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**Initial and Interim CAR Submission Dates:**

30 Days - Date: \_\_\_\_\_

240 Days - Date: \_\_\_\_\_

60 Days - Date: \_\_\_\_\_

270 Days - Date: \_\_\_\_\_

90 Days - Date: \_\_\_\_\_

300 Days - Date: \_\_\_\_\_

120 Days - Date: \_\_\_\_\_

330 Days - Date: \_\_\_\_\_

150 Days - Date: \_\_\_\_\_

360 Days - Date: \_\_\_\_\_

180 Days - Date: \_\_\_\_\_

390 Days - Date: \_\_\_\_\_

210 Days - Date: \_\_\_\_\_

Final Report Date: \_\_\_\_\_

To: Casualty Assistance Center:

**RE (decedent):**

RANK

LAST NAME

FIRST NAME

MI

UNIT

HOME STATION

DATE OF BIRTH

DCIPS CASE NUMBER (CAC Completes)

**From Casualty Assistance Officer (CAO):**

RANK

LAST NAME

FIRST NAME

MI

MILITARY EMAIL ADDRESS

CELL PHONE NUMBER

WORK PHONE NUMBER

**Next-of-Kin (by household) Assisted:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

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FIRST NAME

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MI

\_\_\_\_\_  
RELATIONSHIP

Phase One Actions						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
1	Time and date CAO was notified of the casualty					
2	Date CAO was briefed on duties and responsibilities					
3	Date CAO was trained prior to performing duties					
4	Was the CAO provided sufficient time and support from their command to complete CAO duties?	YES	NO			If no, explain:
5	Did the CAO provide the Survivor with a business card with 24/7 contact numbers?	YES	NO			If no, explain:
6	Was a chaplain part of the notification team?	YES	NO			If no, explain:
7	Soldier's Posthumous Citizenship, N-644, if applicable					
8	Death Gratuity (DG), DD Form 397					
9	Survivor Outreach Services Financial Counselor					
10	Provide completed PNOK DT Script or SNOK DT Script and an Invitational Travel Order issued (PNOK plus two additional travelers) <b>(Threatre Only)</b>					List traveler(s)
11	Survivors provided Privacy Act Statement, DA Form 4475					List Survivor(s)
12	Authorization for Disclosure of Information					List Survivor(s)
13	"The Days Ahead" binder delivered to the PNOK (brief "A Survivor's Guide to Benefits," the Benevolent and Philanthropic agencies list, and Military OneSource's DoD counseling upon delivery)					
14	Survivor Outreach Services (SOS) Support Coordinator Introduction (Respite Care, Survivor events, etc.)					
15	"Survivorship" Ask if any other Family members are serving in the Military					List Survivor(s) with branch of Service
<b>Notes:</b>						

Phase Two Actions						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
16	Is in Loco Parentis documentation required?	YES	NO			
17	Disposition of Remains Instructions (PADD only), DA Form 7302					
18	Invitational Travel Orders Issued for Authorized Interment/Funeral Traveler(s)	YES	NO			List traveler(s)
19	Funeral Honors Rendered (PADD)	FULL	MODIFIED			
20	Burial Flag presented to eligible Survivors					List Survivor(s)
21	Flag Case presented to eligible Survivors					List Survivor(s)
22	Posthumous Award Certificates and Medal Sets presented to eligible Survivors					List Survivors and awards presented:
23	Posthumous Promotion Certificate presented to eligible Survivors					List Survivor(s)
24	Gold Star Lapel Button presented to eligible Survivor(s) (Theatre related only)					List Survivor(s)
25	Lapel Button presented to eligible Survivor(s) (when not theatre related)					List Survivor(s)
26	Initial DD1300 provided to eligible Survivor(s)					List Survivor(s)
27	Standard Government Headstone/Grave Marker, or Medallion for privately purchased headstone, VA Form 40-1330 (VA Form is usually only necessary for private cemeteries)					List Survivor(s)
28	Was a Last Will and Testament available?	YES	NO			
<b>Notes:</b>						

Phase Three Actions (Monetary)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
29	Travel vouchers paid for ITO's issued for Dover Travel (Theatre Only), DD Form 1351-2					List Traveler(s):
30	Travel vouchers paid for ITO's issued for Funeral Travel, DD Form 1351-2					List Traveler(s):
31	Payment received for Funeral and/or Interment Expenses, DD Form 1375 (PADD only)					
32	Travel vouchers paid for ITO's issued for Unit Memorial Travel, DD Form 1351-2					List Traveler(s):
33	Claim for Servicemembers' Group Life Insurance (SGLI), SGLV 8283					
34	Claim for Family SGLI, SGLV 8283A					
35	Spouse's conversion of Family SGLI to commercial policy					
36	Claim for Traumatic SGLI, SGLV 8600					
37	Commercial life insurance					
38	VA benefits appointment					
39	Beneficiary Financial Counseling Service (SGLI recipient only)					*counseling provided at VA benefits appointment
40	Montgomery GI Bill or VEAP Refund	*				*counseling provided at VA benefits appointment
41	Dependency and Indemnity Compensation (DIC) (spouse and children when service connected), VA Form 21-534a	*				*counseling provided at VA benefits appointment
42	Parental Dependency and Indemnity Compensation (DIC), VA Form 21-535	*				*counseling provided at VA benefits appointment
43	Presidential Memorial Certificate received , VA Form 40-0247	*				*counseling provided at VA benefits appointment
44	Fry Scholarship (children only), Dependent Education Assistance (spouse and children)	*				*counseling provided at VA benefits appointment
<b>Notes:</b>						

Phase Three Actions (Monetary continued)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
45	VA Bereavement Counseling					
46	Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART)				*	*Detailed counseling provided by SOS Financial Counselor
47	Establishment of separate bank accounts*					*FDIC insures only up to \$250K per depositor per bank
48	Army Emergency Relief (AER) Briefed					
49	My Army Benefits Survivor Benefits Report					List Survivor(s)
50	Survivor Benefit Program (SBP)/Special Survivor Indemnity Allowance (SSIA)					
51	Thrift Savings Plan funds transfer, TSP-U-17					
52	Social Security Administration (SSA) survivors (monthly) benefits					
53	SSA lump sum death payment (spouse or children)					
54	Unpaid Pay and Allowances (UPPA), SF 1174, SF 1199A optional					List UPPA beneficiaries in this household
55	Final Leave and Earnings Statement provided by DFAS to UPPA beneficiaries					List LES beneficiaries in this household
56	Basic Allowance for Housing (BAH), SF 1174 , SF 1199A optional					
57	Soldier's Per Diem/Travel Voucher payment (CONUS & OCONUS)					
58	Funds Withdrawn from Savings Deposit Program (UPPA beneficiaries)					
59	Savings Bonds in Safe Keeping					
<b>Notes:</b>						

Phase Three Actions (Medical)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
60	Updated Uniformed Services Identification and Privilege Card (ID Card)					
61	TRICARE Dental Program Enrollment	*				*Detailed counseling provided by DEERS/TRICARE
62	TRICARE Medical Transitional Survivor Program (may also need to update Primary Care Provider)	*				*Detailed counseling provided by DEERS/TRICARE
Phase Three Actions (Personal Effects)						
63	PERE Receipt of Theatre Personal Effects (Theatre cases only)					
64	PERE Receipt of Heirloom Chest					
65	PERE Receipt of Personal Effects/Household goods (other than Theatre)					
66	Shipment of Soldier's POV to PERE					
67	Claim for loss/destruction of Personal Effects (PNOK)					
68	Final government move - Home of Selection					
69	Mail handling procedures					
Phase Three Actions (Legal)						
70	Legal Assistance Pertaining to Soldier's Estate					
71	Soldier's Income Tax Assistance/Forgiveness Briefed					
72	Is a Natural Guardian Affidavit required?	YES	NO			
73	Is Guardianship of Estate (Legal Guardian/Conservatorship) required for a minor child's proceeds?	YES	NO			
Phase Three Actions (Miscellaneous)						
74	Autopsy Report request (when performed by AFME)					List Survivor(s)
75	Assistance with requesting civilian (non-AFME) Autopsy Report					List Survivor(s)
<b>Notes:</b>						

Phase Three Actions (Miscellaneous)						
#	Action	Date Counseled	Date Applied	Date Received	Not Applicable	Comments
76	FOIA Request: Line of Duty Investigation					List Survivor(s)
77	FOIA Request: AR 15-6, Collateral Investigation (Hostile, Fatal Accident, and Suicides only )					List Survivor(s)
78	FOIA Request: DOD Suicide Event Report					List Survivor(s)
79	FOIA Request: Criminal Investigation Division (CID)					List Survivor(s)
80	FOIA Request: Safety (Legal) Investigation					List Survivor(s)
81	PNOK Brief on Fatal Incident Brief and/or DOD Suicide Event Report					List Survivor(s)
82	Civil Service Job Preference (spouse and certain mothers)					
83	State-Specific Benefits ( <a href="http://MyArmyBenefits.us.army.mil">http://MyArmyBenefits.us.army.mil</a> )					
84	Final Report of Casualty, Final DD 1300					List Survivor(s)
85	Transcript of Military Records, AHRC 1569 (PNOK only)					
86	Overseas Death Certificate (OCONUS deaths), DD Form 2064					List Survivor(s)
87	Death Certificates received from civilian entities (CONUS deaths)					
88	Briefed on Casualty and Mortuary Affairs Operations Center (CMAOC) Survivor Outreach Questionnaire					List Survivor(s)

**NOTES:**



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## RECORD OF EMERGENCY DATA

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

#### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancée), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

#### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. <b>NAME</b> (Last, First, Middle Initial)		2. <b>SSN</b>	
3a. <b>SERVICE/CIVILIAN CATEGORY</b> <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. <b>REPORTING UNIT CODE/DUTY STATION</b>
4a. <b>SPOUSE NAME</b> (If applicable) (Last, First, Middle Initial)  <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
5. <b>CHILDREN</b> a. <b>NAME</b> (Last, First, Middle Initial)	b. <b>RELATIONSHIP</b>	c. <b>DATE OF BIRTH</b> (YYYYMMDD)	d. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER
6a. <b>FATHER NAME</b> (Last, First, Middle Initial)	b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER		
7a. <b>MOTHER NAME</b> (Last, First, Middle Initial)	b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER		
8a. <b>DO NOT NOTIFY DUE TO ILL HEALTH</b>	b. <b>NOTIFY INSTEAD</b>		
9a. <b>DESIGNATED PERSON(S)</b> (Military only)	b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER		
10. <b>CONTRACTING AGENCY AND TELEPHONE NUMBER</b> (Contractors only)			

**SECTION 2 - BENEFITS RELATED INFORMATION**

<b>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i>	<b>b. RELATIONSHIP</b>	<b>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>d. PERCENTAGE</b>
<b>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	<b>c. PERCENTAGE</b>
<b>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only)</i> <b>NAME AND RELATIONSHIP</b>		<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b>	
<b>14. CONTINUATION/REMARKS</b>			
<b>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN</b> <i>(Include rank, rate, or grade if applicable)</i>	<b>16. SIGNATURE OF WITNESS</b> <i>(Include rank, rate, or grade as appropriate)</i>		<b>17. DATE SIGNED</b> <i>(YYYYMMDD)</i>

## INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".

b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

## INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.



### 1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	
Duty Location	Branch of Service	

### 2. About Your Coverage

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- Increase or restore my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3, 4, & 5.
- Reduce my SGLI coverage to \$ \_\_\_\_\_. You must complete sections 3 & 5.
- Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.  
" \_\_\_\_\_ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

### 3. About Your Beneficiaries Complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

#### Secondary

1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

**Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S  
If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

\*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

**4. About Your Health** Complete this section *ONLY* if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender  Female  
 Male

**Have you had, been treated for, or had known indications of:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. A heart condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

Any request to increase coverage does not take effect until approved by OSGLI.

**Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.**

**5. Your Signature** You must complete this section.

**I have read the instructions and understand that:**

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Current Amount of SGLI

Address

**For Branch of Service Use Only**

**For OSGLI Use Only**

Name of Personnel Clerk

Representative

Rank, title or grade

Approve

Contact telephone/email

Disapprove

Date

Date

Address

## Information for the Service Member

### About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

### Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and name someone other than your spouse or child as your beneficiary	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
are married and reduce or decline your coverage	The Branch of Service will notify your spouse that you reduced or declined coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	The sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> <li>■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim.</li> <li>■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children.</li> <li>■ Naming a trust as a beneficiary on this form does NOT create a trust.</li> </ul>
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	You must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> <li>1. Widow or widower</li> <li>2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)</li> <li>3. Parent(s) in equal shares or all to surviving parent</li> <li>4. A duly appointed executor or administrator of your estate</li> <li>5. Other next of kin</li> </ol>

### Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	<p>Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account<sup>®*</sup>, by check, or Electronic Funds Transfer (EFT).</p> <p><small>*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</small></p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> <li>■ Write "36" under the Payment Option.</li> <li>■ Your beneficiary cannot change this payment option.</li> </ul>
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

## Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member ...	The Personnel Clerk should inform the service member that ...	Then Personnel Clerk should ...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> <li>■ Approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions.</li> <li>■ Send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.</li> </ul>
is reducing SGLI	<ul style="list-style-type: none"> <li>■ an application with health questions is required to increase coverage at a later date.</li> <li>■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member reduced coverage.</li> </ul>	Forward the form to payroll to change SGLI premium deductions.
is declining SGLI	<ul style="list-style-type: none"> <li>■ this will also cancel Family SGLI coverage—both spousal coverage and dependent child coverage—and Traumatic Injury Protection (TSGLI).</li> <li>■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member declined coverage.</li> </ul>	<ul style="list-style-type: none"> <li>■ Have the service member complete SGLV 8286A to end payment of Family spousal premiums. The service member does not need to complete a form to end payment of TSGLI premiums.</li> <li>■ Forward the form to payroll to change SGLI premium deductions.</li> </ul>
is married or gets married after completing this form	<ul style="list-style-type: none"> <li>■ Family SGLI automatically covers spouse.</li> <li>■ he or she must register their spouse in DEERS for payroll to deduct premiums.</li> <li>■ If the member wants to decline coverage or take a lesser amount of spousal coverage, the member must complete SGLV 8286A.</li> </ul>	<p>If applicable, forward the form to payroll to begin premium deductions for the spousal coverage.</p> <p>Forward the form to payroll to begin premium deductions for the spousal coverage, if applicable.</p>
has questions about this form	the advice of a military attorney is available at no expense.	Direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	Attach the Supplemental Beneficiary Form to the 8286.
wants to designate an unusual beneficiary given their family circumstances	<ul style="list-style-type: none"> <li>■ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she understands the designation is unusual and the person named will receive the benefit.</li> <li>■ if the member is married, the Branch of Service must provide written notification to his or her spouse that the member changed the designation.</li> </ul>	Have the member sign a paper with the following statement: I certify that I understand my beneficiary designation is unusual, and I intend <named beneficiary> to receive my insurance proceeds in the event of my death. I also understand that if I am married, my spouse will be notified that he/she is not my designated beneficiary.

### 2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI

PO Box 41618

Philadelphia, PA 19176-9913

<b>CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT</b> <i>(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)</i>			1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.
3. APPROPRIATION SYMBOL AND TITLE			4. PAID BY	
THE UNITED STATES, DR. TO:	5. NAME AND ADDRESS OF PAYEE <i>(Street and Number, City and State)</i>			
FOR	THE SIX MONTHS' GRATUITY PAY AS THE RESULT OF THE DEATH OR PRESUMED DEATH IN ACCORDANCE WITH A FINDING BY THE SECRETARY OF THE SERVICE CONCERNED. THE SIX MONTHS' GRATUITY IS AN AMOUNT EQUAL TO SIX TIMES THE MONTHLY RATE OF MILITARY PAY (EXCLUDING ALLOWANCES) RECEIVED BY THE DECEASED SERVICE MEMBER AT THE TIME OF DEATH, WITH AN \$800 MINIMUM AND A \$3,000 MAXIMUM.			
6. SERVICE PERSON <i>(Last name - First name - Middle initial)</i>		7. SERVICE NUMBER	7A. SOCIAL SECURITY ACCT. NO.	8. GRADE
9. PLACE OF DEATH			10. DATE OF DEATH	11. YEARS SERVICE
12. ADDITIONAL PAY FOR <i>(Identified by type)</i>			13. TOTAL MONTHLY PAY <i>(Including Block 12)</i>	14. DUE PAYEE
15. CERTIFICATE OF PAYEE <i>(Place an "X" in one of the following boxes, according to your relationship to the decedent)</i>				
I CERTIFY THAT I HAVE NOT RECEIVED THE SIX MONTH'S GRATUITY PAY; THAT				
<input type="checkbox"/> (a) I AM <input type="checkbox"/> HIS WIDOW <input type="checkbox"/> HER WIDOWER. <i>(Complete only Block 17a and have Block 17 signed by two certifying witnesses.)</i>				
<input type="checkbox"/> (b) I AM A CHILD OF THE DECEDENT; THAT THERE IS NO WIDOW (widower) SURVIVING; THAT THE CONTENTS OF BLOCK 16 ARE ACCURATE AS SHOWN. <i>(If payee is a minor at time of preparation of this form, Block 17a must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)</i>				
<input type="checkbox"/> (c) I AM THE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER OF THE DECEDENT; THAT THERE IS NO WIDOW (widower), OR CHILD SURVIVING. <i>(Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)</i>				
16. LIST CHILDREN OF THE DECEDENT <i>(If none, so state. Use reverse side if more space is needed)</i>				
NAME		ADDRESS		
17. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE <i>(Two witnesses are required)</i>			17a. SIGNATURE OF PAYEE <i>(Must be affixed in the presence of two witnesses)</i>	
I CERTIFY THAT I AM PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED PAYEE THAT I HAVE READ THE ABOVE STATEMENT WHICH WAS SIGNED IN MY PRESENCE, AND THAT SAID STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
SIGNATURE AND ADDRESS OF 1ST WITNESS		SIGNATURE AND ADDRESS OF 2D WITNESS	ADDRESS OF PAYEE	
18. ADMINISTRATIVE STATEMENT			DATE	
THE ABOVE-NAMED PAYEE, IS AUTHORIZED TO RECEIVE THE SIX MONTHS' GRATUITY PAY ON ACCOUNT OF THE DEATH OF THE DECEDENT; THAT BROTHER AND/OR SISTER PAYEES HAVE BEEN SO DESIGNATED BY THE DECEDENT IN THOSE CASES WHERE PARENT(S) ALSO SURVIVE AND THAT PAYMENT THEREOF IS APPROVED IN THE AMOUNT OF \$				
PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			SIGNATURE	
CHECK NUMBER	AMOUNT OF CHECK	DATE OF CHECK		
NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.			TYPED NAME AND TITLE	

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### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

The diagram shows a check from the United States Treasury, Austin, Texas. The check number is 0000 415785. The date is 08/31/84. The amount is \$100.00. The payee's name is in a large oval labeled 'A'. The type of payment is in a small oval labeled 'F'. The claim number and suffixes are in a small oval labeled 'C'. The check is marked 'NOT NEGOTIABLE' and has a MICR line at the bottom: ':00000518' 041571926''.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**PERSONAL INFORMATION FROM THE NOK OF A DECEASED SERVICE MEMBER**  
(5 U.S.C. 552a)

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TITLE OF FORM

PERSONAL INFORMATION FROM THE NOK OF A DECEASED SERVICE MEMBER

PRESCRIBING DIRECTIVE

AR 600-8-1

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1. AUTHORITY

10 USC 1475-1480      44 USC 3101

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3. PRINCIPAL PURPOSE (S)

The personal information pertaining to you as a NOK of a deceased service member becomes official information when released and is used by HQDA in the settlement of the deceased's personal affairs and financial accounts.

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3. ROUTINE USES

The information provided to the person(s) assisting you will be forwarded to HDQA for use in settling the personal and financial affairs of the service member. The information requested may be a valid address for you and your children (if applicable), your desires as to the disposition of the deceased's remains, factual information as to your marital status in relation to the deceased, and other such information which will enable the Army to settle the deceased's personal affairs. It may also be used by other government agencies and selected agencies such as an insurance company or bank.

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4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION

Disclosure of the information is voluntary. However, the disclosure enables the personal affairs and financial accounts of the deceased service member to be finalized and you as a NOK receive any benefits to which entitled. If the required information is not provided then a delay may be experienced in your receiving those benefits to which you may be entitled.

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