

PERSONAL AFFAIRS WORKBOOK

Note: This workbook can be downloaded on line on MOAA's Web site at www.moaa.org.

My Record of Personal Affairs

(First)	(Middle)	(Last)
(Retired grade)	(Service)	(Social Security number)
(Street address)	(City and state)	(ZIP code)
(Service number)	(VA claim number, if applicable)	

Date and type of retirement: _____

_____ (Date)

_____ (Signature)

(Attach separate sheets if necessary)

Personal Record:

1. Place and date of birth _____
(Town) (State) (Month, day, year)

2. Naturalization (if applicable) _____

by _____
(Designation and location of court granting naturalization)

3. Parents' names: Father _____
(First) (Middle) (Last)

Date and place of birth _____

Mother _____
(First) (Middle) (Last)

Date and place of birth _____

4. Your marriage(s): To whom _____
(First) (Middle) (Last)

Place and date _____
(Town) (State) (Month, day, year)

If terminated, show reason, place, and date _____

To whom _____
 (First) (Middle) (Last)

Place and date _____
 (Town) (State) (Month, day, year)

If terminated, show reason, place and date _____

5. Children (full name, place, and date of birth; if living apart from parent, list address—minors indicate name of guardian)

6. Name and address of personal lawyer or trusted friend who may be consulted in regard to my personal or business affairs

 (Name)

 (Street) (Town) (State) (Telephone)

Family Records Location:

1. Birth certificates or other proof of date of birth of self and each member of immediate family _____

2. Adoption papers _____

3. Naturalization papers (if applicable) _____

4. Marriage certificate _____

5. Divorce decree, death certificates or certified copies thereof (in case of either spouse) _____

Military Service Personal File Location:

Retirement order, separation papers, awards and decorations, personal medical records, etc.

Other Important Papers:

1. Will: I have (have not) executed a will. (a) Will located at _____

(b) Executor's name and address _____

(c) Lawyer's name and address _____

2. Power of attorney: I have (have not) executed a power of attorney, dated _____
(Month, day, year)
naming _____
(Agent or attorney in fact) (Address)

3. Income tax: Copies of my federal and state income tax returns and related papers are located at _____

4. Other taxes: Copies of _____ tax returns and related papers are located at _____
(Property etc.)

Bank Accounts (Include Credit Union, Savings and Loan Association, IRA, and 401k):

1. Type of account

(Checking or savings: joint or individual) (Name and location of bank)

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2. Location of passbooks for savings accounts _____

3. Location of statements and canceled checks for checking accounts _____

Charge Accounts and Credit Cards (Include Account Numbers):

Safety Deposit Box:

1. Name of bank or trust company _____
Address _____
2. Location of key _____

U.S. Savings bonds:

1. Where kept _____
2. Approximate value _____ (attach listing or serial numbers and denominations, if desired)

Stocks, Bonds, and Securities Owned:

Property Ownership or Interest:

Real estate located at _____

The property is encumbered by a _____
 (Mortgage, trust, deed etc.) (Held by)

The property is insured with _____
 (Insurance company)

Policy no. _____

The papers are located at _____
 (Location of deed, abstract, mortgage, insurance, contracts and other papers)

Life Insurance:

1. I have the following types of life insurance: Government Commercial Both

2. Insurance company	Policy number	Face value	Payment options
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3. The policies are located at _____

Other Insurance:

1. I have the following health, property, accident, liability or other insurance coverage:

2. Insurance company	Type of coverage	Policy number	Amount
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3. The policies are located at _____

Annuities — Survivor Benefit Plan/Supplemental SBP, Retired Serviceman’s Family Protection Plan (RSFPP), Civil Service, etc.

- 1. Annuities are payable as follows: Government Commercial Both

- 2. SBP/SSBP payable to _____
 Address _____
 Current amount \$ _____ per month (increased whenever retired pay is raised)

- 3. RSFPP payable to _____
 Address _____
 Amount payable \$ _____ per month (fixed amount)

- 4. Other annuities _____
 Payable to _____
 Address _____

- 5. Annuity papers located at _____

Employer:

(Employer)	(Address)	(Telephone)
Survivor benefits _____		

Military Retired Pay:

- 1. Defense Finance and Accounting Service Center (DFAS) or Service Finance Center that pays my military retired pay _____

 - 2. Retired pay now being sent to _____
 (Indicate home address, bank, etc.)

 - 3. If you have waived all or part of your military retired pay in favor of VA disability compensation or combined civil service payment, list these offices below.
- | | |
|-------------------|-------------------------|
| (VA claim number) | (VA office address) |
| (CSA number) | (Civil service address) |
- 4. The following deductions (payments of insurance premiums etc.) currently are made from my military retired pay:
- | Amount | Purpose |
|--------|---------|
| | |
| | |
| | |

5. I have designated the following person as beneficiary of any unpaid retired pay at the time of my death:

(Name, relationship and address)

Membership in Private Associations and Organizations:

You may be a member of several associations or organizations that might be helpful to your spouse. We suggest that you list them below and indicate what assistance, if any, your spouse may expect. Even if you are not a member, some veterans organizations might be of help. List, in particular, such organizations as MOAA, a local MOAA chapter, military aid societies, American Legion, Veterans of Foreign Wars, American Red Cross, state veterans departments and so forth.

Name

Address

Names, Addresses, and Telephone Numbers of Friends or Business Associates Who May Be Helpful:

Name

Address

Phone

Survivor Assistance Office—Nearest Military Installation:

Whenever possible, the military departments will designate an officer to assist the surviving spouse in funeral and burial arrangements and to advise and assist in applying to the various government agencies for benefits that might be payable. In some installations, the offices that render assistance might be referred to as the Casualty Assistance Office, Survivor Assistance Office, Personal Affairs Office, or Retirement Services Office. At any rate, you should know what office, if any, to consult. Find out the telephone number, and list it below and also in the section entitled, “What To Do When The Emergency Comes.” If appointed, a survivor assistance officer usually will take care of many of the items discussed in this and the following section.

(Name of installation)

(Survivor Assistance Office)

(Telephone)

Identification Cards:

Your spouse should turn in all military ID cards. The survivor assistance officer mentioned above will help obtain a new card for your spouse and any eligible children. If your spouse is not near a military base, application forms and instructions for getting new cards can be obtained from MOAA headquarters.

Department of Veterans Affairs (VA):

1. As explained in Part I, your surviving spouse might be eligible for Dependency and Indemnity Compensation (DIC), or he or she might qualify for a small nonservice-connected death pension. However, even if your surviving spouse is not eligible, your dependent children might well qualify for benefits. Consequently, it is important that your surviving spouse consult the VA to determine possible eligibility.

2. Even if a surviving spouse is not eligible for DIC or a death pension, burial allowances as described in Part I will be payable. As a general rule, the funeral director will assist in claiming this benefit.

3. My VA claim number, if any, is _____

4. Location of my personal papers _____

5. Nearest VA office _____
 (Name and address) (Telephone)

Social Security Administration:

1. Benefits are discussed in Part I. If there are dependent children, your spouse will be entitled to survivor benefits until the youngest child reaches age 16. If there are no dependent children, your spouse will be eligible for benefits at age 60 (age 50 if he or she is disabled). A burial allowance up to \$255 is payable. These benefits are, of course, dependent on your entitlement to Social Security benefits. Your spouse should contact the nearest office and file an application. The Social Security Administration will determine eligibility.

2. My Social Security number is _____

3. Location of my personal Social Security papers _____

4. Social Security Office _____

(Address)

(Telephone)

Funeral and Burial Arrangements:

1. The funeral director, apart from the unique and indispensable services performed, is usually well-informed regarding the administrative details of a military retiree's death. A careful choice is in order, and emotions must be held in check with respect to funeral expenses. Dignity, simplicity, and economy in funeral arrangements are important. Much can be done by intelligent planning. One approach to this is through one of the many funeral and memorial societies. For information on the society near you, write to the Funeral and Memorial Societies of America, P.O. Box 10, Hinesburg, VT 05461; (802) 482-3437.

2. Name of funeral director _____

(Name)

(Address)

(Telephone)

3. If cremation is desired, consult you funeral director for instructions. Requests for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers. If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.

4. Church and clergy. Depending on religious preference or affiliation, a member of the clergy may be either essential or merely of assistance. Families with strong religious ties should consult a member of the clergy before making funeral arrangements.

(Clergy)

(Telephone—church)

(Address)

(Telephone—home)

5. If burial will be in a national cemetery, list the following information to expedite verification of entitlement:

(Retired grade)

(Date of birth)

(Military service—Army, Navy etc.)

(Social Security number)

(Date of last active duty)

(Type of retirement—service disability, reserve age 60, etc.)

6. We suggest you fill in the following: This is not intended as a legal document, but within the terms of my will or the applicable laws, I suggest the following be done by my executor and/or next of kin.

Funeral service and arrangements _____

Name of cemetery _____
 (Telephone)

Military ceremony and honors _____

Uniform _____

Hymns, psalms, scripture, special requests _____

Pallbearers _____

Flowers (in lieu of flowers) _____

7. Obituary notice. A biographical sketch will be helpful in preparing the obituary news story. A photo should be attached. We suggest you include this at the end of this section. Doing this now will save time and confusion when the emergency comes.

8. Memorials and remembrances _____

Personal Effects:

At the discretion of my executor, next of kin, or beneficiaries, I suggest that a suitable disposition of my special effects, not otherwise legally specified, might be as follows:

Clothing _____

Firearms _____

Medals _____

Books _____

Special equipment _____

Jewelry _____

Sword _____

Plaques and awards _____

Collections _____

Works or Art _____

Stamps/coin collections _____

Others _____

OTHER:

Enter any additional data _____

WHAT TO DO WHEN THE EMERGENCY COMES

In case of serious illness, call 911 or a doctor as quickly as possible.

1. Record these phone numbers below, but also have them listed in the telephone directory near your phone.

(Name of doctor)

(Telephone)

2. Call a relative or friend who can immediately assist you in handling some of the details listed below.

(Name)

(Telephone)

3. Call a member of the clergy if desired.

(Name)

(Telephone)

4. Call a funeral director. Make arrangements for military honors.

(Name)

(Telephone)

5. Call the nearest military installation with a Survivor Assistance Office.

(Name of installation)

(Telephone)

6. Newspapers in which the obituary notices should be published:

(Name of newspaper)

(Address)

(Name of newspaper)

(Address)

The funeral directors generally assume responsibility for the death notice, for which there is a charge. You may want to submit an obituary news story and photograph, and consider out-of-town newspaper notifications.

7. After funeral arrangements and other priority matters are completed, take care of the following:

■ If a local military survivor assistance officer is not available, notify the military department from which your spouse was retired. Instructions begin in the next section.

■ You'll need death certificates. Have about 15 copies made.

■ Notify your spouse's employer, insurance companies, associations, banks, and other institutions listed in Part III.

■ If all or part of your spouse's retired pay was waived in favor of a VA or civil service payment, notify those agencies.

■ Visit or call:

Your local VA office

(Address)

1-800-827-1000

(Telephone)

(VA claim number)

Your local Social Security office

(Social Security number)

(Address)

(Telephone)

Office of Personnel Management

(CSA number)

(Address)

(Telephone)

NOTIFICATION OF DEATH

It is important that Defense Finance and Accounting Service and other finance centers receive prompt notification of your death. This will expedite final settlement of retired pay. Prompt notification, including a copy of the death certificate, also will set in motion annuities that may be payable under the Retired Serviceman's Family Protection Plan, the Survivor Benefit Plan or the Supplemental Survivor Benefit Plan. If a military base is nearby and a survivor assistance officer is appointed, that person probably will take care of the notification. However, if such an officer is not available, the instructions and form letter in the appendix will be helpful.

MOAA's membership includes all seven uniformed services. Although death reporting procedures may vary from one service to another, the form letter that follows has been adapted to take care of all notifications.

The required form letter is in Appendix A. Your surviving spouse can simply pull it out, fill in the required information, attach a copy of the death certificate, and mail it.



A

APPENDIX A: NOTIFICATION OF DEATH OF RETIRED MEMBER

REQUIRED BY ALL UNIFORMED SERVICES

Use appropriate address from bottom of page

Remember to include death certificate

FROM: _____
(Full name of surviving spouse, next of kin or executor)

(Mailing address—street)

(City, state, and ZIP code)

(Date)

TO:

1. This is to inform you that _____
(Last) (First) (Middle)

(Grade) (Service number) (Social Security number)
died on _____ .
(Date)

2. Copy of death certificate enclosed

3. I am the surviving spouse, child, executor, or other (explain)

4. My Social Security number is _____

5. My telephone number is _____

6. My e-mail address is _____

Sincerely,

Enclosure

(Signature)

(Detach)

Army, Navy, Marine Corps, Air Force

Defense Finance and Accounting Service
Cleveland Center
Code PRRCA
P. O. Box 99191
Cleveland, OH 44199-1126
1-800-321-1080 (option 2)
FAX: 1-800- 469-6559

Coast Guard

Commanding Officer
United States Coast Guard
Personnel Support Center
444 S. E. Quincy Street
Topeka, KS 66683-3591
1-800-772-8724 or
(785) 339-3415
E-mail: hrsic-ras@hrsic.uscg.mil

Public Health Service

U.S. Public Health Service
Division of Commissioned Personnel
Attn: Compensation Branch
Room 4-50
5600 Fishers Lane
Rockville, MD 20857-0001
1-800-638-8744
(301)594-2963

NOAA

NOAA
Commissioned Personnel Center
1315 East-West Highway
SSMC3, Room 12121
Silver Spring, MD 20910-3282
1-800-224-NOAA or
(301)713-3453