# RETIREE PERSONAL AFFAIRS LOG



RETIREE ACTIVITIES OFFICE (RAO)
18401 East A-Basin Ave
Building 606, Room 104
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(720) 847-6693

(Document provided by JBPHH Navy RAO & modified w/ Buckley SFB info)

#### PERSONAL AFFAIRS LOG

How much does your spouse or other family members know about your personal affairs? Emergencies due to your absence from home, illness, disability, or death can cause personal and financial difficulties if you have not provided your spouse and family with the necessary information. Keep in mind that retired pay terminates at the time of a retiree's death. There is no form of compensation or pension automatically paid to survivors. Survivors must be prepared to file proper claims to receive entitlements.

It is absolutely critical that the retiree's spouse know his or her status insofar as survivor benefits are concerned. Far too many surviving spouses contact the Retired Activities Office and ask why she or he didn't continue to receive the retiree's retirement check after the retiree has passed away or why the survivor has to return any military retired pay that was sent to the retiree's account before the retiree's death was reported. Typically, the widow or widower in these cases expected that she or he would continue to receive the retiree's retirement check.

People are concerned with the future well being of their family members, but many have not taken the time to put their personal affairs in order. While no one likes to think about his or her own death, that is no excuse not to put their affairs in order and ensure their loved ones are prepared for that inevitable event.

#### **DOCUMENTS TO GATHER AND SAFEGUARD**

It is a retiree's obligation to prepare his or her spouse for the future and the unforeseen by gathering important documents and providing practical instructions that will be needed during such difficult times. As important as collecting important documents is, placing them in a safe place that is known and accessible to the surviving spouse, the executor of the retiree's will, and possibly others such as certain specific family members, is just as important.

While not all inclusive, the following is an example list of such documents:

| Report(s) of transfer or discharge, DD Form 214 |
|---|
| Discharge certificate(s)                        |
| Retirement orders                               |
| Marriage license                                |
| Divorce papers                                  |
| Birth certificates of immediate family          |

| Adoption papers   |
|---|
| Naturalization papers   |
| Death certificates  |
| Retiree Account Statement (from Defense Finance and Accounting Service)   |
| Survivor Benefit Plan (SBP) program documentation (military/Civil         |
| Service/Federal Employee programs as applicable)                          |
| Location of annuity plans   |
| Wills/Living Wills/Health Directives/Springing Powers of Attorney         |
| (everyone's)  |
| General and/or Limited Powers of Attorney (everyone's as appropriate      |
| and/or necessary)   |
| Trust documents   |
| Insurance policies  |
| Deeds to properties   |
| Motor vehicle ownership and current registration papers                   |
| Location of bank accounts and "transfer upon death" designated bank       |
| accounts  |
| Location of safe deposit boxes, access keys, and bank notification of who |
| has access.   |
| Location of income tax returns (everyone's)                               |

#### RETIREE ACCOUNT STATEMENT

All spouses of retirees should be aware that a "Retiree Account Statement" from the Defense Finance and Accounting Service (DFAS) is prepared and available monthly to each retiree electronically (online via *myPay* account) and by mail (if not stopped) as changes to retired pay occur.

Changes include COLA, tax withholding, survivor benefit plan deductions, allotments for VGLI / Tricare / Dental plans / etc., and any court ordered deductions just to name a few.

The bottom front of the statement indicates among other things that a Survivor Benefit Plan (SBP) or Former Spouse Survivor Benefit Plan (FSSBP) is in effect, the birth date of the beneficiary, the base amount the annuity is based on, and the annuity to be paid in the event of the death of the retiree.

The reverse of the Retiree Account Statement indicates the person designated as the beneficiary for unpaid pay upon the death of the retiree (referred to as Arrears of Pay). Make sure to check these items out.

#### OTHER IMPORTANT ITEMS TO REVIEW

It is very important to ensure both the retiree and his or her spouse have **up-to-date wills**. Also check existing **life insurance** policies, annuities, **bank accounts**, etc., to ensure all are up-to-date for designated beneficiaries. These items in retiree planning are often overlooked. The consequence is that the retiree's or widow(er)'s estate is not distributed in accordance with their desires.

The cost of a **funeral** can be anywhere between \$3,000 and \$15,000 and possibly more. An unexpected death many times places an extreme financial hardship on the family when life insurance is not in place. Please ensure that ALL family members have at least enough life insurance to cover funeral expenses.

It is strongly recommended that, as a military retiree or spouse, you force yourself to find the time to get your personal affairs in order. Your survivors will be thankful you were thoughtful enough to take care of this very important matter.

Military retirees should make sure their family members are aware that they can contact the Retiree Activities Office (RAO) at Buckley SFB for information and assistance in applying for benefits and entitlements in the event of the retiree's death or serious illness.

The "Retiree Personal Affairs Log" contained in the following pages is, when filled in by you and/or your spouse (separate copies are recommended), your repository of needed information on your personal and financial affairs. Additional copies of this checklist are available at the RAO to assist you in getting your personal affairs in order. You can also make your own copies as required.

The telephone number for the Retired Activities Office (RAO) is 720-847-6693.

## **RETIREE PERSONAL AFFAIRS LOG**

## RETIREE OR SPOUSE (SEPARATE LOGS RECOMMENDED FOR RETIREE AND SPOUSE)

| Na    | ame (full name):   |
|-------|--|
| Ρŀ    | ERSONAL INFORMATION  |
| 1.    | Date of Birth: Place of Birth:   |
| 2.    | Home Address:  |
| 3.    | Telephone Number(s):   |
|       | Home Telephone:  |
|       | Mobile / Cellphone:  |
|       | Other:   |
| 4.    | Social Media Addresses / Identifiers (as you may want to identify):                                |
|       | Email Addresses(s):  |
|       | Other:   |
| 5.    | Birth Certificate Location:  |
| 6.    | Naturalization Certification location and Number and Name prior to Naturalization (if applicable): |
|       |  |
| Sc    | ocial Security Card location and Number:   |
| <br>g | DoD ID Number:   |
|       | DoD Benefits Number:   |
|       | he DoD Benefits Number is found on the reverse of both retiree and dependent ID cards, top row.)   |
| •     |  |
|       | . Religion: Church:  |
|       | . Name changes and location of court judgments concerning (if applicable) (not including           |
| na    | turalization and / or marriage):   |
|       |  |
|       |  |

## MARRIAGE(S)

## **Current**

| 1. Spouse's Name:   |
|---|
| 2. Place and Date of Marriage:  |
| 3. Marriage Certificate location:   |
| 4. Society Security Card location and Number:   |
|   |
| 5. DoD ID Number:   |
| 6. DoD Benefits Number:   |
| 7. Date of Birth: Place of Birth:   |
| 8. Birth Certificate location:  |
| 9. Naturalization Certificate location and Number (if applicable):                              |
| Previous (use "NOTES" pages at rear to continue recording information as needed)                |
| 1. Number of Previous Marriage(s) of Service Member or Spouse (if applicable-whoever is filling |
| out the log:  |
| 2. Name of Previous / Former Spouse:  |
| Ended by (death, divorce, etc.): Date:  |
| Social Security number:   |
| (if needed for alimony / child support tax returns as applicable)                               |
| Address of former spouse:   |
| (if needed for anything-indicate need)  |
| Divorce / Annulment court papers location (as applicable-ALWAYS RETAIN) (specify who and        |
| where):   |
| Alimony and/or Child Support (as applicable) and details (specify when start and end dates and  |
| circumstances):   |
|   |
|   |
| Former Spouse Survivor Protection Plan (FSSPP) in force (as applicable) and details:            |
| Former Spouse Survivor Protection Plan (FSSPP) in force (as applicable) and details:            |

## PARENTS (AGAIN, SEPARATE LOGS RECOMMENDED FOR RETIREE AND SPOUSE)

| 1. Father:   |  |
|--|--|
| Place & Date of Birth:   |  |
| Date of Death (as appropriate):  |  |
| Current Address (as appropriate):  |  |
| Telephone & Email Address (as appropriate):  |  |
| Social Security Number & Card location (as appropriate):   |  |
| Birth Certificate location (as appropriate):   |  |
| 2. Mother:   |  |
| Place & Date of Birth:   |  |
| Date of Death (as appropriate):  |  |
| Current Address (as appropriate):  |  |
| Telephone & Email Address (as appropriate):  |  |
| Social Security Number & Card location (as appropriate):   |  |
| Birth Certificate location (as appropriate):   |  |
| CHILDREN (use "NOTES" pages at rear to continue recording information as needed)   |  |
|  |  |
| <b>1. Name</b> : Date of Birth:  |  |
| 1. Name:       Date of Birth:         Current Address:   |  |
|  |  |
| Current Address:   |  |
| Current Address: Telephone & Email Address:  |  |
| Current Address:  Telephone & Email Address:  Social Security Number & Card Location (as appropriate):   |  |
| Current Address: Telephone & Email Address: Social Security Number & Card Location (as appropriate): Birth Certificate Location (as appropriate):  |  |
| Current Address: Telephone & Email Address: Social Security Number & Card Location (as appropriate): Birth Certificate Location (as appropriate): Date of Birth:   |  |
| Current Address: Telephone & Email Address: Social Security Number & Card Location (as appropriate): Birth Certificate Location (as appropriate):  2. Name: Date of Birth: Current Address:                  |  |
| Current Address: Telephone & Email Address: Social Security Number & Card Location (as appropriate): Birth Certificate Location (as appropriate): Date of Birth: Current Address: Telephone & Email Address: |  |
| Current Address:   |  |
| Current Address:   |  |
| Current Address:   |  |
| Current Address:   |  |

### **MILITARY INFORMATION & PAY FILE OF RETIRED SERVICE MEMBER**

| (A  | S APPLICABLE - use "NOTES" page to continue recording information as needed)   |
|-----|--|
| 1.  | Rank/Rate/Grade: Branch of Service:  |
| 2.  | Service Number / Social Security Number / DoD Number (all applicable):   |
| 3.  | Dates of Service (Active and Reserve):   |
|     |  |
| 4.  | Date of Retirement (active duty):  |
| 5.  | Gray Area as applicable:   |
|     | Date of Transfer to Reserve Retired:   |
|     | Date eligible for Transfer to Reserve Retired with Pay:  |
|     | Date Actually Transferred to Reserve Retired with Pay:   |
| 6.  | DD Form 214 location (all as applicable):  |
| 7.  | Retirement Orders, Fleet Reserve Transfer Orders, Retirement Certificate(s), and all other papers                      |
| СО  | ncerning establishment of DFAS retiree pay account. For Gray Area members-the Reserve                                  |
| Eli | gibility for Transfer to Reserve Retired with Pay Letter (commonly called a 20-year letter -                           |
| lo  | cation(s) of all:  |
|     |  |
|     |  |
| No  | te for Gray Area reservists: When you transfer to Reserve Retired status, make sure you obtain an official recording   |
| fro | m your services' reserve personnel center detailing all your earned retirement points detailed by anniversary year and |
| ma  | ke sure to verify it SEVERAL YEARS before you apply for retirement with pay.   |
|     | Retiree Account Statements (RAS) <b>location</b> (received from Defense Finance and Accounting                         |
| Se  | ervice (DFAS) for all members receiving retired / retainer pay):   |
| 9.  | Survivor Benefit Plan (SBP) elected at military service retirement?  |
|     | YES // - NO //; if YES, Spouse only // - or - With Minor Children //   |
| Sp  | pecify Beneficiary(ies):   |

| 10. Arrears of Pay (for military retired pay) beneficiary designate listed on RAS?   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| YES // - NO //; if not, why not?:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| onversion of SGLI to participation in Veterans Group Life Insurance (VGLI)?  ES // - NO //; if YES, is beneficiary on file with Office of Serviceman's Group Life ance (OSGLI) up to date? If not, why not?:  ify Beneficiary:  IK / CREDIT UNION ACCOUNTS (use "NOTES" page to continue information as needed) acial Institutions, Addresses, Account Types, Account Numbers, Transfer Upon Death |  |  |  |  |  |  |
| YES // - NO //; if YES, is beneficiary on file with Office of Serviceman's Group Life nsurance (OSGLI) up to date? <b>If not, why not?:</b>  |  |  |  |  |  |  |
| nsurance (OSGLI) up to date? <b>If not, why not?:</b>  |  |  |  |  |  |  |
| urance (OSGLI) up to date? If not, why not?:ecify Beneficiary:   |  |  |  |  |  |  |
| BANK / CREDIT UNION ACCOUNTS (use "NOTES" page to continue information as needed)  |  |  |  |  |  |  |
| Financial Institutions, Addresses, Account Types, Account Numbers, Transfer Upon Death   |  |  |  |  |  |  |
| designations, Points-of-Contact & Phone Numbers, location of files:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| LIFE INSURANCE (use "NOTES" page at rear to continue recording information as needed)  |  |  |  |  |  |  |
| empanies, Addresses, Types of Insurance, Policy Numbers, Amounts of Coverage, Principal,   |  |  |  |  |  |  |
| Beneficiary, Points-of-Contact, Phone Numbers, Location of Policies:   |  |  |  |  |  |  |
| HOME & MOTOR VEHICLE INSURANCE (use "NOTES" page as needed)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. <b>Home, Condo, or Renters Insurance</b> , Address, Policy Number, Point-of-Contact, Phone Number Location of Policy:   |  |  |  |  |  |  |
| 2. <b>Motor Vehicle Insurance</b> , Address, Policy Number, Point-of-Contact, Phone Number, Location of  |  |  |  |  |  |  |
| Policies:  |  |  |  |  |  |  |
| 3. Other Personal Property Insurance (boats, trailers, etc.) Addresses, Policy Numbers, Points-of  |  |  |  |  |  |  |
| Contact, Phone Numbers, Location of Policies:  |  |  |  |  |  |  |
| 4. Other <b>Real Property Insurance</b> to be detailed in Property Ownership section,  |  |  |  |  |  |  |
| Notes:   |  |  |  |  |  |  |

| CREDIT CARD ACCOUNTS (use "NOTES" page to continue as needed)  |
|--|
| Types of Cards (Visa, MC, AmEx, etc.), Financial Institutions, Addresses, Account Numbers, Points    |
| of-Contact & Phone Numbers, location of files:   |
|  |
|  |
|  |
|  |
|  |
|  |
| INCOME TAX FILES (use "NOTES" page to continue as needed)  |
| (AGAIN, SEPARATE LOGS ARE RECOMMENDED FOR RETIREE AND SPOUSE)  |
| Location of copies of ALL tax returns and related paperwork for at least the past three years (maybe |
| up to seven depending):  |
|  |
|  |
| CIVILIAN EMPLOYMENT / RETIREMENT PLANS   |
| (AGAIN, SEPARATE LOGS ARE RECOMMENDED FOR RETIREE AND SPOUSE)  |
| (use "NOTES" pages at rear to continue recording information as needed)                              |
| Public/Private Sector Employment (or contract) & most recent position:                               |
|  |
|  |
| Personnel Office(s) & Telephone Number(s):   |
|  |
|  |
| Beneficiary(ies) of all unpaid income:   |
|  |

| dentify all sources of civilian earned employment retirement income/participation in retirement and/o    |
|--|
| survivor benefit plans: 401(k), IRA, etc. Survivor benefits designation? Provide details particularly in |
| the event of retiree's death; name and address of plan source, point-of-contact, and procedures for      |
| reporting death and gaining survivors annuity and location of all related documents:                     |
|  |
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|  |
| TRUSTS & OTHER SECURITIES / SURVIVOR PLANS & ANNUITIES   |
| AGAIN, SEPARATE LOGS ARE RECOMMENDED FOR RETIREE AND SPOUSE)   |
| Retired Serviceman's Family Protection Plan (RSFPP), Military Retirees Survivor Benefit Plan             |
| (SBP), Civil Service Survivor Benefit Plan (CSSBP), Federal Employees Survivor Benefit Plan              |
| (FESBP), and other employment survivor's benefit annuity plans: Plan(s)/trust(s) participating in,       |
| inancial institution(s), account/plan number(s), plan address(es), point(s)-of-contact & phone/email     |
| address(es), location of related papers and documents, upon death of owner/ principal specify the        |
| designated beneficiary(ies):   |
|  |
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## PROPERTY OWNERSHIP (use "NOTES" page to continue as needed)

| 1. | Real Estate located at:  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
|    | Title in the name(s) of:   |  |  |  |  |  |  |
|    | Encumbered by (mortgage, trust, lien, deed, etc.):                                 |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |
|    | Property Insured by (company name):  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |
|    | Insurance Company address, policy number, point-of-contact, phone/email addresses: |  |  |  |  |  |  |
|    | Real Estate located at:  |  |  |  |  |  |  |
|    | Title in the name(s) of:   |  |  |  |  |  |  |
|    | Encumbered by (mortgage, trust, lien, deed, etc.):                                 |  |  |  |  |  |  |
|    | And held by (financial institution, court, etc.):                                  |  |  |  |  |  |  |
|    | Property Taxes paid by:  |  |  |  |  |  |  |
|    | Paperwork (Deed, Abstract, Mortgage, Insurance) Location:                          |  |  |  |  |  |  |
|    | Property Insured by (company name):  |  |  |  |  |  |  |
|    | Insured Against (fire, flood, hurricane, liability, etc.):                         |  |  |  |  |  |  |
|    | Insurance Company address, policy number, point-of-contact, phone/email addresses: |  |  |  |  |  |  |
| N  | OTES:  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |
|    | NITED STATES SAVINGS BONDS (if still held)   |  |  |  |  |  |  |
|    | cation of bonds:   |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |

## WILLS, LIVING TRUSTS, POWERS OF ATTORNEY, & LAWYERS

(SEPARATE LOGS ARE RECOMMENDED FOR RETIREE AND SPOUSE)

| . Do you have a <u>WILL</u> ?   |   |
|---|---|
| YES // - NO //. If not, why not?: Do you really want a probate court to handle all yo               | ur  |
| iffairs after you die and distribute your assets? Please talk to an attorney.                       | ING DURABLE POWER OF ATTORNEY FOR HEALTH CARE? assically, this document names someone to make medical care decisions are due to illness or injury. You need to talk to an attorney.  INCLIDEATH ACT DECLARATION (LIVING WILL)?  assically, this document allows you to authorize termination of artificial life are a terminal, incurable medical condition, your life is being prolonged provided life support, AND you are unable to personally communicate.  You need to talk to an attorney.  ING DURABLE GENERAL POWER OF ATTORNEY?  Dour will takes effect only after your death, but you should also plan for as when you might be mentally or physically unable to do so because of a you are of sound mind right now, you can legally appoint someone to operty management affairs if you ever become incapacitated. You need to not present a lawyer or close friend (executor of will?) that can one number of a lawyer or close friend (executor of will?) that can |
| If yes, where is it?  |   |
| . Do you have a <b>SPRINGING DURABLE POWER OF ATTORNEY FOR HEALTH CARE</b> ?                        |   |
| YES // - NO //. Basically, this document names someone to make medical care decision                | S   |
| or you if you are incapacitated due to illness or injury. You need to talk to an attorney.          |   |
| If yes, where is it?  |   |
| b. Do you have a NATURAL DEATH ACT DECLARATION (LIVING WILL)?                                       |   |
| YES // - NO //. Basically, this document allows you to authorize termination of artificial li       | е   |
| support in the event you have a terminal, incurable medical condition, your life is being prolonged |   |
| only by means of artificially provided life support, AND you are unable to personally communicate   |   |
| our wishes to your doctor. You need to talk to an attorney.   |   |
| If yes, where is it?  |   |
| . Do you have a SPRINGING DURABLE GENERAL POWER OF ATTORNEY?  |   |
| YES // - NO //. Your will takes effect only after your death, but you should also plan for          |   |
| who can handle your finances when you might be mentally or physically unable to do so because o     | f   |
| lness or accident. Because you are of sound mind right now, you can legally appoint someone to      |   |
| andle your financial and property management affairs if you ever become incapacitated. You nee      | d   |
| o talk to an attorney.  |   |
| If yes, where is it?  |   |
| . Name, address, and phone number of a lawyer or close friend (executor of will?) that can          |   |
| e consulted in regard to personal or business affairs:  | -   |
| 5. <b>Burial Instructions</b> : Do you have burial instructions in your will? YES // - NO //.       | _   |
| Burial, cremation, donation, military honors? Need to specify:                                      |   |
| If you do not have a will or any of the other items delineated in this section, you should          |   |
| ontact the Buckley SFB Legal Service (720-847-6444) for assistance.)                                |   |

|             | ecord the locat<br>ed to while goi |             |              |            |                 | in the questions<br>one so): |
|-------------|------------------------------------|-------------|--------------|------------|-----------------|------------------------------|
| you roopena | od to write got                    | ng unough t | The log here | n you navo | ir t diroddy di | 5110 00).                    |
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| NOTES (continued):   |
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| OBITUARY FOR NEWSPAPERS (if you want to) This will help your survivors and the |
| funeral director:  |
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## THINGS TO KNOW AND PLAN FOR UPON DEATH OF A RETIREE OR SPOUSE

First and foremost, make sure both the military retiree and spouse have an **updated will**. This is very important as it addresses the disposition of the estate according to the wishes and desires of the deceased, not the state in accordance with laws the court would apply.

Once the retiree passes away, please notify the **Defense Finance and Accounting Service (DFAS)** as soon as possible by calling toll free **800-321-1080** from anywhere in the United States. It is important to have the **retiree's full name**, **Social Security number**, and **date of death** when you call. Notification can also be made by going online at: <a href="https://www.dfas.mil/retiredmilitary/">https://www.dfas.mil/retiredmilitary/</a> and clicking the top ribbon box that reads "Click to Report the Death of a Retiree" and then filling out the form.

If the call is from overseas, the commercial number is 216-522-5955, select option 3 to be directed to the appropriate representative.<sup>2</sup>

Retired pay ceases upon the death of a retiree. Upon notification, DFAS will begin to close out the retiree's pay account to prevent any overpayments. Tardiness in reporting the death could result in **overpayment** of the retiree's retired pay **which will be collected back by DFAS.** Additional information is available at: <a href="https://www.dfas.mil/retiredmilitary/">https://www.dfas.mil/retiredmilitary/</a><sup>1</sup> and clicking "Survivors and Beneficiaries" on the left side column.

DFAS also needs to be notified of the passing of a Survivor Benefit Plan (SBP) annuity recipient as expeditiously as possible. The same rules for recoupment of overpayments after the date of death also apply.

**Social Security Administration (SSA)** must be notified at **800-772-1213** to report the retiree's or spouse's death and apply for survivor's benefits and other benefits such as application for partial burial expenses and other benefits as eligible.

--A Funeral Director can assist in notifying Social Security of the death, but the surviving spouse should follow-up for survivor's benefits and such.

**Department of Veterans Affairs (VA)** must be notified at **800-827-1000** to report the retiree's death if the retiree was receiving any disability compensation. As with military retired pay this ceases upon the death of the retiree and overpayments will be collected. And:

- --To find out procedures for the surviving spouse to claim unpaid disability compensation due the deceased.
- --To find out if the survivor is entitled to Dependency and Indemnity Compensation (DIC) in the event the deceased had a service-connected disability, and
  - --Any other benefits based on the death of the retiree including burial benefits.

Contact the VA at 800-669-8477 for retirees enrolled in a VA sponsored disability life insurance policy or older life insurance policies such as National Service Life Insurance (NSLI).

Contact the **Office of Serviceman's Group Life Insurance** (OSGLI) at **800-419-1473** for retirees enrolled in **Veterans Group Life Insurance** (VGLI)

**Defense Enrollment Eligibility Reporting System (DEERS) (800-538-9552)** must be notified of the retiree's (or spouse's) death. At the death of the retiree, the surviving spouse is now his or her own sponsor for military benefits, no longer the deceased retiree (for Tricare, exchange, commissary, MWR, etc.). Since the surviving spouse must also **obtain a new Identification Card**, updating DEERS can done at the same time at **any ID card issuing facility**.

FOR A NEW ID CARD - Access and make an appointment at your nearest ID card issuing facility by going to the "ID Card-RAPIDS Site Locator and Appointments" at: <a href="https://idco.dmdc.osd.mil/idco">https://idco.dmdc.osd.mil/idco</a>.3

Currently the new NextGen ID Cards are being issued for all retirees and dependents and older cards will be replaced with this new type as they expire, generally due to age (65) or required frequency.

Office of Personnel Management (OPM) must be notified at 888-767-6738 if the military retiree (or the spouse) was also a retired Federal civilian employee or currently a Federal civilian employee at the time of death. If such, the military retiree or spouse may be enrolled in OPM's survivor benefit plan, life insurance, and/or Thrift Savings Plan.

**Notification must also be made** (this list is **not** to be considered complete):

- --To financial institutions including all investment activities and credit card issuers. Credit card accounts should be reviewed closely and cancelled/cards destroyed if appropriate. Transfer upon death account agreements should be activated after any necessary repayments to DFAS and the VA are accomplished.
- --To **Will Executor** (if whichever surviving spouse is not so designated) and others assisting as appropriate. Any activity involving or requiring probate must be recognized in the will and disposition dealt with. Ownership and type of ownership of real property (land and houses) and how the ownership would pass upon death should be dealt with before the death of the retiree or spouse.
- --To all **commercial insurance companies** for policies in effect including life, home, health, renters, vehicle, etc., and to claim life insurance benefits.
- --To the state department of **vehicle registration** for autos, boats, trailers, etc., to change names on titles.
- --To all membership **organizations** and periodical **subscriptions** to cancel or change names as appropriate.

**The Funeral Director** can make requests for **military honors** for the veteran at the burial and a United States flag from the VA (see the VA section above). The director will also order the death certificates from the state.

- --Navy Personnel Command, Millington, TN, phone number for burial honors is 877-645-4667 or you can try 800-326-9631.
- --For **Air Force** assistance you can contact the Mile High Honor Guard on Buckley SFB at 720-847-6668.
- --For **Army** assistance you can contact 719-526-5613 or call the CO Army National Guard at 720-250-2525.
  - --For **Marine Corps** assistance you can contact 866-826-3628.
  - --For **Coast Guard** assistance (in Colorado) you can contact 314-606-6792.
- --Navy and Marine Corps Mortuary Affairs office, Millington, TN, phone number for burial at sea arrangements are 866-787-0081. For **local burial at sea** arrangements, contact the Honolulu Coordinator, Navy Liaison Unit, Tripler Army Medical Center at **808-433-4709**.

#### **Required forms** after the passing of the retiree or spouse:

- --DD Form 214: for all burial benefits the VA will want copies. This includes burial of the spouse in a National Cemetery where the retiree (veteran) is or will also be interred.
- --Death Certificate certified by the state issuing authority (Division of Vital Records in CO). DFAS, VA, Social Security, VGLI, other insurance policies, financial activities, etc., will all want certified copies. Suggest you order at least 20.
  - --Social Security card for the SBP annuitant applicant and Arrears of Pay applicant.

#### **Processing of DFAS forms** after report of retiree's death:

- --Within 7-10 business days after reporting the death of a retiree to DFAS the surviving spouse will receive a condolence letter and, if he or she was enrolled in the Survivor Benefit Plan, a form and instructions for applying for the **Survivor Benefit Plan (SBP) annuity**. If the surviving spouse was the designated beneficiary for any unpaid retirement pay due the deceased retiree, he or she will receive a package including a form and instructions for claiming this unpaid pay which is referred to as **Arrears of Pay**.
- --The surviving spouse would complete the forms and return them according to the instructions enclosed with the forms with a certified copy of the death certificate and a copy of the spouse's Social Security card. The base Casualty Assistance Representative (CAR) can normally assist with this.
  - --If assistance is needed completing forms the **DFAS call center** at **800-321-1080** can also help.

Remember, the Retiree Activities Office (RAO) at Buckley SFB is here to provide assistance to our retired military community. We can hopefully answer questions on varying subjects that you may have or put you in touch with the experts that can. If our RAO volunteers do not know the answer, we will find it or let you know where you can get the answer.

The telephone number for the Retiree Activities Office is 720-847-6693. Retirees and family members can also submit comments, questions and requests for assistance via e-mail at rao.buckley@us.af.mil.

<sup>&</sup>lt;sup>1</sup>DFAS Website updated 5/05/2020

<sup>&</sup>lt;sup>2</sup>NAVPERSCOM website RAO verified 5/11/2020

<sup>&</sup>lt;sup>3</sup>BUPERS/NPC Web Manager email of 5/08/2020

#### AFTER REVIEWING THE LOG CAN YOU PASS THIS TEST NOW?

#### DO YOU KNOW WHERE TO FIND THE FOLLOWING WITHOUT ASKING YOUR SPOUSE?

YES NO

|    |   | ILS | NO |
|----|---|-----|----|
| 1  | Your birth certificate?   |     |    |
| 2  | Your spouse's birth certificate?                                      |     |    |
| 3  | Your marriage license/certificate?                                    |     |    |
| 4  | Divorce decrees or death certificates regarding any prior marriage(s) |     |    |
| 5  | Real and personal property tax receipts for the last year?            |     |    |
| 6  | Income tax receipts for the past four years?                          |     |    |
| 7  | Your social security number?  |     |    |
| 8  | Your spouse's social security number?                                 |     |    |
| 9  | Where your spouse keeps the life insurance policies?                  |     |    |
| 10 | List of life insurance policies, including group insurance through    |     |    |
|    | business and other sources?   |     |    |
| 11 | What medical, accident, and health insurance your family owns?        |     |    |
| 12 | Location of your spouse's will?                                       |     |    |
| 13 | Name and account numbers of all savings and checking accounts?        |     |    |
| 14 | All credit cards, account numbers, and telephone numbers to call?     |     |    |
| 15 | Driver's license numbers and state where they were issued?            |     |    |
| 16 | Approximate family income for last year?                              |     |    |
| 17 | Location of safe deposit box(s)/key(s) and who has access?            |     |    |
| 18 | Location of service member's DD Form 214?                             |     |    |
| 19 | Who to contact in event of the death of a family member?              |     |    |
|    |   |     |    |

Revised August 2020