

RETIREE PRE-PLANNING CHECKLIST

(For later use by next of kin)

As of Date:_____

Retiree Name:			SSN:			Ser	vice # (Ot	ther):	
Military Grade:	Date of Retirement:				Branch of Service:			Years of Service:	
Address		City				S	tate	Zip Code	
Date of Birth	Place of Birth	1		Dat	te of Marriage		Place of	Marriage	
Father's Name	Date o	f Birth	1		Place of Birth	1			
Mother's Name	Date o	f Birth	ı		Place of Birth	1			

Documents Needed to Claim Death Benefits:

	Copies of applicable report(s) of separation (DD214, NGB 22, 20 Year Letter, DD From 1883 (SBP),
	Statement of Service or Retirement Points)
	Copy of Retirement Orders
	Copy of Birth Certificate
	Copy of Death Certificate
	Copies of Marriage License and/or Divorce Decree (as applicable)
	Social Security Data
	VA Insurance Data
**Plus	s You Should Always Have the Following Documents on Hand (know the location of these documents)
	Updated Will and/or Letter of Instruction
	Names of Banks, Credit Unions (to include account numbers)
	Updated List of Assets and Liabilities
	Insurance Policies (policy numbers, instructions, payments, etc.)
	Adoption or Naturalization Papers (if applicable)

PART I – Retirement Pay Data (if Drawing Retirement Pay)

Retiree Gross and Net Pay Data

Deduction: \$	For:	Deduction: \$	For:
Deduction: \$	For:	Deduction: \$	For:
Deduction: \$	For:	Deduction: \$	For:
Net Pay:		Tax Income:	

Keep current and/or have most recent pay statement attached to this checklist

Survivor Coverage Information

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Survivor Benefit Plan (SBP) Annuity: \$	SBP Base Amount: \$		
Supplemental SBP: \$	Effective: *		
Retired Serviceman's Family Protection Plan (RSFPP) Annuity: \$ (pre SBP progra			

^{*}Retiree must live for one year after election for survivors to benefit from new coverage

PART II – Social Security Data (if applicable)

Social Security Claim #:		Month Filed:
Type of Benefit(s):		Beginning Month of Entitlement:
Amount Monthly: \$	Bank Accou	int:

PART III – Veteran's Administration Data (if applicable)

VA Compensation: \$	Disability Claim #:			Remarks		
VA Insurance Policy (VGLI) #(s):			File #:			
Type:	Amount: \$	Locat	tion of P	olicies		
Any Known Paid-Up Addtl. VA Insurance: \$		As of Date:				
Deduction: \$	For:	Deduction		Deduction: \$		
Other Remarks:						
Veteran's Claim Number(s) (other):			Patients Data Card #:			

PART IV – Miscellaneous (Things to know and plan for upon death of retiree)

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Extra Credit Cards Should be Destroyed and/or Cancelled					
Appropriate Changes Should be Made to All Joint Ownership Items					

POINTS OF CONTACT

The Nebraska Military Retiree Council	402-309-7305
Army Personnel Office (National Guard)	402-309-8162
Air Force Personnel Office (Air National Guard)	402-309-1452
Survivor Outreach Services	402-309-7466
Legal Office (Military)	402-309-8370
State TriCare Representative	402-309-1872
Funeral Honors	402-309-7339
Defense Finance & Accounting Services (DFAS) – retiree pay	1-800-321-1080