



# MILITARY RETIREE/SPONSOR PERSONAL INFORMATION PLANNING PACKET

(For survivors' information and use of the death of a military retiree)

As of Date: \_\_\_\_\_

Retirees Name \_\_\_\_\_ SSN: \_\_\_\_\_ Ser# \_\_\_\_\_

Military Grade \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Branch of Svc \_\_\_\_\_ Yr of Svc \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Fathers Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mothers Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Documents needed to claim death benefits:**

- Copies of report(s) of separation from active duty (DD Form 214)
- Copy of Retirement Orders, NGB Form 22
- Copies of birth and death certificates
- Beneficiaries birth certificate and marriage and/or divorce data
- Social security data (See Below)
- VA Insurance data (See Below)

Location of these documents

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plus - You should always have the following documents on hand:**

- Updated WILL and specific "Letter of Instructions"
- Names of Banks, Credit Unions, etc (Account Numbers)
- Updated list of Assets and Liabilities
- Insurance policies, numbers, instructions, payments, etc.
- Adoption or naturalization papers (If applicable)

**Note: See "Letter of Instructions" for other location of other documents"**

**Part I - Veterans Administration Data (If Applicable)**

VA Compensation \$ \_\_\_\_\_ Disability Claim# \_\_\_\_\_ Remarks \_\_\_\_\_

VA Insurance Policy #s \_\_\_\_\_ File # \_\_\_\_\_

Type \_\_\_\_\_ Amount: \_\_\_\_\_ Location of Policies: \_\_\_\_\_

Any known paid-up-add'l VA Insurance \$ \_\_\_\_\_ As of Date \_\_\_\_\_

Other \_\_\_\_\_ Remarks \_\_\_\_\_

Veteran's claim #'s (Other) \_\_\_\_\_ Patient's data card \_\_\_\_\_

**Part II -Retirement Pay Data (See Retiree Account Statements)**

Retiree gross and net pay data: As of Date \_\_\_\_\_

Gross Pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_ Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_ Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For \_\_\_\_\_ Deduction \$ \_\_\_\_\_ For \_\_\_\_\_

Net Pay \$ \_\_\_\_\_ Taxable Income: \$ \_\_\_\_\_

Survivor coverage information (Coverage type: Spouse only, etc): \_\_\_\_\_ Monthly Cost \$ \_\_\_\_\_

Survivor Benefit Plan Annuity

55% annuity amount \$ \_\_\_\_\_ Annuity Base Amount: \$ \_\_\_\_\_

35% annuity amount \$ \_\_\_\_\_ Note: Retiree Account Statement" for

RSFPP Annuity \$ \_\_\_\_\_ explanation of Social Security Offset/2 tier Formula

Supplemental SBP: \$ \_\_\_\_\_ Effective \_\_\_\_\_

**Part III - Social Security (When applicable)**

Social Security Claim # \_\_\_\_\_ Month Filed: \_\_\_\_\_

Type of Benefit(s) \_\_\_\_\_ Beginning month of entitlement \_\_\_\_\_

Amount monthly: \$ \_\_\_\_\_ Bank and Acct # (Direct Deposit) R \_\_\_\_\_ A \_\_\_\_\_

**Note: No payment is payable for the month of death (Call 1-800-772-1213)**

**Part IV - Miscellaneous (Things to know and plan for upon death of retiree)**

- Disposition instructions for the body (Burial, Cremation, Memorial Service, Graveside Service, etc)
- Info required for Death Certificate (Date and Place of birth, Fathers Name, Mothers maiden name, etc)
- Info required for Obituary notice (Names, relation and location of appropriate relatives, etc)
- Widow's will need new ID Card (Military, Medical, commissary, base exchange, etc)
- Necessary changes in your "DEERS" program will be made
- It may take several months to clear estates (You may require 8 copies of death certificates)
- Contents of your Safety Deposit Box should be known)
- Direct deposit of Social Security benefits & Military Retirements payments (entitlements) must be immediately changed)
- Named beneficiaries on insurance policies become very important (Keep Current)
- There may be some entitlements 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 appropriate will
- Extra credit cards should be destroyed or cancelled
- Appropriate changes should be made to joint ownerships
- Contact insurance companies as appropriate
- Be prepared to turn in Retirees ID Card (Where and when required)

**Note:**  
**MAKE EVERY EFFORT**  
**to obtain "Original" documents**  
**(Provide Certified copies whenever possible)**

Fill in and keep handy the following office phone numbers

Office/Organization	Phone Number
Casualty Assistance	_____
Retiree Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	_____
Social Security hotline	_____
DEERS (Information)	_____
Other	_____
Finance (DFAS - Cleveland)	_____
SBP (Annuity Pay Info)	_____
Other Pass & ID	_____

**OTHER IMPORTANT NUMBERS**

Organization	Local and 800#
Mortuary Affairs	_____
American Red Cross	_____
Family Support Center	_____
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it

## GENERAL INFORMATION

Directions for preparing and maintaining an Emergency Medical Information Record.

1. Complete all applicable items on the Emergency Medical Information document, preparing an individual copy for each member of the household
2. Create a "Water proof tube" made of 2" diameter X 11 3/4" length, schedule #125 white PVC pipe with two (2) flat PVC end caps (These materials can be secured from any irrigation or hardware supplier such as Home Depot or Lowes. Paint the 2 end caps RED and use a Black Marker to print (In Large Letters) EMERGENCY MEDICAL INFORMATION on the white surface of the PVC tube (Label stock can also be used)
3. Place all documents pertaining to each individual of the household (with attachments) in an individual 8 1/2" X 11" plastic sheet protector or a large 1 gallon zip lock bag, or (Avery #PV119) or similar. Place the completed document in the "Waterproof tube" for safety and store the tube in the kitchen refrigerator door storage area with the RED end caps installed. (It is possible that more than (1) tube be required, depending on the family size.
4. Instruct all family members, custodians, care givers, children or house sitters and any other assistance personnel who will be in the home, that an EMERGENCY MEDICAL INFORMATION (EMI) tube is stored in the kitchen refrigerator door storage area. In case of an emergency the EMI tube is to be made available to the Emergency Medical Service personnel --Fire, emergency aid -- when they arrive at the home. Notify the Emergency Medical Services personnel that the (EMI) tube on the patient is located in the kitchen refrigerator door storage area
5. Emergency Medical Services personnel will retrieve the appropriate file from the tube to assist in your medical care. They may take the individual file to the hospital to assist in patient care.
6. When the patient leaves the hospital, arrange for pick-up of the individual EMI file. Return the updated file to storage location within the refrigerator door storage area in the appropriate tube.
7. Update your file on a regular basis to reflect current medical treatment, at least once per year or more often if necessary. It would also be advisable to obtain a copy in a safety deposit box or other safe place, in case the original was lost.
8. An information card should be prepared and attached to each vehicle registration, listing family members, addresses, phone numbers both (Home and Office). Also identify on the card that emergency medical information for each member of the family is maintained and retrievable from the EMI tube which is stored in the residence kitchen refrigerator.

**EMERGENCY MEDICAL INFORMATION**

Either fill in or check the appropriate response

1. Patient: \_\_\_\_\_ Sex Female Male SSN# \_\_\_\_\_  
 First Initial Last

2. Address \_\_\_\_\_  
 Street (Apt) City State Zip

3. Telephone Home # \_\_\_\_\_ Work# \_\_\_\_\_  
 Cell # \_\_\_\_\_ Cell# \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Religion: \_\_\_\_\_  
 day/month/year

5. Blood Type \_\_\_\_\_ Bleeding problems Yes No  
 Type of Bleeding: \_\_\_\_\_

6. Medical Aids: Pacemaker Yes No Model # \_\_\_\_\_  
 Heart Valve Yes No Name/Type \_\_\_\_\_  
 Implants Yes No Name/Type \_\_\_\_\_  
 Hearing Aids Yes No # \_\_\_\_\_ Type \_\_\_\_\_  
 Dentures Yes No Upper Lower  
 Oxygen Yes No  
 Other (Identify) \_\_\_\_\_

7. List Surgeries or Hospitalizations within the last 5 years:  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Surgery \_\_\_\_\_ Date \_\_\_\_\_  
 Copy attached #7? Yes No

8. Childhood diseases Mumps Yes No Measels Yes No  
 Chicken Pox Yes No

9. List Vaccinations: Type \_\_\_\_\_  
 List Algeries (If Any) \_\_\_\_\_  
 \_\_\_\_\_  
 List Medications allergic to: \_\_\_\_\_  
 Copy Attached #9? Yes No

10. Identify location of all medications (Either prescription or Over the Counter (OTC) in the HOME  
 \_\_\_\_\_

11. List all medical problems currently being treated for: \_\_\_\_\_





Do you know what you want? Either Burial or Cremation                      Yes                      No

Name of Funeral Home \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_

Point of Contact at the Funeral Home: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Cemetery where you want to be buried: \_\_\_\_\_

Do you want to be buried in Uniform?                      Yes                      No

Do you want a Memorial Service:                      Yes                      No

Have you purchased a Burial or Cremation plot?                      Yes                      No

Do you want Military Honor Guard?                      Yes                      No

**INFORMATION:**

Enrolled in    RDFPP                      SBP                      SSBP                      Check One

Did you dis-enroll from this plan?                      Yes                      No

Eligible to draw VA disability compensation (even if not currently in receipt)                      Yes                      No

Receiving Social Security?                      Yes                      No    If yes, at what age first received \_\_\_\_\_

Organ Donor?                      Yes                      No

Is there a living will?                      Yes                      No

Location of the following documents

Living Will \_\_\_\_\_

Current Retired Pay \_\_\_\_\_

Marriage Certificate \_\_\_\_\_

Divorce Decree(s) property settlement(s) Iff applicable from previous marriages or retiree or spouse \_\_\_\_\_

Death Certificate(s) (From previous marriages of retiree or spouse) \_\_\_\_\_

Birth Certificate(s)/Adoption papers (Retiree, spouse, children) \_\_\_\_\_

DD Form(s) 214 (Active Duty Discharge) and/or NGB Form 22 (NG Retiree Document) \_\_\_\_\_

Record for all periods (Retirement Orders  
Safe Deposit Box - List Contents  
Will  
Vehicle Registration(s)  
Vehicle Title(s)  
Insurance Policies  
Investment Papers (CD's Mutual Funds, IRA Other)  
Burial or Cremation Plot deeds or information  
Uniform for Burial  
Medical and Dental Records  
Real Estate Deeds  
Tax Returns (Last 7 years)  
Bank Name Phone Number  
Type of Account (Check or Saving)

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