

CASUALTY ASSISTANCE CHECKLIST

(to be completed by retired Service Member and/or spouse and kept in your files for your survivors to use)

SPONSOR INFORMATION

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Date of Retirement: _____ Retired Grade/Rank: _____

Enrolled in Survivor Benefit Plan (SBP): YES NO Disenrolled from SBP: YES NO

VA Claim Number: _____

Eligible to Draw VA Disability Compensation (even if not in receipt now): YES NO

Receiving Social Security: YES NO If yes, age at which first received: _____

Organ Donor: YES NO

Living Will: YES NO

SPOUSE INFORMATION

Name: _____ Date of Birth: _____ SSN: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage (City, State, Country): _____

CHILD(REN) INFORMATION

Name	Birth Date	Address/Phone/E-mail
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE POLICIES

Policy #	Company	Amount (include "as of" date)	Beneficiary	Agent Phone/E-mail/Website
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LONG TERM CARE INSURANCE

Policy #	Company	Type of Coverage	Agent Phone/E-mail/Website
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INVESTMENTS

Type (IRA, CD, Mutual Fund)	Company	Amount (include "as of" date)	Agent Phone/E-mail/Website
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BANK ACCOUNTS

Bank Name	Account #	Type of Acct	Amount (include "as of" date)	Phone/Website
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CREDITORS

Name & Address	Account #	Balance Due (include "as of" date)	Life Insurance	Phone/E-mail
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BURIAL INFORMATION

Who should be notified of your death:

Name	Relationship	Address	Phone/E-mail
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Do you want a military honor guard: YES NO Do you want to be (circle one): Buried / Cremated

Have you purchased a burial plot: YES NO If yes, location: _____

Name and location of cemetery where you want to be buried: _____

Do you want to be buried in your uniform: YES NO If yes, location: _____

Do you want a memorial service: YES NO If yes, location: _____

Do you have a preference of funeral home: YES NO If yes, location: _____

LOCATION OF DOCUMENTS

Document

Location

Living Will	_____
Current Retired Pay Statement	_____
Marriage Certificate(s)	_____
Divorce Decree(s)/property settlement(s) (from previous marriage(s) of retired Soldier or spouse)	_____
Death certificate(s) (from previous marriage(s) of retired Soldier or spouse)	_____
Birth certificates/adoption papers (retired Soldier, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge Record) (for all periods)	_____
Safe-Deposit Box (lists content)	_____
Will	_____
Vehicle registration and title	_____
Insurance policies	_____
Investment papers	_____
Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real estate deeds	_____
Tax returns	_____
Other	_____

Note: Your selected funeral director will assist you with requesting military funeral honors, if desired. Retirees are eligible for full military funeral honors.

POINTS OF CONTACT

Please contact the following upon retiree's death:

Fort Jackson Casualty Assistance Center (CAC), 803-751-4519, 7:30 a.m.-5 p.m., Monday-Friday, to request a casualty assistance officer (CAO) for assistance with processing benefits and entitlements, if desired. Please have the following information available regarding the retiree:

- Full name
- Social security number and/or service number
- Date and Place of Birth
- Retired Rank
- Retirement Date
- Disability Rating

Next of Kin (NOK) Information
Copy of the Statement of Service (DD Form 214)
Copy of the Death Certificate

Fort Jackson Retirement Services Officer (RSO), 803-751-6715, 7:30 a.m.-5p.m., Monday-Friday, to stop retirement pay and process SBP payments, if applicable.

Department of Veterans Affairs, 1-800-827-1000; VA Insurance, 1-800-669-8477

Social Security, 1-800-772-1213

U.S. Marine Corps, 1-800-847-1597

U.S. Navy, 1-800-368-3202

U.S. Air Force, 1-800-433-0048