Araska Military Retiree Caunci

RETIREE PRE-PLANNING CHECKLIST

(For later use by next of kin)

As of Date:_____

| Retiree Name: | | SSN: | | Service # (| Other): |
|-----------------|------------------------|------|-----------------------|-------------|----------------------|
| Military Grade: | Date of Retirement: | | Branch of Service: | | Years of Service: |
| Address | City | | | State | Zip Code |
| Date of Birth | Place of Birth | Dat | te of Marriage | Place | of Marriage |
| Father's Name | Date of Birth | l | Place of Birth | l | |
| Mother's Name | Date of Birth | l | Place of Birth | l | |

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)

| Refiree Gloss and Net I ay Data | | | | | |
|---------------------------------|------|---------------|-------------|--|--|
| Deduction: \$ | For: | Deduction: \$ | For: | | |
| Deduction: \$ | For: | Deduction: \$ | For: | | |
| Deduction: \$ | For: | Deduction: \$ | For: | | |
| | | | | | |
| Net Pay: | | Tax Income: | Tax Income: | | |
| | | | | | |

Retiree Gross and Net Pay Data

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

| Survivor Coverage Information | | | | |
|---|---------------------|--|--|--|
| Survivor Benefit Plan (SBP) Annuity: \$ | SBP Base Amount: \$ | | | |
| Supplemental SBP: \$ | Effective: * | | | |
| Retired Serviceman's Family Protection Plan (RSFPP) Annuity: \$ (pre SBP progra | | | | |
| | 1 01 0 | | | |

*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 #: | | | Re | marks | |
|---|---------------------|-----------------------|-------------|-------|-------|-------|
| VA Insurance Policy (VGLI) #(s): | | | File #: | | | |
| | | | | | | |
| Type: | Amount: \$ | Locat | tion of F | Polic | cies | |
| Any Known Paid-Up Addtl. VA Insurance: \$ | | | As of Date: | | | Date: |
| Deduction: \$ | For: | Deduction: \$ | | | | For: |
| Other Remarks: | | | | | | |
| Veteran's Claim Number(s) (other): | | Patients Data Card #: | | | | |
| | | | | | | |

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

| Disposition Instructions for the Body (burial, cremation, memorial service, etc. |
|---|
| Information Required for Obituary Notice (names, relation and locations of relatives, etc.) |
| Widows/Widowers Will Need New ID Card |
| Changes in DEERS Program Will Need to be Made (TriCare) |
| It May Take Several Months to Clear Estates (may need up to 8 copies of death certificate) |
| Contents of Safety Deposit Box Should be Known (if applicable) |
| Direct Deposit of Social Security Benefits and Military Retirement Pay Must be Immediately |
| Changed |
| Names of Beneficiaries on Insurance Policies Become Very Important (keep current) |
| There May be Some Entitlement to Burial Benefits (headstone, payments, etc.) |
| Check VA for Presidential Memorial Certificate |
| An American Flag Can be Obtained (check VA and Post Office) |
| The Survivor Should Update Their Will |
| Extra Credit Cards Should be Destroyed and/or Cancelled |
| Appropriate Changes Should be Made to All Joint Ownership Items |
| Contact Insurance Companies as Appropriate |
| Be Prepared to Turn In Retirees ID Card (where and when required) |
| |

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 |
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As of May 1, 2015