NOT want any of my organs donated. <input type="checkbox"/>	I would like to donate ANY organs needed for transplant. <input type="checkbox"/>
I would like to donate only the following organs for transplant/research:	
I would like to donate my body for research.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Current as of:

OTHER IMPORTANT INFORMATION

[illegible]**Current as of:**