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Help Your Survivors Now

A Guide to Planning Ahead

A PUBLICATION OF MILITARY OFFICERS ASSOCIATION OF AMERICA

FINANCIAL BENEFITS

CONTINUING ENTITLEMENTS

PERSONAL AFFAIRS

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HELP YOUR SURVIVORS NOW

If you have a family, one of the most important things you can do during your lifetime is laying out the plans to take care of your family after you die. Upon your death, your survivors can expect to receive certain payments and benefits from the federal government, but it's up to you to help your survivors. This guide will help you plan ahead, alerting you to all the signposts and warning signs along the road of life.

NOTE: The information contained herein incorporates the provisions of the law in effect as of February 1, 2005 and provides reliable interpretations of the various statutes and implementing regulations as of the date of publication.

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MOAA – If you have questions about the information provided in this guide, contact MOAA's Benefits Information Department at **(800) 234-MOAA (6622)** or send an e-mail to **beninfo@moaa.org**.

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The information contained in this publication is intended for personal use by individuals who serve or who have served in the United States military and is not meant to substitute for legal or professional services. The regulations covering the entitlements discussed herein are constantly amended—the information within is current as of the publication date.

Potential Financial Benefits

Many financial benefits could be due to a surviving spouse or beneficiary at the death of a servicemember. For instance, a survivor might be eligible for an annuity from the Survivor Benefit Plan or the Retired Serviceman's Family Protection Plan. In addition, your surviving spouse may also qualify for Dependency and Indemnity Compensation (DIC); Social Security; life insurance; and certain burial allowances.

Introduction

There are many things you can do during your lifetime to help your survivors after your death.

When planning, it is important to be able to answer such questions as:

- What happens to your personal and real estate property when you die?
- Is your spouse able to write a check on your bank account?
- Does your spouse take title to your automobile?
- What about the insurance on your car?
- How about your fire insurance?
- Do you own stocks or bonds? If so, can your survivors reduce these holdings to cash or otherwise dispose of them? Can your spouse even find them?
- Do your survivors continue to receive your retired pay and if not, when do payments stop?

Unless you have determined the answers to these and other questions in advance—your survivors may not receive all the entitlements for which you have worked so hard.

When Retired Pay Stops

Entitlement to military retired pay stops at midnight on the date of your

death. Your surviving spouse suddenly has no authority to cash any check made payable to you. Neither does your bank. Should your survivor either receive a military retired paycheck or an electronic fund transfer payable to you, it must be returned to the retired pay section of your Defense Finance and Accounting Service Center (DFAS) or finance center stating the reason.

Your beneficiary is entitled to any military retired pay due you at the time of your death. If you die during the first few days of the month, this payment will be relatively small. Nevertheless, your surviving spouse or designated beneficiary has a right to any entitlements. If at the time you retired, you designated your spouse to receive this money, nothing more need be done. If you are not sure if you signed a designation of beneficiary or if the one on file is up-to-date, write to the DFAS or your service finance center and ask for the necessary forms. If this is done, there should be no problem in settling your final military retired pay.

It is important that upon your death, your surviving spouse immediately contacts the retired pay section of the DFAS or other service finance center by phone, as well as the nearest retirement services office/retired affairs office if it is near your place of residence.

Checklists, sample forms and contact information are included in the appendix of this book to assist in collecting and storing this information.

The Survivor Benefit Plan (SBP)

The Survivor Benefit Plan (SBP) was created by Congress as a voluntary contribution program to provide protection for military retirees' survivors. Because your retirement benefits end when you die—and statistics show that a large majority of military retirees are survived by their spouses—SBP provides a way for you to pass on a portion of your benefits to your survivors.

Unlike life insurance, the SBP annuity is not a lump sum payment but a lifetime benefit to your eligible beneficiaries, providing a regular, reliable income that can't be maxed out. SBP holds several key advantages over alternative plans:

- Benefit amount increases regularly to keep pace with inflation.
- Premiums are tax-deductible.
- Premiums are subsidized by federal government.

Note: Be sure that your spouse knows if you have SBP coverage and how much he or she can expect to receive as an annuity. Keep a copy of your latest Retiree Account Statement detailing SBP deduction along with your important papers.

The original SBP provided for an annuity of 55% of a base amount of retired pay elected by the servicemember. You can choose a base amount ranging from a minimum of \$300 up to the full value of your gross monthly retired pay. The chart above has a few simple examples of annuity amounts and monthly premiums.

The annuity cannot be outlived, but it is subject to a reduction from 55% to 35% after age 62 due to the Social Security Offset (SSO). The National Defense Authorization Act (NDAA) of 2005

GROSS AMOUNT	BASE AMOUNT	MONTHLY ANNUITY	MONTHLY PREMIUM
\$2,000.00	\$1,000.00	\$550.00	\$65.00
\$2,000.00	\$1,200.00	\$660.00	\$78.00
\$2,000.00	\$1,500.00	\$825.00	\$97.50
\$2,000.00	\$2,000.00	\$1,100.00	\$130.00

Sample SBP annuities based on 55% of chosen base amount, up to full value of gross retirement pay.

phases out the SSO over the next three years by increasing the minimum SBP annuity for survivors age 62 and older to 40% of covered retired pay as of Oct. 1, 2005; to 45% of covered retired pay on April 1, 2006; to 50% on April 1, 2007; and to 55% on April 1, 2008.

Payment of SBP Annuity

As soon as the DFAS center or appropriate finance center receives notification of your death, your surviving spouse will be sent an easy-to-complete SBP annuity claim form. The annuity (including periodic increases whenever retired pay is raised) will be available as long as your surviving spouse lives. For information concerning the payment of a SBP annuity to an incapacitated annuitant, contact your DFAS or appropriate finance center.

Changes in Coverage

Deductions from retired pay continue so long as a retiree has an eligible beneficiary for the annuity. If, through death or divorce, a retiree has no eligible beneficiary, SBP cost deductions are terminated and participation suspended. But if you remarry, your new spouse becomes an eligible beneficiary after one year of marriage.

- If you remarried on or after March 1, 1986, coverage can be increased (if less than the maximum amount was previously elected) up to full retired pay. But if you increase coverage, you must pay the DFAS the difference with interest between the amounts of SBP costs that would have been incurred if this level of coverage had originally been elected.
- SBP coverage can be continued or dropped in the event of remarriage.
- Under the original SBP law, a divorced spouse was not an eligible beneficiary. But since 1982, you have been able to elect SBP coverage for a former spouse and children from a previous marriage. The election of former spouse coverage is subject to several rigid requirements. For more information, contact the nearest military legal assistance office.

SBP also terminates when a “second-career” civil service retiree waives military retired pay in favor of a combined military/civil service retirement annuity and elects a civil service survivor annuity.

A military member with an insurable interest SBP election may cancel said election, unless the beneficiary is the former spouse of the military

member providing the SBP. A written request for such withdrawal should be submitted to DFAS or the appropriate finance center. Premiums are not refunded as a result of such a cancellation.

Reservists first receiving retired pay at age 60 will be eligible to withdraw from SBP between the second and third anniversary of beginning to draw retired pay at age 60 or older, with the consent of the spouse.

Cost-of-Living Adjustments to Annuities

Assuming you enrolled in full SBP, your surviving spouse will normally receive 55% of the base amount of retired pay you elected. But the base and monthly cost are periodically adjusted for cost-of-living increases—the same that apply to gross retired pay. The annuity paid to your surviving spouse likewise will be increased.

Reduction of the SBP Annuity

Dependency and Indemnity Compensation (DIC)

If your death is determined to be due to an injury or disease incurred while on active duty, your surviving spouse will be entitled to dependency and indemnity compensation (DIC) from the Department of Veterans Affairs (VA).

Original SBP Law, September 1972		
Spouse receives annuity equal to 55% of base amount.		
At age 62, spouse’s annuity is reduced based on a formula that considers Social Security wage credits earned by the military member from Jan. 1, 1957, until date of retirement from the service		
SBP Amended, March 1986: Two-Tier System		
Retired or retirement eligible on or before Oct. 1, 1985		Retired or retirement eligible after Oct. 1, 1985
CATEGORY A	CATEGORY B	
Spouse receives annuity equal to 55% of base amount	Spouse receives annuity equal to 55% of base amount	Spouse receives annuity equal to 55% of base amount
At age 62, spouse’s annuity is reduced based on Social Security wage credits as noted under the original law	At age 62, spouse’s annuity will be 35% of base amount	At age 62, spouse’s annuity will be 35% of base amount

Note: The age reductions will be eliminated by April 1, 2008

The 1986 amendments to SBP created a two-tier system for assessing benefits.

Cost-of-living increases are one of the unique advantages of SBP that can't be matched by private annuities or life insurance.

When death is not service related, VA compensation would be payable if, immediately before death, the following conditions were met:

- You held a VA total service-connected disability rating continuously for at least 10 years prior to death or continuously for five years since last release from active duty,
- If rated by the VA as totally disabled for a continuous period of not less than one year immediately preceding death, or
- If the veteran was a former prisoner of war who died after Sept. 30, 1999.

RETIRED PAY BASE AMOUNT ADJUSTMENT
 An example of how the base amount, annuity payable and cost are adjusted when retired pay is increased:

Base Amount \$3,396.50 x 55%	=	Monthly Annuity \$1,868.08
		Monthly Cost \$220.77 (6.5% of the base amount)
A 3% increase in retired pay (COLA) is authorized		
New Base \$3,498.40 x 55%	=	Monthly Annuity \$1,942.12
		Monthly Cost \$227.40 (220.77 + 3%)

Following is an example of how your surviving spouse's annuity will be increased. Assume your spouse's SBP annuity is \$1,500 at the time of your death and that a 3% increase in retired pay is later authorized

Old Annuity \$1,500 x 3% (\$45)	=	New Annuity \$1,545
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The amount of DIC will be deducted from your surviving spouse's SBP annuity. But to compensate for this deduction, your surviving spouse will receive a cash refund of SBP premiums paid if application for DIC to the VA is made within one year of your death.

In the event the DIC payment is greater than the SBP annuity, no annuity will be payable. In this case your surviving spouse will receive a refund of all the money you paid into SBP. This refund is payable in the year of death and is fully taxable.

Social Security Offset

Until 2008, another reduction in the SBP annuity may occur when your surviving spouse is older than 62 and is entitled to a Social Security survivor payment based on your Social Security-covered employment. This reduction, called the Social Security Offset (SSO), is based on your wage credits earned during active service or active duty for training (ACDUTRA) after 1956.

The reduction amount depends on your age when you retired (from active duty or ACDUTRA) and the extent of active service after 1956.

Examples of three categories of retirees follow:

- Retired from active duty in 1946 (disability or length of active service). No active service after 1956—no reduction.
- Authorized reserve retired pay at age 60 in 1966. Had a total of 10 weeks ACDUTRA after 1956. Surviving spouse's SBP annuity would be reduced by about \$120–\$160 a month.
- Retired from active service after 1956 at age and year indicated. A reduction of 10–30% of the annuity is common, but call for calculation of Offset.

Remarriage

What happens to a surviving spouse who remarries after age 55? What effect does this have on SBP and DIC?

SBP – A surviving spouse drawing an SBP annuity who remarries after age 55 will have the SBP annuity continued without interruption.

DIC – A surviving spouse who remarries after age 57 will see no interruption or impact on DIC.

A surviving spouse loses entitlement to DIC upon remarriage prior to age 57. Those who have already remarried after age 57 had until December 16, 2004 to apply for reinstatement of their DIC benefits. But if the new marriage ends in death, divorce or annulment, DIC can be reinstated. Contact the nearest VA regional office at 1-800-827-1000 for more information. If this happens after the spouse becomes age 55, the SBP annuity can be readjusted to the amount that would have been in effect had the DIC not been awarded; but the surviving spouse must repay any cost premiums refunded. The full SBP annuity is payable when DIC terminates, but not until after the refund has been paid back. A surviving spouse can repay the refunded cost premiums in either a lump sum or in installments. If the surviving spouse elects to make repayments in installments, those payments will be deducted from the SBP annuity.

Note (1): *DIC for Remarried Widows: H.R. 2297 (P.L. 108-183 of Dec. 16, 2003) allows survivors of members who died of service-connected causes to retain DIC if they remarry after attaining age 57.*

Note (2): *If an annuitant receives DIC based on a member other than the one providing SBP, DIC will not reduce the SBP annuity.*

Wage credits earned during periods of ACDUTRA of less than 30 consecutive days performed after Dec. 1, 1980, do not affect a surviving spouse's SBP annuity. This occurs if the Reservist is refunded the Social Security tax paid on ACDUTRA pay due to civilian income exceeding the maximum covered earnings for the year concerned. Wage credits for reserve drills performed after Jan. 1, 1988, that meet the above criteria are not included in the Social Security offset calculation.

For the surviving spouse to apply for this benefit, the Reservist must retain copies of federal tax returns for the years in question. An affidavit executed by the Reservist attesting to receipt of the refund of Social Security tax paid on ACDUTRA for periods of less than 30 continuous days performed after Dec. 1, 1980 is also required, because civilian income exceeded the maximum covered earnings for the year(s) concerned.

Although your surviving spouse's SBP annuity may be subject to the SSO, it should be noted that enrolling in SBP does not jeopardize any qualifying Social Security benefits for you or your spouse. SBP's only relationship to Social Security is an annuity reduction based on active service after Dec. 31, 1956, up to the date of retirement. Since all armed forces personnel came under the contributory Social Security system on Jan. 1, 1957, only that service is counted in determining the reduction amount. Social Security coverage under civilian employment does not enter the picture. And, if by chance you will not qualify for Social Security benefits, there would be no reduction of the SBP annuity at all.

Most important, the SSO will be phased out by April 1, 2008.

Supplemental Survivor Benefit Plan

The National Defense Authorization Act (NDAA) of 2005 phases out the SBP "Widows Tax." Retirees with Supplemental Survivor Benefit Plan (SSBP)

will maintain the same coverage levels, but such retirees no longer will have to pay the extra premium for the supplemental SBP coverage as of the date the new law is enacted.

SBP Annuity for Certain Military Surviving Spouses (Forgotten Widows)

P.L. 105-85 of Nov. 18, 1997 and P.L. 106-65 of Oct. 5, 1999 provide a basic SBP annuity for certain military surviving spouses of deceased active duty and reserve members whose death occurred before March 21, 1974 (active duty) and Oct. 1, 1978 (reserve). The surviving spouse cannot have remarried and must not be eligible for any other survivor benefits (i.e., RSFPP Annuity, DIC, or Minimum Income Widows benefit).

Income Taxes

Election of SBP coverage presents a tax advantage, as monthly SBP premiums are not subject to federal income tax and reduce the taxability of your gross retired pay. But a surviving spouse's SBP annuity is fully taxable. The amount will be reported by the DFAS at the end of each year on form 1099R.

There is no tax credit from deposits if a retiree waived payment of retired pay in favor of another federal benefit and continues SBP participation by direct monthly remittances to a finance center. But the annuity will be exempt from federal income tax until the total of direct payments is recovered.

Estate and Inheritance Taxes

The federal estate tax treatment depends on a member's specific SBP election and, in some cases, on the date of the member's military retirement.

Retired Serviceman's Family Protection Plan (RSFPP)

If entitled to retired pay before Sept. 21, 1972, you had a chance to elect a Retired Serviceman's Family Protection Plan (RSFPP) annuity for your spouse (originally the Uniformed Services Contingency Option Act of 1953).

SBP replaced RSFPP on Sept. 21, 1972, making RSFPP unavailable to those qualifying for retired pay after that. If enrolled in RSFPP when SBP became law, you could continue or cancel that coverage. If you continued RSFPP, a copy of your RSFPP election form should be with your important papers to ensure your spouse knows of the entitlement to an annuity.

The annuity will be whatever you elected before retirement. This would be one-half, one-quarter or one-eighth of your retired pay. The exact amount should have been furnished to you by your DFAS shortly after your retired pay began. Unlike SBP, it is a fixed amount based on your initial retired pay and is not tied to cost-of-living increases in retired pay.

There is an exception for survivors whose spouses died before Mar. 21, 1974. Effective Oct. 1, 1978, the annuities paid to these beneficiaries were adjusted on the same basis as SBP annuities.

If you are not certain if you are an RSFPP participant, check your next DFAS military pay statement. It should indicate the amount you are paying for RSFPP and the annuity value.

Withdrawing or Reducing RSFPP Participation

If you have overextended yourself in survivor benefit coverage, you have the option of discontinuing or reducing your RSFPP coverage. It might not be wise to do so, but that option is available. If you were entitled to retired pay before Aug. 13, 1968, and elected Option IV with one of the other options, you are eligible to withdraw or reduce your coverage. If your retired pay began on or after Aug. 13, 1968, your coverage automatically includes the withdrawal option. A request for withdrawal or reduction should be in letter form to your DFAS and will become effective the first day of the seventh month after your letter is received.

Payment of the Annuity

When the DFAS center or appropriate finance center receives notification of your death, your surviving spouse will be sent forms to claim the annuity. Unlike payments under SBP, the RSFPP annuity is not reduced due to a surviving spouse's Social Security entitlement. Nor is it reduced if the surviving spouse is entitled to DIC (Section IV), except: If you were retired for physical disability between Oct. 4, 1961, and Nov. 1, 1968, and had less than 18 years service for pay purposes, or after Nov. 1, 1968, with less than 19 years service for pay, the annuity will not be payable if your surviving spouse is entitled to DIC payments. But the premiums you paid into RSFPP will be refunded to your surviving spouse.

Other Aspects of RSFPP

If a surviving spouse remarries before age 60, the RSFPP annuity is terminated (if your surviving spouse remarries after his or her 60th birthday, the RSFPP continues uninterrupted).

Dependency and Indemnity Compensation (DIC)

Service-connected disabilities can make a significant difference in benefits payable to your surviving spouse. When the VA determines that a retiree's death is attributable to a disease or injury incurred or aggravated during active service, the surviving spouse becomes eligible for DIC. This is the VA's highest payment to a surviving spouse, and the amount is in no way limited by the income from other sources.

DIC is also payable if your death is not due to service-connected causes with the following provisions:

- You held the VA total service-connected disability rating continuously for 10 or more years immediately before death.
- You held the VA total service-connected disability rating continuously since last active duty release for at least five years, and you were married one or more years on the date of death.
- The VA rated you as totally disabled for a continuous period of no less than one year immediately prior to death, if the veteran was a former POW who died after Sept. 30, 1999.

A VA total service-connected disability requires that a veteran be rated at 100%, according to VA criteria, or be authorized to draw compensation at the 100% rate because of unemployability.

If the retiree does not have a total service-connected disability but whose death may be service-connected, his or her death must be established as service-connected so the surviving spouse may receive DIC.

If there is even the slightest possibility that the death was caused by or might have been caused by a service-connected disability, an autopsy should be performed. The evidence from an autopsy can materially assist in the determination of service-connection for the purpose of establishment of a DIC claim.

In addition to the service-connection requirement, you must have been married at least one year (or less if a child is born of your marriage). If a

surviving spouse remarries prior to age 57, DIC entitlement stops. It can be reinstated if the remarriage is terminated. Remarriage after your spouse's 57th birthday will not interrupt DIC payments.

Application forms and help in preparing them are available at your nearest VA office or military installation personnel office.

The amount of the monthly DIC payment a surviving spouse receives through November 2005 is shown in the following chart. As indicated, the amount of payment depends on the date DIC eligibility was established. Congress generally adjusts the rates of payment annually.

- DIC payments to all surviving spouses at a base monthly rate of \$750, effective on or after Jan. 1, 1993;
- An additional \$165 per month, effective on or after Jan. 1, 1993, to surviving spouses of veterans rated totally disabled as a result of their service-connected disabilities for a continuous period of at least eight years preceding death;
- Payments to surviving spouses of veterans who died before Jan. 1, 1993 will be paid under the previous system, or the new system, whichever provides greater benefits;
- Increased amounts of DIC were payable for each dependent child at the rate of \$100 per month effective Jan. 1, 1993. This payment is now \$247 per month effective Dec. 1, 2004.

Establishing Service Connection

If you retired for military physical disability, then you have a service-connected disability. If your death is attributable to this disability, your surviving spouse should easily be able to establish the right to DIC. Your surviving spouse would not qualify for DIC if the cause of your death is not related to this disability.

It is not necessary that you be retired for disability before your surviving spouse can receive DIC. Regardless of your reason for retirement, if it can be clearly established that your death is attributable to a disease or injury incurred or aggravated in the line of duty while on active duty, your surviving spouse should be DIC-eligible. But establishing the right to DIC is not always easy.

Suppose you believe you should have been retired for physical disability. Perhaps you even applied to a military records correction board but were turned down. Perhaps you never gave physical disability a thought until you developed some disease after retirement. Discuss it with your doctor; find its source. Did you suffer from headaches, loss of breath, some sort of discharge, some unusual pain of short duration while on active duty? Are these symptoms similar to those described by your doctor? If so, then apply to the VA for disability compensation. The VA will examine your military records and will give you a complete physical examination. Should the VA find that you are eligible for disability compensation, you might have established a basis for your surviving spouse to claim DIC. There is no time limit for filing a VA disability compensation claim.

Even if the military found that you did not have a disability, the VA is not bound by those findings. The VA merely determines whether you have a service-connected disability. The military department, on the other hand, must determine if you have a service-connected disability that makes you unfit for military service. There is a real difference between the two.

Even if you do not apply to the VA for disability compensation, it would be wise to prepare a record of sicknesses and hospitalizations while on active duty for your spouse. Include the location, approximate dates, reason for hospitalization, the provider who treated you (if you can remember), and anything else of value. Record the names of friends or associates with some knowledge of your illness at the time—especially the person who took over your duties.

Several diseases (certain cancers, diabetes mellitus) have been associated with service in Southeast Asia and adjacent waters due to Agent Orange. If you served in Southeast Asia and have a disease possibly associated with Agent Orange, contact the nearest VA Regional Office or Medical Center for an evaluation.

DIC RATES

Pay Grade	Death Before 1/1/93*	Death On/After 1/1/93**
O-10	\$2,272	\$993
O-9	\$1,931	\$993
O-8	\$1,805	\$993
O-7	\$1,645	\$993
O-6	\$1,523	\$993
O-5	\$1,351	\$993
O-4	\$1,227	\$993
O-3	\$1,160	\$993
O-2	\$1,084	\$993
O-1	\$1,049	\$993
W-4	\$1,188	\$993
W-3	\$1,123	\$993
W-2	\$1,645	\$993
W-1	\$1,091	\$993
E-9	\$1,131	\$993
E-8	\$1,084	\$993
E-7	\$1,027	\$993
E-6	\$ 993	\$993
E-5	\$ 993	\$993
E-4	\$ 993	\$993
E-3	\$ 993	\$993
E-2	\$ 993	\$993
E-1	\$ 993	\$993

* An additional \$247 is payable for each child younger than 18. A surviving spouse who requires aid and attendance or is a patient in a nursing home receives \$247, and \$118 is payable if the surviving spouse is housebound but not eligible for aid and attendance.

** If a veteran is rated totally disabled as a result of service-connected disabilities for at least eight continuous years preceding death, the widow(er) is entitled to an additional \$213, provided the surviving spouse was married to the servicemember for the eight years immediately preceding death.

Note: Legislation passed in 2004 provides an additional transition allowance of \$250 per month for the first two years after a servicemember's death to any surviving spouse who has at least one child under age 18.

Pension for Surviving Spouses

The surviving spouse must complete a VA pension income questionnaire before pension payments can begin.

If your surviving spouse is not eligible for DIC, he or she may qualify for a small pension from the VA. Known as a death pension, it is payable to survivors of deceased veterans, based on need and other income.

If a surviving spouse's annual income is less than shown in the following annual pension rates, that spouse qualifies for a pension as indicated. For example, a surviving spouse without dependent children is eligible for an annual payment of \$6,814, which is reduced by the amount of income of the surviving spouse. If the surviving spouse's income is \$2,000 a year, that surviving spouse would receive \$4,814 (\$401 a month) from the VA.

Countable Income

Before the VA starts pension payments to a surviving spouse, that spouse must complete a VA pension income questionnaire. It requires estimates of income for the balance of the year of the military spouse's death, and must be completed by the surviving spouse each succeeding year. Forms are mailed well in advance to eligible persons receiving pensions.

If the forms are not returned promptly, payments are stopped and the surviving spouse could even be

required to repay money received in the current period. Surviving spouses must estimate income for the new year and show actual income for the preceding year, as well as report to the VA income status changes during the year.

Income from the following sources must be included:

- Wages, salaries and earnings
- Bonuses received from employer
- Income from business or profession, rents and investments
- Proceeds from a commercial life insurance policy
- Retirement benefits paid under a federal, state, municipal or private business or industrial plan
- Social Security monthly benefits
- Gifts, bequests and inheritances
- SBP, RCSBP and RSFPP annuity payments

Other Eligibility Criteria

In determining eligibility for a pension, the VA also considers if a surviving spouse owns any substantial property.

The VA considers property of all kinds—as distinguished from income—as inherited from the spouse

or owned personally by the surviving spouse. An important consideration is if income can be generated by the surviving spouse’s personal holdings or by property that is not income-producing during a year but could be if properly invested.

For a surviving spouse who owns property worth \$25,000, it is possible that the right to a pension or the amount of the pension might be affected because the property could be income producing.

The following is a list of income that can be excluded:

- Private or public welfare payments
- Expenses of last illness and burial of the veteran
- Proceeds of fire insurance

- Profits realized from sale of non-business property
- Unreimbursed unusual medical expenses provided such expenses exceed 5% of basic pension rate
- Amounts in joint accounts in bank acquired by reason of death of other joint owner
- Amounts paid to surviving spouses who are so disabled as to require the regular aid and attendance of another person
- Amounts paid to surviving spouses for tuition, fees and books for a course of education or vocational rehabilitation; unusual transportation fees incurred in connection with pursuit of same
- Postsecondary educational expenses, including tuition, fees, books, paid by child
- Certain earned income of a child

ANNUAL PENSION RATES

Surviving spouse without dependent children	\$6,814.00
Surviving spouse with one dependent child	\$8,921.00
Surviving spouse in need of regular aid and attendance without dependent child	\$10,893.00
Surviving spouse in need of regular aid and attendance with one dependent child	\$12,996.00
Surviving spouse permanently house-bound without dependent child	\$8,328.00
Surviving spouse permanently house-bound with one dependent child	\$10,432.00
Increase for each additional dependent child	\$1,734.00

Note: The above rates were effective on Dec. 1, 2004.

These rates represent the maximum amounts payable a year—if a surviving spouse has no income at all. Subtracting the annual income from these figures arrives at the actual amount payable.

Social Security & Life Insurance

Contact your local Social Security office and life insurance company as soon as possible after the death of a loved one. Most of these matters can be handled by telephone.

Social Security

Because Social Security survivor payments might be an important part of your surviving spouse's total income, you should understand which benefits are payable.

If you or your spouse already receive monthly Social Security payments, you likely have a good idea about survivor benefits that will be payable.

As a first step, we suggest visiting your local office or call toll-free **1-800-772-1213** to obtain a "Request for Earnings and Benefit Statement" form if you have not recently received a statement of estimated Social Security Payments. Fill it out and send it to the Social Security Administration. In a few weeks, you will receive a statement showing the annual total of your credits of coverage as well as the credits you need to qualify. The statement also will include a current estimate of Social Security payments you can expect to receive at age 62, at full retirement age, and at age 70.

Benefits

If your surviving spouse qualifies for Social Security benefits based on his or her own covered employment, the surviving spouse will receive the greater of an amount equal to that benefit upon your death or the amount based on your earnings. A surviving spouse's share of his or her spouse's Social Security benefit is 71.5% if payments begin at age 60; 77.2% at 61; 82.9% at 62; 88.6% at 63; 94.3% at 64 and 100% at 65 or later. If a surviving spouse is caring for children who are younger than 16 or disabled, the surviving spouse is eligible for a "spouse's" survivor benefit, regardless of age.

Contact your local Social Security office as soon as possible after death occurs. Otherwise survivor benefits cannot be paid before the end of the month of application. Most of these matters can be handled by telephone.

Even if you are older than 65 and have been denied Social Security retirement benefits, we suggest that your surviving spouse still apply for benefits after your

death because the denial, based upon insufficient quarters of coverage, might have changed. In other words, your spouse could be covered without knowing it.

Life Insurance

We recommend reviewing each of your life insurance policies to see if any beneficiary changes are required. The increase in your and your spouse's age and a change in your children's earning power might indicate a change in beneficiary is desirable.

If you have a policy made payable to your estate, payment of the policy's proceeds must await the process of a formal administration in probate court. This could be costly and reduce your estate considerably.

Remember that all insurance companies must pay the proceeds of your insurance to the beneficiaries designated in the policy. It is

important to review them. If you decide to make changes, your insurance agents can supply you with the necessary forms (federal government insurance forms are available at any VA office).

Term insurance offers excellent low-cost protection for the lower age brackets, but for permanent protection, conversion to a permanent plan should be considered at the earliest practical time. Discuss your insurance needs with your insurance agent, financial planner, or attorney. They can help you decide on any necessary changes.

If you are carrying a National Service Life Insurance (NSLI) term policy, consider making it permanent. The premiums increase at the end of each five-year period up to age 70. Legislation enacted in 1984 capped term insurance premiums at the age-70 rate on the veteran's first renewal date beyond 70.

Summary

Putting your financial affairs in order now is one of the best things you can do to help your survivors after you're gone. A combination of SBP, life insurance, Social Security, widow's pension—and DIC if you qualify—can provide a stable, continuing income for your survivors and give you peace of mind.



Continuing Entitlements

After the death of a retired servicemember, questions always arise as to a survivor's eligibility for military-specific benefits. Fortunately, many benefits are available to survivors. For instance, some survivors can continue to use military installations. In addition, they can receive medical benefits through TRICARE and Medicare. Although these benefits may seem minor—especially compared to those discussed in Chapter 1, they are no less important.

Use of Military Installations

After your death, your surviving spouse and, in some cases, former spouses who have not remarried, continue to remain eligible for all the benefits (medical care, commissary, exchange, theater, etc.) previously authorized.

One privilege not authorized for the survivor is space-available travel on military aircraft.

To remain eligible for these benefits, a surviving spouse must maintain a current dependent identification card. Upon your death, your spouse's military ID card should be reissued as soon as possible. They are renewable at any military installation that can verify eligibility and issue ID cards as long as the survivor is enrolled properly in the Defense Enrollment Eligibility Reporting System (DEERS).

The survivor will be required only to submit a copy of your death certificate

to have a new card issued. If not enrolled in DEERS, the surviving spouse also will need to present a marriage certificate. ID cards normally will be issued for four years. At 65, the card must be renewed to reflect Medicare Part B enrollment.

Note: At age 75, family member ID cards can be made permanent and need not be renewed further.

Former spouses who have not remarried also are entitled to specific benefits if they were married to a servicemember for 20 or more years and 15 or more years of that marriage overlapped 20 or more years of military service. ID card application procedures can be obtained from the personnel office of military installations or by writing MOAA. You also can call **1-800-234-6622** to find the location of the nearest ID card issuing office.

To remain eligible for military benefits, such as use of the commissary, a surviving spouse must maintain a current dependent identification card.

Your Medical Care Benefits

TRICARE offers three health care options for those under age 65:

• **TRICARE Prime**

• **TRICARE Standard**

• **TRICARE Plus**

Care Under TRICARE

When an active duty sponsor dies, surviving family members remain eligible for TRICARE benefits at the active duty dependent rates for a three-year period. At the end of the three-year period, TRICARE eligibility continues, but at the retiree dependent rates.

TRICARE develops pools of military and civilian health care professionals and facilities to service eligible beneficiaries. The program's goal is to keep patients healthy while keeping costs down.

Contact the Beneficiary Counseling and Assistance Coordinator (BCAC)/health benefits advisor (HBA) at the nearest uniformed services medical facility or your TRICARE Service Center for more detailed information.

Are You Eligible?

If you're eligible to receive military retired pay, you are eligible for TRICARE. Medical benefits begin when your retired pay becomes effective.

Briefly, the following are eligible for medical benefits under both programs:

- Retired members entitled to retired pay and their family members

- Family members of deceased active duty and deceased retired members

Eligible family members include:

- Spouses and unmarried surviving spouses
- Certain former spouses
- Unmarried children, including adopted children and legitimate stepchildren, in one of the following categories:
 - Younger than 21, whether or not dependent on the active duty or retired member
 - 21 or older but incapable of self-support because of a mental or physical incapacity that existed before the age of 21, and is (or was at the time of the member's death) dependent on the member for more than half of his or her support
 - Younger than 22, enrolled in a full-time course of study in an approved institution of higher learning, and is (or was at the time of the member's death) dependent on the member for more than half of his or her support

Identification

All that you need is a valid Uniformed Services ID card—DD Form 2 (retired) and DD Form 1173 for your eligible family members. Your military department with your retired pay orders will automatically send application forms with instructions for obtaining these cards for you. Initial receipt of military retired pay automatically enrolls you in the Defense Enrollment Eligibility Reporting System (DEERS).

Upon issuance of ID cards, you and your eligible family members also will be enrolled in DEERS. This is to ensure that only eligible people receive the benefits of the Uniformed Services Health Benefits Program.

Cost Cap

A cost “cap” or upper limit has been placed on TRICARE Standard covered medical bills in any fiscal year. The limit that an active duty family will have to pay is \$1,000; the limit for all other TRICARE beneficiaries is \$3,000. The cost cap does not apply under TRICARE Prime if the Point of Service option is used.

Supplemental Health Insurance

As valuable as TRICARE might be, you probably will need some type of TRICARE supplemental insurance coverage to help cover the crushing expense of a catastrophic illness.

Use of Military Treatment Facilities (MTFs)

Retirees and their families who do not enroll in TRICARE Prime may continue to use MTFs if a particular facility can accommodate them. A priority system has been established for access to health care in an MTF. Briefly, the priorities are as follows:

- Active-duty servicemembers
- Active-duty family members who are enrolled in TRICARE Prime
- Retirees, their family members and survivors enrolled in TRICARE Prime
- Family members of active-duty servicemembers who are NOT enrolled in TRICARE
- Prime (for the purpose of determining access priority, survivors of military sponsors who died on active duty who are NOT enrolled in TRICARE Prime are in this priority group)
- All other eligible persons, including retirees and their families who are NOT enrolled in TRICARE Prime

Depending on where surviving spouses live, they may be able to participate in one of the six Uniformed Services Family Health Plans and Uniformed Services Treatment Facilities (USTFs) operated under DoD contract. These former Public Health hospitals are an integral part of TRICARE. They are located in Baltimore, MD; State Island, NY; Boston, MA; Portland, MN; Houston, TX; and Seattle, WA.

As valuable as TRICARE is, most families also need some type of TRICARE supplemental insurance coverage to help cover the expense of a catastrophic illness.

TRICARE Prime

TRICARE Prime is the least costly option for those needing frequent care.

This plan is similar to a health maintenance organization (HMO) and is the only option requiring an annual enrollment fee. The Prime option also calls for co-payments. Enrollees receive care through MTFs or a supporting network of civilian providers supplying services at negotiated, discounted rates. DoD views TRICARE Prime as the most efficient way to deliver health care. From the beneficiaries' perspective, it is the least costly option for those needing frequent care.

Note: TRICARE-eligible beneficiaries are not permitted to enroll in the TRICARE Prime program once they become eligible for Medicare. As a result, Medicare-eligible retirees and their spouses will find treatment in MTFs restricted to a space-available basis or available through TRICARE Plus.

TRICARE Prime is an HMO-style plan.

When you enroll in TRICARE Prime, you agree to coordinate your entire health care through a Primary Care Manager (PCM). Your PCM will make sure you get the right kind of care in the most appropriate setting. When hospital or specialist care is needed, your PCM will make those arrangements for you. This not only maintains high-quality care, it helps control health care costs for patients.

TRICARE Prime is the right choice for you if you want the consistent care you get from dealing with the same civilian providers or group of providers at the MTF all the time. And, because of the low co-payments and the absence of deductibles, it's your best choice for quality care that's easy on your budget.

Benefits of TRICARE Prime

TRICARE Prime offers the most cost-saving features of TRICARE options. Enroll for a one-year period and avoid annual deductibles to meet for care received from the MTF or TRICARE network providers. Predetermined co-payments keep out-of-pocket costs low.

Knowing the co-payments in advance eases health care budgeting. TRICARE Prime also offers you consistent professional care. Your PCM will become familiar with you and your medical history.

There's rarely a claim form to fill out. TRICARE network providers will file any TRICARE-related paperwork for you. If you are covered by health insurance other than TRICARE, you must file those claims with that insurance carrier first.

TRICARE Prime also offers a variety of Clinical Preventive Service benefits. You receive a number of free preventive health services, such as health screenings, immunizations, educational programs, and other important health care information.

Point-of-Service Benefits

For those times when you decide to seek non-emergency care outside of the TRICARE network without a referral from your Primary Care Manager, TRICARE Prime also offers Point-of-

Service (POS) benefits to help cover a portion of the cost. When using the POS benefits, prior authorization for certain medical procedures are required. There is an annual deductible to meet and you pay a percentage of the cost of care instead of the low co-payment for services. You may incur charges greater than what TRICARE will pay (balance bill). A Non-Availability Statement is not required for inpatient or outpatient services when using POS.

To use TRICARE Prime and receive all of the benefits it offers, you must do three things:

- 1. Verify Eligibility.** You must be enrolled in DEERS to be eligible for TRICARE. To ensure prompt enrollment processing, verify your DEERS information for accuracy.
- 2. Enroll.** You must enroll in TRICARE Prime. Retirees and their family members and survivors will pay a nonrefundable enrollment fee (enrollment period is 12 full months).
- 3. Choose a Primary Care Manager (PCM).** Your PCM is the health care professional who coordinates all your care. Selection and assignment of your PCM is governed by the availability of your choice and by MTF Commander Policy in your area.

TRICARE Standard (formerly CHAMPUS)

TRICARE Standard has no enrollment fee, but it is the most costly option in terms of out-of-pocket expenses for beneficiaries who require regular care.

TRICARE Standard beneficiaries will have a wide choice of providers but will pay higher costs than under Prime. This fee-for-service program requires annual deductibles and co-payments (25% for retirees). TRICARE Standard has no enrollment fee, but it is the most costly option in terms of out-of-pocket expenses for beneficiaries who require regular care.

Your TRICARE Standard Benefits

To qualify as a TRICARE Standard benefit, a service or supply must simply be medically necessary for the required diagnosis and treatment of an illness or injury. A \$150 deductible (or \$300 a family) is required each fiscal year for outpatient care.

Treatment on an inpatient or outpatient basis can be for medical and surgical conditions, nervous, mental and chronic conditions, and contagious diseases. In general, TRICARE Standard will share the cost of any medical procedure or type of medical care that is accepted as being part of good medical practice.

TRICARE Standard coverage also includes but is not limited to:

- Necessary supplies
- Prescription drugs
- Insulin

- Ambulance service when medically warranted
- Rental of durable equipment such as wheelchairs or hospital beds (ask a service facility if it can be borrowed before renting)
- Mammograms and Pap tests
- Certain major organ/bone marrow transplants
- Hospice care
- Immunizations

TRICARE Standard Exclusions

Excluded by law from coverage are:

- Care that is not medically necessary
- Care that is experimental in nature and has not been established as good medical practice
- Domiciliary or custodial care (long-term care or assisted living)
- Physical examinations (only under TRICARE Prime)
- Spectacles or eye examinations for correction of ordinary refractive error
- Prosthetic devices (other than artificial limbs and eyes), hearing aids, and orthopedic footwear
- Dental care except if required as a necessary adjunct to medical or surgical treatment

Most Nonavailability Statements Eliminated

Standard beneficiaries can receive inpatient care at civilian hospitals without obtaining prior approval from their military treatment facility (MTF). Although there remains a requirement for a nonavailability statement (NAS) for non-emergency inpatient mental health care services, NAS indicates that care is not available from the military facility and authorizes care at a civilian facility.

The need for a NAS for non-emergency inpatient mental health care applies only to beneficiaries who use TRICARE Standard or Extra, who are not Medicare eligible and who have no other health insurance that is primary to TRICARE. DoD does not require preauthorization for TRICARE beneficiary inpatient mental health care when Medicare is the primary payer. But such limited MTF waiver requests do not apply to maternity services.

Before seeking care at a civilian facility, the Military Health System urges beneficiaries to check with the nearby MTF to compare services and answer any questions. Even if the MTF could not provide needed services in the past, the facility's staffing levels or capabilities may have changed, and they might now be available at the MTF.

TRICARE Extra

This is a lower-cost version of TRICARE Standard. TRICARE Extra applies only when beneficiaries use civilian providers who are part of DoD's preferred-provider network and requires no enrollment fee. Deductibles are the same as TRICARE Standard, but co-payments

are 5% lower (20% for retirees). TRICARE Standard users also benefit from the lower TRICARE Extra co-payment whenever they use preferred providers.

Sharing the Costs

For retired personnel and their dependents, TRICARE Standard pays 75% of allowable charges for authorized care. The allowable charge is the maximum that TRICARE Standard will pay for a specific medical procedure or service.

A diagnosis-related group (DRG) payment system is established for inpatient medical care. (All hospitals that accept Medicare payments must participate in the TRICARE Standard DRG payment system.) For each admission to a hospital subject to the DRG system, all beneficiaries, other than active duty dependents, will pay the smallest of 25% of the billed charges or a fixed daily amount. The fixed daily amount in 2005 is \$512 a day. Inpatient services received in a non-DRG participating hospital still will be billed at 25% of the allowable charges.

A catastrophic cost cap, called the "cat cap," is placed on TRICARE Standard covered medical bills in any fiscal year. The limit an active duty family will have to pay is \$1,000; the limit for all other TRICARE Standard eligible families is \$3,000.

The allowable charge is based on what most providers nationwide have billed for a particular medical service (with an adjustment for particular locations). Your cost share is based on the allowable charge no matter what the provider actually bills you.

Doctors and other services and supply providers participate in TRICARE on a voluntary basis.

Participation means three things:

- The doctor or other provider of services agrees to furnish the authorized services to the beneficiary.
- The doctor or other provider of services will submit the claim to the TRICARE contractor for payment.
- The doctor or other provider of services agrees to accept the allowable charge as determined by the government as full payment for his or her services, with the understanding that neither the patient nor the sponsor will be responsible for further payment of any charges for authorized care except the statutory cost-sharing portion that must be paid by the beneficiary.

As you can see, it will be to your advantage to seek a provider who is a TRICARE participant. The nearest TRICARE Service Center can be accessed on the Web at: www.TRICARE.osd.mil. If the provider you choose is a TRICARE participant, you will not be required to pay more than the usual cost share under the program. If the provider you choose is not a TRICARE participant, you must understand that you will probably have to pay more than you would if you had a participating provider. Finding a participating provider can be difficult because many doctors do not participate in the program.

Note: All TRICARE claims must be submitted within one year from the date the service is provided or, for inpatient care, within one year from a patient's date of discharge from an inpatient facility.

Outpatient Deductible

Here's how the outpatient deductible works: It amounts to the first \$150 per person (or

\$300/family) you pay for outpatient medical services and supplies in a fiscal year (Oct. 1 to Sept. 30). To satisfy the deductible, simply accumulate itemized bills or receipts until they total \$150 or more, and send them to your TRICARE Managed Care Contractor Claims Processor. You will then receive an Explanation of Benefits form showing the deductible requirement has been met for that fiscal year. There is no deductible requirement for inpatient care.

Insurance and Other Technical Requirements

The law requires retired personnel and their eligible family members who are enrolled in other health insurance coverage (provided by law through employment or private insurance) to use said health benefits before TRICARE benefits are available. Thereafter, TRICARE will pay the remaining charges, provided such charges do not exceed 115% of the CMAC (CHAMPUS Maximum Allowable Charge) amount. By law, you are not liable for any balanced billing above the 115%.

Payments under supplemental TRICARE plans or income protection plans have no effect on TRICARE payments.

Certain services and supplies require written preauthorization from TRICARE prior to receipt; otherwise TRICARE will not share the cost. It is required primarily in those circumstances when program limitations on certain services and supplies might preclude cost sharing under TRICARE. Preauthorization is, in fact, a financial safeguard for beneficiaries.

Preventive Care

Preventive care is not an authorized benefit under TRICARE Standard or Extra. TRICARE does not share the cost of care such as routine annual or employment-related physical exams.

Flu shots and periodic chest X-rays (when there are no presenting symptoms and the test is not provided in connection with a diagnosed related illness) are examples of preventive care not covered. But the program will share the cost of certain immunizations, pap smears, or mammograms.

Unauthorized Providers

Beneficiaries should check with providers of medical services and suppliers to ensure that they have been certified as “authorized providers” by TRICARE. Services and supplies furnished by providers who are not TRICARE-authorized are not reimbursable. Here is a partial list of the types of providers who are not TRICARE-authorized:

- Institutions such as homes for the aged or infirm, rest homes, nursing homes, intermediate care facilities, halfway houses and institutions of similar purpose
- Naturopaths (practitioners of drugless therapies using physical forces such as air, light, water, heat and massage)
- Counselors, except marriage and family counselors who meet TRICARE standards
- Technicians, even when their services are medically related
- Audiologists and speech pathologists, unless their services are rendered as part of medical treatment addressed to a physical defect itself and not to any educational or occupational defect
- Occupational therapists, unless their services are part of medical treatment rendered during otherwise covered inpatient confinement
- Medical attendants, companions, or sitters
- Any class of provider not specifically listed as authorized in the TRICARE regulation

TRICARE COMPARISON		
	TRICARE STANDARD	TRICARE PLUS
Choice of civilian doctors, hospitals, clinics	Unlimited	Must choose from Government Approved network
ANNUAL ENROLLMENT FEES		
Active duty	None	None
Retirees	None	Individual: \$230 Family: \$460
ANNUAL OUTPATIENT DEDUCTIBLES		
E-4 and below	Individual: \$50 Family: \$100	None
All active duty > E-5	Individual: \$150 Family: \$300	None
Retirees	Individual: \$150 Family: \$300	None
CO-PAYMENTS FOR VISIT TO CIVILIAN DOCTOR		
All active duty > E-5	20%*	\$0.00
Retirees	25%*	\$12.00
AMBULANCE SERVICE		
All active duty > E-5	20%*	\$0.00
Retirees	25%*	\$20.00
OUTPATIENT SURGERY		
Active duty	\$25.00	\$0.00
Retirees	25%	\$25.00
CO-PAYMENTS AT CIVILIAN HOSPITALS FOR INPATIENT CARE		
Active duty dependents	\$13.90 per day (\$25 minimum per stay)	\$0 per day \$20 per day, mental health
Retirees	\$512 per day or 25% of hospital billed charges, whichever is less, plus 25% of professional charges; \$169 per day, mental health	\$11 per day \$40 per day, mental health

* TRICARE covers its share of the bill for charges that the government deems “customary and reasonable.” If a doctor charges more than TRICARE allows, TRICARE does not cover the excess.

TRICARE Plus

TRICARE Plus is a military treatment facility (MTF) primary care enrollment program that is offered at selected local MTFs. All beneficiaries eligible for care in MTFs (except those enrolled in TRICARE Prime, a civilian HMO, or Medicare HMO) can seek enrollment for primary care at MTFs where enrollment capacity exists. Non-enrollment in TRICARE Plus does not affect TRICARE For Life benefits or other existing programs.

TRICARE Plus Benefits

- Enrollees will use their designated primary care provider at the MTF as their principal source of health care.
- Persons enrolled in TRICARE Plus can continue to obtain care from civilian and/or Medicare providers; TRICARE Standard/ Extra or Medicare rules apply. TRICARE will be second payer to Medicare for TRICARE-covered services.
- Enrollees are not locked into a health maintenance organization (HMO)-like program.
- There are no enrollment fees.
- TRICARE Plus enrollees will receive primary care appointments with the same access standards as TRICARE Prime enrollees.
- TRICARE Plus enrollment is noted on beneficiary records in DEERS.

- Eligible beneficiaries with existing relationships with primary care providers at MTFs will have the first opportunity to enroll pending space in the facility and resources. Remaining enrollment capacity will be made available to other beneficiaries through a fair process.

TRICARE Plus Limitations:

- TRICARE Plus will not be available at all MTFs. Local commanders will retain discretion to continue or discontinue TRICARE Plus at individual military treatment facilities depending on their capacities/capabilities and missions.
- TRICARE Plus is an MTF primary care access program, not a health plan. TRICARE Plus is not applicable with civilian providers, so TRICARE Standard/Extra rules will apply for most enrollees. For services payable by Medicare, Medicare rules will apply, with TRICARE as second payer for TRICARE-covered services and supplies.
- TRICARE Plus does not guarantee access to specialty care at the MTF where beneficiary is enrolled.
- Prospective enrollees will apply for enrollment in TRICARE Plus. Enrollment may be determined, in part, by the specific missions and needs of each MTF.

For more information about TRICARE Plus, call 1-888-DOD-LIFE (1-888-363-5433), or check the Web site at: www.TRICARE.osd.mil/mtf.

- TRICARE Plus is not a portable benefit. Enrollment at one facility will not guarantee access at another facility.
- TRICARE Plus enrollees are discouraged from obtaining non-emergency primary care from sources outside the MTF in which they are enrolled.
- Beneficiaries enrolled in an HMO or similar program of another sponsor (TRICARE Prime, employer-sponsored HMO, Medicare Choice) are not eligible for TRICARE Plus

because they have an established primary care relationship.

- Continued enrollment in TRICARE Plus is reviewed annually by the local MTF; beneficiaries may be disenrolled if capacity is no longer available.

For more information about TRICARE Plus, call 1-888-DOD-LIFE (1-888-363-5433), or check the Web site at: www.TRICARE.osd.mil/mtf.

TRICARE Coverage/Co-Payments:		
	ACTIVE DUTY SERVICEMEMBER AND DEPENDENTS	RETIRED SERVICEMEMBER AND DEPENDENTS
Enrollment in TRICARE Prime	Active duty servicemembers must be enrolled in TRICARE Prime. Dependents can choose which TRICARE option they prefer—TRICARE Prime, Extra, or Standard.	Retired servicemembers and their dependents can choose which TRICARE option they prefer—TRICARE Prime, Extra, or Standard—based on the availability in their area.
TRICARE Prime	<ul style="list-style-type: none"> • No enrollment fees for active duty servicemembers or their family members • No co-payments for any health care visit to a network or referred provider 	<ul style="list-style-type: none"> • Enrollment fees apply — \$230 for individuals, \$460 for families • Co-payments (\$12) required for outpatient visits to network providers • Inpatient care — \$11 per day, \$25 minimum • Inpatient mental health — \$40 per day
TRICARE Extra	<ul style="list-style-type: none"> • Inpatient care — \$13.90** per day or \$25, whichever is more • Outpatient care — 15% of the negotiated cost 	<ul style="list-style-type: none"> • Inpatient care — \$250 per day or 25% of hospital's billed charges, whichever is less, plus 20% of allowable charge for separately billed professional services • Outpatient care — 20% of the negotiated cost
TRICARE Standard	<ul style="list-style-type: none"> • Inpatient care — \$13.90** per day or \$25, whichever is more • Outpatient care — 20% of allowable charges • Annual outpatient deductible — \$50 for individuals, \$100 for families (E-1 - E-4), \$150 for individuals, \$300 for families (E-5 and above) • Civilian inpatient mental health — \$20 per day 	<ul style="list-style-type: none"> • Inpatient care — \$512** per day or 25% of hospital's billed charges, whichever is less, plus 25% of allowable charge for separately billed professional charges • Outpatient care — 25% of allowable charges • Annual outpatient deductible — \$150 for individuals, \$300 for families • Civilian inpatient mental health — lesser of \$169* per day or 25% of allowable fees plus 25% of allowable charge for separately billed professional fees
Catastrophic Cap*	\$1,000 annually	\$3,000 annually
Eligible for Medicare (age, disability or end-stage renal disease)	Active duty family members are not required to enroll in Medicare Part B to remain eligible for TRICARE.	Retired servicemembers and their dependents MUST enroll in Medicare Part B to remain eligible for TRICARE.

* The catastrophic cap is the annual upper limit. It applies only to the allowable charges for covered service. The catastrophic cap applies to the enrollment year for TRICARE Prime enrollees and to the calendar year for TRICARE Extra and Standard user.

** Rates are current for FY 2005; rates change every fiscal year.

TRICARE For Life

Landmark legislation, TRICARE For Life (TFL) was passed by Congress on Oct. 30, 2000, and became effective Oct. 1, 2001.

Eligibility

TRICARE For Life (TFL) covers all retirees, spouses, and survivors age 65 and older, eligible for Medicare Part A (for hospitalization payments) and enrolled in Medicare Part B (for other provider payments).

What Is Covered?

Eligible beneficiaries will receive all Medicare-covered benefits under Medicare Standard plus all TRICARE covered benefits. For most beneficiaries who use a Medicare provider, Medicare will be first payer for all Medicare-covered services and TRICARE Standard will be second payer. TRICARE will pay all Medicare co-pays and deductibles and cover most of the cost of certain care not covered by Medicare.

Note: If your first medical service of the fiscal year is a service covered by Medicare but not by TRICARE, such as chiropractic care, you will be responsible for the \$100 Medicare deductible that year. It might be better to postpone any optional service until TRICARE pays that fiscal year's Medicare deductible.

Beneficiary Payments

TFL coverage entails no beneficiary premiums or co-pays other than the \$78.20 per person monthly premium for Medicare Part B (in 2005) and any applicable TRICARE co-pays for services covered by TRICARE but not Medicare, such as pharmacy services.

Using TRICARE For Life Overseas

For beneficiaries residing in foreign countries where Medicare coverage does not apply, TRICARE will become first payer, and beneficiaries will be responsible for the standard TRICARE deductible (\$150 per person/\$300 per family) and 25% co-payment.

Eligible beneficiaries and their eligible family members, who are receiving health care overseas and are enrolled in Medicare Part B, can take advantage of TFL. Because Medicare typically does not provide benefits for medical care received overseas, TRICARE becomes the primary source of health benefits. TFL will provide the same level of coverage afforded retirees under the age of 65, and beneficiaries will be responsible for the same cost shares and deductibles as under-65 retirees.

TRICARE & Medicare

Becoming Medicare Eligible

Medicare eligibility usually begins on the first day of the month in which you turn 65. If your 65th birthday falls on the first day of the month, Medicare Part A eligibility begins on the first day of the preceding month. If you purchase Medicare Part B, you will remain eligible for TRICARE through a program known as TRICARE For Life (TFL).

With TFL, beneficiaries retain their eligibility for TRICARE Extra and Standard, but not Prime. TRICARE acts as a second payer to Medicare for Medicare and TRICARE-covered services. When a retired sponsor reaches age 65 and becomes eligible for TFL, the spouse retains eligibility for all TRICARE options until reaching 65.

Persons under age 65 who become entitled to Medicare Part A because of a disability or end stage renal disease (ESRD), and who are enrolled in Medicare Part B, are considered to have “dual eligibility.” They maintain their eligibility for TRICARE Prime, Extra or Standard. When they reach age 65, they will no longer be eligible for TRICARE Prime; they remain eligible for TRICARE Extra and Standard and become eligible for TFL. By law, TRICARE pays after Medicare for these eligible persons.

Medicare Benefits

Medicare is a federal health insurance program for people 65 or older, people of any age with permanent kidney failure and certain disabled people. It is administered by the Centers for Medicare & Medicaid Services (CMS). Local

Social Security Administration offices take applications for Medicare, assist beneficiaries in filing claims, and provide information.

Medicare has three parts: hospital insurance (Part A), medical insurance (Part B) and prescription drug coverage. Hospital insurance helps pay for inpatient hospital care and certain follow-up care. Medical insurance helps pay for doctors’ services and many other medical services and items. Medicare prescription drug coverage is provided at a much lower benefit level that TRICARE provides, and therefore will not be covered here.

Hospital Insurance (Part A) Eligibility

A surviving spouse, divorced spouse, or dependent parents might be eligible for Part A at age 65. If disabled surviving spouses younger than 65, surviving divorced spouses younger than 65, and children 18 or older might be eligible, too.

They are eligible at any age if they need maintenance dialysis or a kidney transplant for permanent kidney failure and:

- they are insured or are getting monthly benefits under Social Security, or
- they have worked long enough in federal employment.

In addition, any non-disabled surviving spouse or child might be eligible if a maintenance dialysis or a kidney transplant is needed. Only the family member who has permanent kidney failure is eligible for Medicare protection.

Medicare hospital insurance (Part A) can help pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care, and hospice care.

Your surviving spouse does not have to retire to have Part A protection at age 65. If a surviving spouse plans to keep working, an application for Part A must be filed for protection to begin. The application should be made at a Social Security office about three months before the surviving spouse reaches age 65.

If the surviving spouse is receiving Social Security, Part A protection will start automatically at 65. If the surviving spouse is a federal retiree eligible for Medicare on the basis of federal employment, an application for Part A should be filed at a Social Security office about three months before turning 65 for Medicare to begin at age 65.

If the surviving spouse isn't eligible for Part A at 65, it can be purchased. In 2005, the basic premium is \$375 a month if you have zero to 29 quarters of coverage under Social Security; \$206 per month if you have 30 but fewer than 40 quarters of coverage. To buy Part A, the surviving spouse also will have to enroll and pay the monthly premium for medical insurance. This can be done at any Social Security office.

If your surviving spouse is younger than age 65 and disabled, hospital insurance protection is automatic after a 24-month period of entitlement to Social Security disability benefits.

If surviving spouses are between ages 50 and 65 and have been disabled at least two years but have not applied for disability benefits because they are

already receiving other Social Security benefits, the surviving spouses might be eligible for Part A. Contact a Social Security office for more information.

If the surviving spouse is a federal employee and becomes disabled before age 65, there is a possibility for Medicare eligibility on the basis of federal employment. In general, there is a 24-month waiting period before hospital insurance protection can start, but the Social Security office should be contacted as soon as the disability occurs.

If the surviving spouse or a dependent child needs kidney dialysis or a kidney transplant, contact a Social Security office to apply for Medicare by phone or through a visiting representative.

If eligible for Medicare, the protection will start the third month after the month treatment begins for maintenance dialysis. Under certain conditions, coverage could start earlier.

Hospital Insurance Benefits

Medicare Part A can help pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care, and hospice care.

If inpatient care is needed, Part A helps pay for as many as 90 days in any participating hospital for each benefit period. In 2005, Part A pays for all covered services for the first 60 days, except for the first \$912. For the 61st through 90th day, Part A pays for all covered services except for \$228 a day.

If the need for more than 90 days of hospital care in any benefit period exists, some or all of the 60 nonrenewable “reserve days” can be used. For each reserve day used, Part A pays for all covered services except for \$456 a day.

Covered services include a semi-private room, all meals, regular nursing services, operating and recovery room costs, hospital costs for anesthesia services, intensive care and coronary care, drugs, lab tests, X-rays, medical supplies and appliances, rehabilitation services, and preparatory services related to kidney transplant surgery.

If the need for inpatient skilled nursing or rehabilitation services exists after a hospital stay of at least three days, and certain other conditions are met, Part A helps pay for as many as 20 days in a participating skilled nursing facility for each benefit period plus 80 days for which you pay \$114 a day in 2005.

Covered services include a semi-private room, all meals, regular nursing services, rehabilitation services, drugs, medical supplies and appliances.

If an insured surviving spouse is confined to a home and meets certain conditions, hospital insurance can pay the full approved cost of home health visits from a participating home health

agency. There is no limit to the number of covered authorized.

Covered services include part-time skilled nursing care, physical therapy and speech therapy. If one or more of those services are needed, hospital insurance also covers part-time services of home health aides, occupational therapy, medical social services, medical supplies and equipment.

Under certain conditions, Part A can help pay for hospice care for terminally ill beneficiaries, if the care is provided by a Medicare-certified hospice.

Special benefits periods apply to hospice care. Part A can pay for a maximum of two 90-day periods and one 30-day period, plus extended care past the 210-day period when a beneficiary is recertified as terminally ill by the medical director or the physician member of a hospice program’s group.

Covered services include doctors’ services, nursing services, medical appliances, supplies, including outpatient drugs for pain relief, home health aide and homemaker services, therapies, medical social services and short-term inpatient care, including respite care and counseling.

Part A pays part of the cost of outpatient drugs and inpatient respite care. For all other covered services, Part A pays the full cost.

Medicare Part B is supplemental insurance that covers services such as ambulance service and medical supplies.

Medical Insurance (Part B) Eligibility

If you are 65 or older—or you're eligible for hospital insurance—you almost certainly qualify for enrollment in Medicare Part B. You do not need Social Security or federal work credits to get Part B. If your surviving spouse wants Part B protection, a monthly premium is required. The basic premium in 2005 is \$78.20 a month.

Surviving spouses receiving Social Security benefits will be enrolled automatically for Part B—unless they say they do not want it—at the same time they become entitled to Part A. They will have to apply for Part B if they:

- plan to continue working past age 65,
- are ages 65 but are not eligible for Part A,
- have permanent kidney failure,
- are disabled surviving spouses between ages 50 and 65 who are not receiving disability benefits, or
- are eligible for Medicare on the basis of federal employment, or live in Puerto Rico or outside the United States.

Medical Insurance Enrollment Period

There is a seven-month initial enrollment period for medical insurance. This period begins three months before the month your surviving spouse first becomes eligible for Part B and ends three months after that month.

If the surviving spouse applies during the first three months of the enrollment period, the Part B protection will start in the first month of eligibility. If enrollment takes place in the last four months, the protection will start one to three months after eligibility.

If the surviving spouse does not take Part B during the initial enrollment period, there is a general enrollment period—January 1, through March 31, of each year. But protection does not start until the following July, and the premium will be 10% higher than the basic premium for each 12-month period the surviving spouse could have been enrolled.

Medical Insurance Benefits

Medicare Part B helps pay for doctors' services and a variety of other medical services and supplies not covered by Part A. Most of the services needed by people with permanent kidney failure are covered only by Part B.

Each year, when the annual medical insurance deductible is met, Part B generally pays 80% of the approved charges for covered services received for the rest of the year. In 2005, the annual deductible is \$110, usually covered by TFL.

Part B covers doctors' services, no matter where services are received in the United States. Covered doctors' services include surgical services, diagnostic test and X-rays that are part of the treatment, medical supplies furnished in a doctor's office, services of the office nurse and drugs administered as part of the treatment that cannot be self-administered.

Part B covers outpatient hospital services received for diagnosis and treatment (i.e., emergency room care outpatient clinic of a hospital). Part B can cover an unlimited number of home visits if all required conditions are met.

Under certain conditions or limitations, Part B covers other medical services and supplies. Some examples include: ambulance transportation, home dialysis equipment, supplies, periodic support services, independent laboratory tests, oral surgery, outpatient physical therapy, outpatient speech pathology services, and X-ray and radiation treatments.

What Is Not Covered

Medicare provides basic protection against the high cost of illness, but it will not pay all of the health care expenses. Some of the services and supplies Medicare cannot pay for include:

- Custodial care, such as help with bathing, eating and taking medicine
- Dentures and routine dental care.
- Eyeglasses, hearing aids, and examinations to prescribe or fit them
- Personal comfort items, such as phone or television in your hospital room
- Prescription drugs, unless enrolled in Medicare Part D
- Routine physical checkups and related tests (a one-time “Welcome to Medicare” physical exam is authorized)

Other Health Insurance and Medicare/TRICARE Supplemental Policies

Some TFL beneficiaries have other health insurance. This is health care insurance provided by an employer, former employer, or privately purchased coverage to supplement Medicare, for example. If you have other health insurance, by law, TRICARE will process your claim only after all other insurance has processed

the claim. In these cases, you will need to complete a TRICARE claim form, attach the doctor’s or hospital bill and the EOB from both your other health insurance and Medicare, and mail the claim to the TRICARE claims processor in your area.

If your surviving spouse works past age 65 and accepts his or her employer’s health plan, Medicare will be the secondary health insurance payer. If your spouse rejects the employer’s health plan, Medicare will be the primary health insurance payer.

If your surviving spouse is age 65 or older, continues to work and has an employer health plan, he or she can wait to enroll in Medicare medical insurance (Part B) during a special enrollment period. The 10% premium surcharge for late enrollment won’t have to be paid if certain requirements are met. But eligibility for any TRICARE program will end for anyone age 65 who declines enrollment in Medicare Part B. TRICARE eligibility will be restored when Medicare Part B enrollment occurs.

If your surviving spouse is entitled to Medicare solely on the basis of permanent kidney failure and is covered by an employer group health plan, Medicare will be the secondary payer for an initial period of as many as 12 months. At the end of the 12-month period, Medicare becomes the primary payer.

Eligibility for any TRICARE program will end for anyone age 65 who declines enrollment in Medicare Part B.

Prescription Drugs and Medicines

TRICARE will share the cost of prescription drugs and medicines, with a few qualifications. Only drugs and medicines approved by the U.S. Food and Drug Administration for general use by humans are covered, and this includes only drugs and medicines that, under federal law, require a doctor's prescription.

A person related to or living in the same household as the beneficiary or sponsor cannot prescribe drugs and medicines. Prescription drugs and medicines used primarily to maintain an existing or potential drug abuse or drug addiction situation are not covered.

Prescription drug coverage is available to those covered by Medicare (Parts A and B).

TRICARE Senior Pharmacy Program (TSRx)

Eligibility: All uniformed services beneficiaries 65 and older are eligible to use the TSRx benefit. (Note: beneficiaries who attain age 65 on or after April 1, 2001 must be enrolled in Medicare Part B to be eligible for TSRx.)

“Triple Option” Benefit: Eligible beneficiaries have three ways to receive prescription pharmaceuticals:

- Military pharmacies (if in vicinity of military facility);
- DoD TRICARE Mail Order Pharmacy (TMOP); or
- DoD Retail Pharmacy Program (network or non-network).

Retirees Residing in Foreign Countries:

- Can use military pharmacies.
- Can use TMOP, only under current restrictions due to FDA/manufacturer shipping requirements, and state and international shipping laws (i.e., drugs are mailed to an APO, FPO, or a U.S. licensed provider).
- Embassy address and are for FDA-approved drugs/indications and the prescription is written by a U.S. licensed provider.

COVERAGE/CO-PAYMENTS			
	RX AMOUNT	CO-PAY	DEDUCTIBLE
Military Pharmacy	Varies by facility (often a 30-day supply)	No cost	None
TMOP	90-day supply of most non-narcotic drugs or a 30-day supply of a narcotic prescription	\$3 for generic \$9 for brand name \$22 for non-formulary*	None
Retail Pharmacy (Network)	30-day supply of medication	\$3 for generic \$9 for brand name \$22 for non-formulary*	None
Retail Pharmacy (Non-Network)	30-day supply of medication	The greater of: 20% of the cost of the drugs, or \$9 \$22 for non-formulary*	\$150 per year \$300 per year for a family

* If medical necessity is established for a non-formulary drug, patients may qualify for the \$9 cost share for up to a 30-day supply in the TSRx or a 90-day supply in the TMOP program. For more information on non-formulary medications, use the TRICARE Formulary Search tool at <http://www.tricareformularysearch.org>.

- Can use local economy pharmacies (as non-network pharmacies), paying the full cost and filing a claim for reimbursement from TRICARE and be reimbursed the cost minus a co-pay (20% or \$9, whichever is greater) and annual \$150 deductible (if not previously met).

- Active duty member
- All TRICARE eligible beneficiaries under age 65
- Uniformed Services Family Health Plan enrollees
- All TRICARE Senior Prime enrollees
- Those age 65 and older (before April 1, 2001)
- Those age 65 and older on April 1, 2001 and enrolled in Medicare Part B

TRICARE Mail Order Pharmacy Program (TMOP)

You may qualify for the TRICARE Mail Order Pharmacy Program (TMOP) if you meet the following criteria:

Features of The TRICARE Mail Order Pharmacy Program*

When to use: For prescriptions you take regularly (for example, medication to reduce blood pressure)

Supply per prescription and refills (as prescribed):

- Up to 90-day supply of non-controlled medications
- Up to a 30-day supply of controlled medications (with certain limits as decided by the DoD P&T Committee)

Deductible: None

Your Co-pay per prescription or refill:

Active Duty Members:	\$0
<hr/>	
Active Duty Family Members:	\$3 (Generic)
	\$9 (Brand Names)
<hr/>	
Retirees and Family Members (USFHP, TRICARE Senior Prime Enrollees):	\$3 (Generic)
	\$9 (Brand Names)

Formulary: This program will adhere to the TRICARE Mail Order Pharmacy Program Formulary (as decided by the DoD P&T Committee).

Note: To view the formula, log on to: www.pec.ha.osd.mil/tmop/tmophome.htm

Member Services: Within the United States: 1-866-363-8667
Outside of the United States call: 1-866-275-4732, 24 hrs/day 7 days/week

To refill on the Internet visit: <http://member.express-scripts.com/dodcustom/>

To obtain an EasyRx form call: 1-866-DOD-TMOP (363-8667)

* You must obtain a prescription from your physician that can be mailed by you or faxed directly by your physician

The TRICARE Retiree Dental Program

Introduction

Another important facet of TRICARE for your survivors is affordable basic and preventive dental coverage for Uniformed Services retirees and their eligible family members. The TRICARE Retiree Dental Program (TRDP) offers dental coverage throughout the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.

The Federal Services division of Delta Dental of California administers this voluntary dental plan with self-paid premiums.

Eligibility

To be eligible to enroll in the enhanced TRDP, an individual must be one of the following:

- A.** A member of the Uniformed Services who is entitled to retired pay, including those age 65 and over;
- B.** A member of the Guard/Retired Reserve who is entitled to retired pay but is under age 60;
- C.** A current spouse of a retired member as described in (a.) and (b.) above who is enrolled in the program;

- D.** An eligible child of a retired member as described in (a.) and (b.) above who is under age 21, or under age 22 and a full-time student, or who became disabled prior to age 21 (or age 22 if a full-time student);
- E.** An unmarried surviving spouse or eligible child of a deceased retired member, or of a member who died while on active duty for a period of more than 30 days and whose eligible family members are not eligible or are no longer eligible for dental benefits under the family member dental plan.
- F.** A spouse and/or eligible child of certain non-enrolled members with documented proof the non-enrolled member is:
 - eligible to receive ongoing, comprehensive dental care from the VA; or
 - enrolled in a dental plan through other employment that is not available to family members; or
 - unable to obtain benefits from the TRDP due to a current and enduring medical or dental condition. Former spouses and unremarried surviving spouses are not eligible at this time.

To find out if you qualify for TRDP—or to enroll—call Delta Dental of California toll-free at 1-888-838-8737.

TRICARE Retiree Dental Plan – Covered Services

COVERED SERVICE	TRDP PAYS*	APPLIED TO ANNUAL DEDUCTIBLE	APPLIED TO ANNUAL MAXIMUM
Available during first 12 months of enrollment:			
Diagnostic	100%	No	No
Preventive <i>(includes two cleanings in 12 months)</i>	100% / 80%	No	No
Basic Restorative <i>Plus an allowance for posterior composites (tooth-colored fillings on back teeth)</i>	80%	Yes	Yes
Endodontic	60%	Yes	Yes
Periodontic	60%	Yes	Yes
Oral Surgery	60%	Yes	Yes
Emergency <i>Minor treatment for dental pain at 80%</i>	80%	Yes	Yes
Drugs	60%	Yes	Yes
Post Surgical	60%	Yes	Yes
Anesthesia	60%	Yes	Yes
Dental Accident Coverage	100%	No	Separate \$1,000 annual maximum applies
Additional Services available after 12 months of continuous enrollment:			
Cast Crowns, Inlays & Bridges	50%	Yes	Yes
Partial/Full Dentures	50%	Yes	Yes
Orthodontia	50%	No	\$1,200 lifetime maximum

* Percentages paid by Delta Dental of California are based on the allowed amount for each procedure. This chart depicts coverage when seeking treatment from a network dentist. Your total out-of-pocket costs may be higher if care is received from a non-network dentist.

Note: Covered benefits are subject to certain limitations. For example, sealants and space maintainers are preventive services covered at 80% and subject to the annual deductible and annual maximum. Refer to the TRDP Benefits Booklet—accessible online at www.trdp.org/enhanced/ebb.htm—for a complete list of covered services and detailed information on limitations, exclusions, benefit levels and program policies.

Those electing to enroll in the TRDP must commit to remaining in the program for a minimum of 12 months.

G. A Medal of Honor recipient and eligible spouse and/or child, or an eligible spouse or child of a deceased recipient.

To find out if you qualify under these special rules, call Delta Dental of California toll-free at 1-888-838-8737. Documentation of these qualifying circumstances is required upon application for enrollment.

Enrollment

Delta Dental of California handles enrollment in the TRDP. Those electing to enroll commit to remaining in the program for a minimum of 12 months. The 12-month commitment is determined by each enrollee's coverage effective date. There is a grace period of 30 days from the coverage effective date during which termination of enrollment may be allowed without further enrollment obligation, providing no benefits have been used. Under government rules, only limited voluntary termination of enrollment is allowed during the initial 12-month commitment if the 30-day option is not exercised. After the initial 12 months, enrollment renewal is automatic and on a month-to-month basis.

An exception to the first 12-month waiting period for coverage of additional benefits such as cast crowns, inlays and bridges; full and partial dentures; and orthodontics will be

made for those who enroll in the enhanced TRDP within 120 days of their retirement from active duty, as well as for those who are Medal of Honor recipients.

Monthly Premiums

Monthly premiums are regionally determined according to the first three digits of the ZIP code in which the retiree resides and the applicable enrollment option. Approximate TRDP enhanced program monthly premiums are as follows:

- Single person: \$24 - \$42
- Two persons: \$47 - \$81
- Family (three or more persons): \$80 - \$137

Note: Approximate monthly regional premium rates stated above are effective May 1, 2005 through April 30, 2006 and are subject to modest increases each subsequent May 1. Additionally, DoD-directed implementation of further program enhancements could result in the contractual establishment of a change in premium rates from those stated above.

Monthly Premium Collection

Monthly premiums will be deducted by the DFAS or other finance center, as appropriate, through mandatory retired pay allotment. Prepayment of two months of premiums must be

included with the enrollment application. This is used to pay monthly premiums until the automated monthly payment process is established. Any unused portion of the prepayment will be automatically refunded after the monthly payment process is established.

Retirees with pay insufficient to cover monthly premiums and enrollees who do not receive retired pay (such as unremarried surviving spouses) will be billed directly by Delta. In this case, certain explicit payment procedures must be followed.

Annual Deductible and Maximum

There is an annual deductible of \$50 (with a limit of \$150 on the annual deduction for the entire family), which applies to each enrollee each year. Delta Dental will pay an annual maximum of \$1,200 per benefit year. Diagnostic services and some preventive procedures are not subject to the

annual deductible and maximum. Orthodontic Services and dental accident coverage are not subject to the annual deductible, and each has separate maximum benefits amounts.

Providers

Enrollees may choose any licensed dentist for treatment, but there are incentives if enrollees seek treatment from more than 67,000 dentist locations throughout the service area that are currently part of the Delta Dental of California network contracted to provide services to TRDP enrollees.

If enrollees go to an out-of-network dentist, Delta Dental of California pays the same percentage of covered services but cannot guarantee the dentist's fees. Out-of-network dentists will bill you for their normal fees, which may be higher than the program allowed amount for the service. You will be responsible for paying your co-payment plus any difference between the program allowed amount and the dentist's billed charge.

Summary

Skyrocketing health care costs—and the crushing burden of long-term care—can capsize any financial plan. The various coverage options available under TRICARE promises to relieve military families of some of the uncertainties surrounding health care coverage. Like most health care programs, TRICARE is complicated. It's important that survivors fully understand their options now so that they can make wise choices at the appropriate time.



Your Record of Personal Affairs

A complete record of your personal information—bank account numbers, investment account locations, etc.—will prove to be a valuable asset to your survivors. Chapter 3 provides information and assistance that will ensure your personal affairs are in order. In addition, we will discuss subjects such as the burden of proof, income taxes, living wills, bank accounts and stocks and bonds. But it is important that both you and your spouse make a joint effort to thoroughly complete the personal affairs workbook in Appendix A.

Create a Roadmap for Your Survivors

Each year, owners and heirs lose millions of unclaimed dollars, as banks and dividend-paying corporations cannot identify and locate the proper payees. And unless your spouse or some responsible family member knows all about your investments— bank accounts, property you own, money due you from loans and debts or from the estate of your parents— these funds or property might never be discovered.

And if you think it's too early to worry about things like this, consider the possibility that you become disabled to the extent that you are unable to conduct necessary day-to-day financial transactions. If you have not executed a general or durable power of attorney, giving your spouse or other responsible person authority to act on your behalf, now may be the time to do so.

Totaling your assets and liabilities, summarizing possible benefits, and listing the funds available to meet immediate expenses upon your death—as well as those your spouse can expect to receive by applying for them—will help your surviving spouse to answer the following questions:

- How much to budget for your funeral
- Whether to employ an attorney to assist with your estate
- Whether moving will be necessary
- Whether the children can continue to attend college
- Whether to seek immediate financial assistance
- How to pace activities in filing claims

A Friend Can Help

Among the papers you leave for your surviving spouse should be the names of friends or business associates who can provide advice.

Families of deceased MOAA members will be provided with a Survivor Checklist that will contain advice concerning subjects that need attention. This Checklist (see appendix E) will assist in claiming survivor benefits as well as offer suggestions for getting the personal affairs for the surviving spouse in order.

Most military installations have a Casualty Assistance Control Office. If an installation is within reasonable distance and assistance is requested, this office will help with funeral arrangements, death notifications and filing claims for benefits.

Keeping detailed records of your personal financial situation can help your survivors handle the many subjects that need attention at the time of death.

Entitlement to most benefits is not automatic. Surviving spouses must apply and burden of proof is on the applicant to establish eligibility for most benefits.

Each of the military departments publishes a “retirement” guide or handbook that contains valuable information. You also will receive periodic retirement bulletins from your military department, such as:

- Army: *Army Echoes*
- Navy: *Shift Colors*
- Air Force: *Afterburner*
- Marine Corps: *Semper Fidelis*
- Coast Guard/NOAA: *Evening Colors*

If you are an SBP annuitant, you should automatically receive these periodicals. If you’re not, contact your service Retired Affairs Office to have your name added to the mailing list.

The Burden of Proof

The burden is on your surviving spouse to prove entitlement to various benefits. This includes your insurance, all your holdings and monetary benefits. Most benefits must be applied for and having the correct contact

information and documentation readily available makes this process more manageable.

The surviving spouse will need copies of many records. Obtain now what will be needed later.

When you write for records, obtain enough copies for all the various benefits and claims for which your surviving spouse can apply. Frequently, these records become a part of the permanent files of the VA, insurance companies or other agencies. Few, if any, will be returned. Because your children could at some time be required to furnish evidence of their parents’ births, marriage or divorce, it would be helpful if they had a copy of each of these documents. Be sure your spouse and children know exactly where copies of these records and all other important documents are kept.

Where a certified copy of a record is required, appropriate military, city, county or state authority must execute the certificate.

Your Surviving Spouse's Income Tax

No matter when the military spouse dies during the year, the surviving spouse is considered to have been married for the entire year. If your surviving spouse does not remarry before the close of the tax year, a joint return may be filed for oneself and the deceased spouse, claiming the appropriate exemptions for both.

Generally, when the military spouse dies, only the executor or administrator and the surviving spouse may file a joint return. The surviving spouse alone, however, may make a joint return if all three of the following requirements are met:

- A.** The military spouse made no return for the tax year for which the joint return is made.
- B.** No executor or administrator was appointed before the time of making such joint return.
- C.** No executor or administrator was appointed before the last day for filing the return of the surviving spouse, including any extensions of time for filing.

Even if all the above requirements are met, an administrator or executor who is subsequently appointed can disaffirm a joint return made by the surviving spouse by filing a separate return for the deceased spouse. If such a disaffirmation is made, then the joint return filed by the surviving spouse will be considered as a separate return.

A surviving spouse cannot file a joint return if:

- 1.** Remarriage occurs during the year in which the military spouse died (though the surviving spouse may file a joint return with the new spouse).
- 2.** Either spouse has a "short year" because of a change in the annual accounting period.
- 3.** Either spouse was a non-resident alien at any time during the tax year.
- 4.** The executor or administrator revokes the return.

For IRS purposes, married couples are considered married for the entire year in which the military spouse dies.

For two years after your death, your surviving spouse could be eligible for the “Surviving Spouse Benefit,” which could result in substantial tax savings.

A joint return reporting a decedent’s income should list the names of the surviving spouse and the deceased.

Where there is an executor or administrator, the return is signed by the surviving spouse and the executor or administrator in his or her official capacity. Where there is no executor or administrator, the surviving spouse signs, followed by the words, “taxpayer and surviving spouse.”

For the next two years, the surviving spouse could also be entitled to the “Surviving Spouse Benefit.” This enables the surviving spouse to compute tax using the tax-rate schedule under the heading “Married Taxpayers Filing Joint Returns and Certain Widows and Widowers,” and could result in substantial savings.

Generally, if a spouse dies within the two years preceding the year for which the tax is being computed, and if the surviving spouse meets certain requirements, he or she is entitled to use this tax schedule. For example, a taxpayer meeting the following requirements would be entitled to the surviving spouse benefit for the

current tax year if his or her spouse died within the period of the two preceding tax years:

- 1.** You must have been entitled to file a joint return with your spouse for the year of death—whether you actually filed jointly is immaterial.
- 2.** You have not remarried.
- 3.** You have a child, stepchild, adopted child or foster child who qualifies as your dependent.
- 4.** You furnish more than half the maintenance of your home, which is the principal abode of your dependent child, stepchild, adopted child or foster child, except for temporary absences.

It must be emphasized that the “Surviving Spouse Benefit” entitles the surviving spouse only to the joint return tax rates; it does not authorize filing a joint return or claim any exemptions other than his or her own and those of dependents for whom the household is maintained.

Some Legal Suggestions

Retiree guides and handbooks published by the military departments emphasize the importance of retired members having a will if they have any appreciable assets. They also suggest that each member consult a legal assistance officer or a private attorney regarding their needs. Bear in mind that state laws vary in their provisions governing the execution of wills and the administration of estates.

Your Will

If you do not leave a will, your property will be distributed in accordance with the laws of descent and distribution of your state. Now, you might say that because you are living on retired pay and your affairs are arranged so your surviving spouse will have access to your money and property, you do not need a will.

But even then, suppose you and your spouse are both killed in an accident? What happens to your property and assets then? Would they be disposed of, as you would wish? Wouldn't it be preferable to have a will?

If you have a large estate, you should have a well-planned will.

The use of a “do-it-yourself” form for preparation of your will is risky. Circumstances vary too greatly to permit one form to fit everyone. If a legal assistance officer is not available, it is well worth the time and relatively small expense

to consult a private attorney. MOAA members have access to a Lawyer Listing Service, where attorneys who are MOAA members offer other MOAA members a 25% discount off of their regular and customary charges. To use this service, visit the MOAA Web site at www.moaa.org.

Revocable Living Trust

A trust is a legal relationship under which a person (the grantor or settlor) transfers assets to a named trust.

As long as the grantor remains alive, assets transferred into the trust remain the property of the grantor. Income generated by trust assets are included as part of the grantor's annual income tax return. At the death of the grantor, asset management and asset distribution become the responsibilities of the standby trustee named in the trust document. The trustee is responsible for seeing that all terms of the trust are fulfilled.

The grantor can decide at any time that the standby trustee should begin managing the trust's assets. This allows a professional, such as a bank's trust officer, or family member to assume management of the assets should the grantor decide that this is necessary.

The revocable living trust—so called because it operates during the lifetime of the grantor—became popular because assets placed in such a trust avoid the probate process. A trust minimizes estate-administration

The use of a “do-it-yourself” form for preparation of your will is risky. Circumstances vary too greatly to permit one form to fit everyone.

costs and reduces delays in distribution of the assets to beneficiaries. A grantor still needs a will, however, in addition to the trust because the will fulfills the limited function of disposing of the grantor's personal belongings and any other assets not transferred to the trust during the grantor's lifetime.

Living Wills and Durable Powers of Attorney

A living will provides instructions about what should be done when someone is terminally ill and unable to make or communicate a decision concerning medical treatment. In contrast, a durable power of attorney—which is simply a power of attorney that does not terminate upon incapacity—allows a spouse, trusted relative or friend to conduct the affairs of an ill or incapacitated person, whether or not the illness is terminal. State law will determine whether such documents are recognized within that state. In addition to legal questions, there are moral and religious concerns for some people contemplating the execution of a living will or durable power of attorney.

Here are some differences between the two types of documents:

- A living will applies only to a case of terminal illness, while a durable power of attorney permits the patient's designated agent to make decisions—including, but not limited to, health care decisions—if a physician determines that the patient is incapable of making an informed decision. Additionally, if a court considers a patient in a persistent vegetative state not to be terminal, that patient's living will has no effect.
- Today's advances in medical technology may make it difficult for a physician to determine whether a living will truly constitutes the patient's "informed consent."

Perhaps, for example, the living will was signed years earlier, before the contemplated medical procedure was even "invented."

- While a living will addresses only medical decisions regarding life-sustaining measures in terminal cases, a durable power of attorney enables the patient's agent also to make non-medical decisions, such as:
 - Whether to make gifts of \$10,000 or less to certain permissible beneficiaries, thus reducing the patient's estate and the estate taxes on it.
 - Whether to sell the patient's property in the event the expenses of the illness become so great that additional funds are needed.
 - Whether to seek admission to a nursing home or to retain a private nurse.
 - Making any decision pursuant to a durable power of attorney, the agent may consider any preferences or desires expressed by the patient at any time (before or after signing the power of attorney), the decision the agent believes the patient would make if he or she were able, and any information—such as diagnosis, prognosis, and pain and risk associated with the contemplated treatment—given by the physician to the agent.

The alternative method of handling the patient's business affairs would be through a guardianship proceeding in probate court. Cumbersome and costly, guardianship often can be completely avoided by having a durable power of attorney.

Change in Name

It is surprising how many problems can arise when a person changes names. If this is done by court order, the problems are lessened, since a certified copy of the order should be sufficient

The ABCs of Wills

- A.** A will is a written instrument in which the testator (maker of the will) states his wishes and dictates the distribution of his property upon his death.
- B.** In the will, the testator names an executor to carry out its provisions, under the supervision and control of the probate court, which sometimes is called by another name such as surrogate court or orphan's court.
- C.** Usually the testator will name a spouse or other family member as executor. The person so named files the will in the proper office of the court.
- D.** Two or more witnesses to the will are usually required. The exact number depends upon the laws of your state. It is important to have witnesses who live in your community and whose addresses are more or less permanent.
- E.** Upon the death of the testator, the witnesses may be called in to verify their signatures and that of the testator. They must have signed in the presence of the testator and in the presence of each other exactly as described in the signature clause and in any attestation clause.
- F.** Property that is titled, as in joint ownership with the right of survivorship and proceeds of insurance, where a spouse or other person is the designated as the beneficiary, will pass automatically and independently of the will. If there is no additional property to pass under the will, administration of the estate is unnecessary, but the will may be filed and becomes a matter of record, available if needed.
- G.** A person who dies without a will is said to have died intestate, and his property will be distributed in accordance with the laws of distribution of his state. The court appoints an administrator for this purpose.
- H.** A will should be kept in a safe place but readily available, and its location should be known to the spouse or other next of kin. A safety deposit box might not be readily accessible if in a jurisdiction where boxes are sealed until audited and released by the tax authorities.
- I.** After you have made a will, review it periodically to ensure it is up to date. If you move out of the state where it was executed, be sure it is satisfactory under the laws of your new place of residence. If it isn't, execute a new will promptly.
- J.** Most states now provide for a self-proving affidavit that permits a will to be admitted to probate without having to call the witnesses to its execution. The form may vary from state to state, and it is always quite formal. The advantage is that it avoids the problems of locating and expense of producing the witnesses.

to establish the person’s true identity. But the real problems arise when a person has changed names without taking the proper legal steps.

Of course, when a person marries and the only change is taking on the spouse’s last name, there is no problem. A birth certificate coupled with the marriage certificate is sufficient to provide identity.

Changing a name in most states is a simple procedure. Any practicing attorney can accomplish this. It is important that names should be correctly and properly recorded so that unnecessary problems and time-consuming delays can be avoided in the event of your death.

Your Bank Account

Many surviving spouses are shocked to find upon the death of their spouses that they cannot issue a check on the decedent’s bank account, withdraw funds from a savings account, or gain access to the decedent’s safety deposit box. Often this leaves them without ready cash to meet current expenses or costs resulting from their spouse’s death.

The same situation can arise if you are incapacitated by a stroke or other problem for a period of time. When checking and savings accounts are in one spouse’s name only, the other is unable to draw on the funds until he or she is appointed guardian or conservator. In case of a disabling illness or the spouse’s death, the funds are not available until the estate has been administered and distributed.

A simple solution to these problems is to have joint accounts (both checking and savings) and joint access to a safety deposit box. Otherwise a court will have to appoint an executor or administrator of the estate before access to the funds is granted. Even with a joint

DOCUMENTATION REQUIREMENTS

Birth Certificates

Yours	Social Security
Your Surviving Spouse’s	Social Security; SBP
Your dependent children’s (including those of any former marriage)	VA Benefits; SBP and RSFPP annuities; Social Security; ID cards

Marriage Certificates

Current & former marriages	VA benefits; Social Security; insurance; ID cards
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Divorce Decree

Both yours, your Surviving spouse's and Former spouse's	VA benefits; Social Security; insurance; ID cards
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Changes in Name

Judgment of court changing your name, your surviving spouse’s name or your children’s names	VA benefits; Social Security
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Separation Certificate

DD Form 214 (Report of Separation) or Similar certification covering the last period of your active service	VA benefits; Social Security
---	------------------------------

Retirement Orders

Social Security (Reserves retiring at age 60); ID Cards – issue/renewal (in some unique cases only); SBP Enrollment Contract
--

Death Certificates

VA Benefits; Social Security; each insurance policy; Paying Finance Office; registration of auto; transfer of joint accounts; ID cards
--

account, some states require that a right-of-survivorship clause be provided in the bank document relating to the account and safety deposit box before the survivor can use them. Check with your bank to be sure your surviving spouse would have no difficulty in using the funds in your account or in gaining access to your safety deposit box.

Stocks and Bonds

If you own as little as one share of stock solely in your name, your estate might have to be probated by a proper court, and the appropriate agencies must be furnished with certified copies of court orders and other documents showing who is entitled to the stock in question before your survivor can take title to it. If you want your surviving spouse to have your securities upon your death, register them jointly.

Fire Insurance

Fire insurance normally follows the property insured, but a survivor should, as soon as possible, review the insurance policy and contact the insurance agent to make sure the property remains insured. This represents a change in ownership, and you have a duty to inform the company.

Automobile

Unless your automobile is jointly owned and both your name and your spouse's name appear on the certificate of title and on the registration certificates from the city, county and state where individual licenses are required, title to the car does not immediately vest in the survivor.

If a will is to be probated, then ownership of the car will be decided by the court, and the person to whom the automobile is left must procure the necessary orders from the court before

it can be registered in his or her name. If a will is not to be probated, some states allow a surviving spouse to receive a title certificate to a car simply by producing evidence of a spouse's death and certificates from surviving children waiving any right to the car.

If your automobile is not paid for in full at the time of your death, the holder of the chattel mortgage on it could force your estate into administration and tie it up until the court has prorated its assets to your creditors. The mortgage holder could also prevent the surviving spouse from taking title to the car or even from using it. The mortgage holder should be contacted to make arrangements for continued payments if the car is to be retained.

Or it might be that any outstanding loan on the car is covered by life insurance. Normally, insurance coverage follows the automobile, but a surviving spouse should contact the insurance company to ensure coverage is extended until the title is transferred. Most insurance companies permit the policy issued to the deceased to be continued in effect until the end of the policy year, but this is not true in all cases.

In summary, transfers of titles and related matters can be a major area of concern to surviving spouses. Most of the problems of title transfers can be solved through joint ownership of the properties.

Check with your bank to make sure that your surviving spouse will have no difficulty gaining access to bank accounts upon your death.

Notification of Death

Application for burial in a national cemetery will be honored only at the time of death of a veteran or an eligible dependent. No gravesites are reserved in advance.

It is important that DFAS 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, will also set in motion annuities that may be payable. If a military base is nearby and a survivor assistance officer is appointed, that person probably will take care of the notification. But if such an officer is not available, the instructions and form letter in the appendix will be helpful.

The required form letter is in Appendix C. Your surviving spouse can simply pull it out, fill in the required information, attach a copy of the death certificate, and mail it to the address indicated for the military retiree's service.

Military Burials

Veterans are entitled to be buried in any national cemetery that has available space. You are eligible for ground burial in Arlington National Cemetery if you served on active duty (other than training) and are receiving military retired pay. Inurnment within the columbarium in Arlington National Cemetery is open to all honorably discharged or retired (with or without pay) veterans.

Application for burial in a national cemetery will be honored only at the time of death of a veteran or an eligible dependent. No gravesites are reserved in advance.

The burial request must be made directly to the superintendent of the national cemetery. The remains must not be shipped until after instructions are received from the superintendent's office. Remember, when an application for burial is received, the superintendent must first verify that the deceased is entitled to burial, and this might take extra time. Funeral directors and other people making arrangements for interment should neither set a definite time or date for the funeral, nor ship the remains until after arrangements are complete.

Your spouse and minor children are also eligible for burial in the same grave or niche. If your spouse or minor child should die before you and is buried in Arlington National Cemetery, you must agree at the time of the person's death to be buried in the same grave. This "agreement" rule applies only to Arlington burials. Unfortunately, adjoining gravesites are no longer available for members of the same family in national cemeteries.

Ensure that your spouse has the following data to furnish the funeral

director before the he/she communicates with a national cemetery superintendent: date of birth, branch of service, grade, Social Security number, date of last active duty, and manner of separation (including basis on which retired). This will expedite verification, which normally takes two working days.

If interment is in a national cemetery, eligibility for a headstone or grave marker is automatically established. If interment is in a private cemetery, a headstone or grave marker will be furnished for an unmarked grave upon request. It is provided without charge and shipped to the designated consignee. Apply to the Office of Memorial Programs, Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, DC 20420. Or you may request an application by calling 1-800-697-6947, Monday - Friday, 8:00 a.m. - 4:30 p.m. (EST). Any VA office will provide information and assistance in filing the application. Many funeral directors also will assist in filing this application.

All eligible veterans, including military retirees, are entitled to military funeral honors. At a minimum, the funeral honors ceremony will consist of the folding and presentation of the American flag and the playing of "Taps." At least two uniformed military personnel, in addition to a bugler, if available, shall perform the ceremony. If a bugler is not available, a high-

quality CD recording will be used. One of the uniformed military personnel will be from the deceased veteran's parent military service and will present the flag to the next of kin.

The next of kin or appropriate individual must request the funeral honors, they are not provided automatically. Department of Defense (DoD) policy calls for the funeral directors, rather than the next of kin, to contact the military. The toll-free number: 1-877-MIL-HONR (645-4667) has been set up for funeral directors to coordinate the ceremonies. DoD has established this Web site <http://www.militaryfuneralhonors.osd.mil> that explains the funeral honors process.

The military service may provide additional elements of honors and may use additional uniformed military personnel or other authorized providers, such as members of a veteran's organization, to augment the Funeral Honors Detail.

Burial Procedures, Allowances and Expenses

Your surviving spouse should know that the VA might pay allowances toward your burial expenses up to the following:

- \$300 burial allowance when burial is in a private or national cemetery*
- \$300 plot or interment allowance if burial is in a private cemetery*

All eligible veterans are entitled to military funeral honors. At a minimum, the funeral honors ceremony will consist of the folding and presentation of the American flag and the playing of "Taps."

Only veterans entitled to receive VA disability compensation or pension are eligible for the payment of the \$300 plot or interment allowance for burial in a non-government cemetery.

- \$2,000 allowance if cause of death is service-connected. Payable if interred in a private or national cemetery. When authorized, the \$300 burial and/or plot allowances are not payable.

The figures quoted above are periodically revised via legislative changes. Exact figures are available at the nearest VA office. It is important that your children know this, too, because the claim can be filed by the person who bears the burial expenses, including the undertaker if he has not been paid. Also, most mortuaries are familiar with this benefit and will offer to file the claim, allowing corresponding credit in their statement of charges.

** Payment of the \$300 burial allowance on behalf of veterans of any wartime period was sharply restricted effective Oct. 1, 1981. Under P.L. 97-35, payment of this allowance is limited to veterans "entitled to receive VA compensation or pension" and those who die in VA medical facilities.*

The VA has determined the phrase "entitled to receive" includes only those veterans who have been awarded VA compensation or pension or who have submitted an application that is pending at the time of the veteran's death and would have been approved. It does not automatically apply to military disability retirees.

To qualify for the payment, a military retiree must have applied for and been found "entitled to receive" VA

disability compensation. The fact that a retiree chose not to waive all or part of his retired pay after being awarded VA compensation does not disqualify the proper claimant(s) from receiving the \$300 allowance(s) (burial or plot).

Any person who was retired for disability should seriously consider filing a claim with the VA to establish eligibility for disability compensation and ultimately for payment of the burial allowance. The VA Form 21-530 used in filing claims for compensation can be obtained from the nearest VA office. Or you can call the nearest VA Regional Office by dialing 1-800-827-1000.

Social Security also provides a lump-sum death benefit to the surviving spouse or eligible child of a person who died fully or currently insured. The current maximum payable is \$255.

Many surviving spouses believe the government will pay all transportation costs for shipping remains to a national cemetery – this is true only in certain cases. The VA will pay the cost of transporting the veteran's remains if at the time of death he or she was:

- Hospitalized or domiciled in a VA hospital or domiciliary,
- Hospitalized or domiciled at VA expense, or

- Eligible to receive VA disability compensation or whose death resulted from a service-connected disability (cost limited to nearest available national cemetery).

The VA must receive claims for burial allowances within two years of the permanent burial or cremation of remains. This limit does not apply to claims for service-connected burial allowance or cost of transporting the veteran's remains to the burial site.

Similarly, if a person entitled to military retired pay dies while properly admitted to a military treatment facility (MTF), the survivor(s) may be entitled to transportation or a transportation allowance payable by the retiree's military department. Entitlement extends from the place of death to a burial place that is no farther distant than the decedent's last permanent residence and the amount paid will not exceed these parameters. Both the MTF and the burial must be in the U.S. or its territories.

Military retirees and their dependents who die while outside the United States are entitled to air transportation of the remains from a location outside the United States to a point of entry in the United States. Such air transportation may be provided without reimbursement on a space-

available basis in a military or military-chartered aircraft.

Note: The military transportation benefit is not payable if the VA transportation allowance described previously is allowed.

Other than the foregoing, the only expense borne by the government is for the gravesite in a national cemetery and the actual interment, which includes opening, closing and marking the grave.

Effective Oct. 28, 1992, reservists with 20 years of qualifying service are authorized to receive a government headstone or marker and burial flag. Headstones and markers are provided automatically to mark the graves of qualifying reservists buried in national cemeteries and state veterans cemeteries. They also are provided, on application, for an unmarked grave of qualifying reservists buried in private cemeteries. The VA pays the cost of the grave marker and shipping. But the VA does not pay the cost of placing the grave marker when an individual is buried in a private cemetery.

Eligibility for burial in a national cemetery was extended to reservists (and their family members) with 20 years of qualifying service effective May 4, 1994.

Effective May 4, 1994, reservists with 20 years of qualifying service (and their family members) are eligible for burial in a national cemetery, including a government headstone or marker and burial flag.

Presidential Memorial Certificates (PMC) Program

The PMC Program was started by President John F. Kennedy in March 1962 to honor the memory of honorably discharged, deceased veterans. The certificate, which bears the president's signature, expresses the country's grateful recognition of the veteran's service in the armed forces.

The PMC program is administered by the VA. Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail only. Please be sure to enclose a copy of the veteran's discharge and death certificate.

If you would like to request a PMC, or if you requested one more than eight (8) weeks ago and have not received it yet, either:

- Fax your request and all supporting documents (copy of discharge and death certificate) to: (202) 565-8054, or
- Mail your request and all supporting documents using the U.S. Postal Service to: Presidential Memorial Certificates (41A1C); Department of Veterans Affairs; 810 Vermont Ave., N.W.; Washington, DC 20420-0001.
- If you have questions about a certificate you have received, a request you have already sent in, or about the program in general, call (202) 565-4964 or e-mail PMC@mail.va.gov.

Summary

When a family is grieving over the death of a loved one, the last thing they should have to deal with is the tangled bureaucracy of sorting through paperwork and transferring military benefits. Following this guide will help you and your family take care of these matters now. If you need more information on your military benefits and survivors' issues, contact MOAA at **(800) 234-MOAA (6622)** or visit www.moaa.org.

Appendix

The following worksheets and checklists can help you put your affairs in order and aid your survivors as they deal with the paperwork and notifications that follow death. Share these with your family members and make sure they know where each is located in the event of your death.

Appendix A: Personal Affairs Workbook

Appendix B: What to Do in Case of Emergency

Appendix C: Notification of Death of Retired Servicemember

Appendix D: Standard Form 180, Request Pertaining to Military Records

Appendix E: Survivor Checklist

Appendix F: MOAA Member Death Notification

Appendix A: Personal Affairs Workbook

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 as 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 marriages:

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(s), place(s) and date(s) of birth; if living apart from parent, list address(es) — minors, indicate name of guardian: _____

6. Personal lawyer or trusted friend who may be consulted in regard to my personal or business affairs:

Name	Telephone
Street	Town
	State

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 executed a will 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 _____

Bank Accounts: *Include Credit Union and IRA and 401(k) retirement accounts.*

1. Type of account

Checking or savings: joint or individual

Name and location of bank

Checking or savings: joint or individual

Name and location of bank

Checking or savings: joint or individual

Name and location of bank

2. Location of passbooks for savings accounts

3. Location of statements and canceled checks for checking accounts

Safety Deposit Box:

1. Name of bank or trust company

Address

2. Location of key

United States savings bonds:

Where kept

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
----------------------	---------------	------------	-----------------

3. The policies are located at

Other Insurance:

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

Insurance company	Type of coverage	Policy number	Amount
-------------------	------------------	---------------	--------

The policies are located at:

Annuities: Survivor Benefit Plan SBP/SSBP, 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

Employers:

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 Department of Veterans Affairs (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. are currently 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 Military Officers Association of America, 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
------	---------	-------

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 following section, "What to Do in Case of Emergency." 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. Your surviving spouse might be eligible for Dependency and Indemnity Compensation (DIC), or, if not, he or she might qualify for a small non-service-connected death pension. But 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 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. 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—50 if 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.

2. Name of funeral director

Name

Address

Telephone

3. If cremation is desired, consult your 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 clergyman may be either essential, or merely of assistance. Families with strong religious ties should consult their clergyman before making funeral arrangements.

Clergyman

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 my executor and/or next of kin do the following.

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 time 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 of Art

Stamps/coin collections

Others:

OTHER: (Enter any additional data)

Appendix B: What to Do in Case of Emergency

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 clergyman (if desired).

Name	Telephone
------	-----------

4. Call a funeral director. Will make arrangements for military honors.

Name	Telephone
------	-----------

5. Call the nearest military installation with a survivor assistance office.

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

(continued on back)

Visit or Call:

Your local VA office: **1-800-827-1000**

Address

Telephone

VA claim number

Your local Social Security office

(Social Security number)

Address

Telephone

Office of Personnel Management

CSA number

Address

Telephone

Appendix C: Notification of Death of Retired Servicemember

Cut here

**REQUIRED BY ALL UNIFORMED SERVICES – Use appropriate address from bottom of page:
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 Initial
Grade	Service Number	Social Security Number

Died on: _____

2. Copy of Death Certificate Enclosed

3. I am the: Surviving Spouse Child Executor Other (please explain below)

4. My Social Security number is: _____

5. My telephone number is: _____

6. My e-mail address is: _____

Sincerely,

Enclosure
(Remember to include death certificate)

(Signature)

Cut here

Army, Navy, Marine Corps, Air Force

U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40742-7130

Coast Guard

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

Appendix D: Instruction & Information Sheet for SF 180, Request Pertaining to Military Records

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

2. Restrictions on release of information. Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The servicemember (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

3. Where reply may be sent. The reply may be sent to the member or any other address designated by the member or other authorized requester.

4. Charges for service. There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

5. Health and personnel records. Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

6. Records at the National Personnel Records Center. Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

7. Definitions and abbreviations. DISCHARGED—the individual has no current military status; HEALTH—Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL—Temporary Disability Retired List.

8. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the servicemember's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the servicemember was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

- 1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
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- 4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
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REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER <input type="checkbox"/> ENLISTED	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES	

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 3 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
 Street _____ Apt. _____
 City _____ State _____ Zip Code _____

Signature of requester (Please do not print.) _____
 Date of this request _____ Daytime phone _____
 Email address _____

RESET

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired on or after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	
	Active, reserve, or TDRL	10	
PUBLIC HEALTH SERVICE	Commissioned Corps – active, inactive, terminated, retired	15	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	Commander U.S. Army Reserve Personnel Command ATTN: ARPC-ZCC-B 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Total Army Personnel Command ATTN: TAPC-MSR-S 200 Stoval Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Personnel ATTN: Records Officer 5600 Fishers Lane, Room 4-36 Rockville, MD 20857-0001

Appendix E: Survivor Checklist

Dealing with the Loss of a Loved One

When a family member dies, the last thing on your mind is taxes and notifying pension plan administrators. But even as you grieve, it's essential that you begin taking steps to tie up the affairs of your loved one.

Keep this checklist on hand to refer to when dealing with the death in the family. While not exhaustive, this list is intended as reminder for family members and surviving spouses about the many subjects that need attention at the time of death of a MOAA member.

Some associations offer spouse assistance to their members and will notify many of the places listed on this checklist, including:

Military Officers Association of America
1-800-234-6622
<http://www.moaa.org>

Army and Air Force Mutual Aid Association:
1-800-336-4538 or 703-522-3060
<http://www.aafmaa.com>

Navy Mutual Aid Association:
1-800-628-6011 or 703-614-1638
<http://www.navymutual.org>

Contact these organizations if you need help during this time of need.

If you live in close proximity to a military installation and would like assistance with military administrative matters, see if the location has a Casualty Assistance Officer, Retirement Service Officer or Retired Affairs Office for additional guidance.

Who to Contact

These are the important calls you need to make first. Check off each call as you go and make any notes of your conversations, including the date on which you called.

☐ SBP/RSFPP

In order to start the annuity application and application for residual retired pay process, notify the appropriate service office of the death of the servicemember.

- **Army, Marine Corps, Navy and Air Force:**
Tel: 1-800-321-1080
- **U.S. Coast Guard and NOAA:**
Tel: 1-800-772-8724
e-mail: psc-ras@hrsic.uscg.mil
- **U.S. Public Health Service:**
Tel: 1-800-638-8744

Notes:

☐ RCSBP for Reservists

For survivors of Reservists and National Guardsmen who are enrolled in the Reserve Component Survivor Benefit Plan Program but not yet receiving military retired pay, please notify the following:

- **Army:** U.S. Army Reserve Personnel Command: Tel: 1-800-318-5298
- **Marine Corps:** Tel: 1-800-336-4649
- **Navy:** Tel: 1-800-535-2699
- **Air Force:** Tel: 303-676-6576
- **Coast Guard:** Tel: 1-800-772-8724
e-mail: psc-ras@hrsic.uscg.mil

Notes:

☐ **Veterans Affairs**

- If the cause of death may have been due, in whole or part, to military service-connected causes, contact the nearest Department of Veterans Affairs (VA) Regional Office by calling 1-800-827-1000.
- You may qualify for VA benefits such as burial benefits, application for headstone, and Dependence and Indemnity Compensation (DIC) payments. See back page of this booklet for details.

Notes:

☐ **Lawyer/Estate Executor**

Contact your lawyer, trust administrator, or the executor of the estate.

Notes:

☐ **Social Security**

Notify the Social Security Administration at 1-800-772-1213 (Social Security survivor benefits and death benefit).

Notes:

☐ **Life Insurance**

If the deceased had current life insurance, contact the company or companies. Be prepared to provide policy numbers and copy of a death certificate.

Notes:

☐ **Other Insurance Programs**

If the deceased was a participant in any of the VA insurance programs (SGLI, VGLI, NSLI, USGLI, etc.), call 1-800-669-8477 and report the death. Have policy numbers available, if possible.

Notes:

☐ **Civil Service**

If the deceased was a member of the Civil Service or Federal Employee Retirement System (CSRS or FERS), notify the Office of Personnel Management at 724-794-2005 (Civil Service SBP, Casualty and Federal Group Life Insurance inquiries), or call toll-free 1-888-767-6738.

Notes:

☐ **Thrift Savings Plan**

If the deceased was a CSRS or FERS retiree and participated in the Thrift Savings Plan, contact the Federal Retirement Thrift Investment Board at 1-877-968-3778.

Notes:

☐ **Private Pensions**

If the deceased also qualified for a retirement plan or pension from a private-sector employer, notify that employer or pension plan administrator.

Notes:

☐ **Investments**

Notify any financial institution including banks, brokerage houses and investment firms that have an individual or joint account in the name of the deceased. Remember to locate all stocks, bonds and securities. Have account numbers available, if known.

Notes:

NEXT STEPS

Items in this section are not as time sensitive as those on the previous pages.

☐ **Credit card companies or other charge accounts.** Have account numbers available, if known

Notes:

☐ **Accountant/CPA or tax preparer**

Notes:

☐ **Other insurance companies** (health, property, automobile, mortgage, Medigap, TRICARE insurance supplement, etc.). Have policy numbers on hand if known.

Notes:

☐ **State Department of Motor Vehicles (DMV)**

Notes:

☐ **City, County, and State property offices.**

Notes:

☐ **Any fraternal or professional organizations** such as AARP, American Legion, Disabled American Veterans, and Veterans of Foreign Wars.

- American Association of Retired Persons: <http://www.aarp.org>

- American Legion: <http://www.legion.org>

- Disabled American Veterans: <http://www.dav.org>

- Veterans of Foreign Wars: <http://www.vfw.org>

Notes:

☐ **Nearest military installation personnel office.** (Renew family member ID cards.)

Notes:

☐ **Automobile leasing agent.**

Notes:

Appendix F: MOAA Member Death Notification

**PLEASE MAIL TO MOAA HEADQUARTERS
USE APPROPRIATE ADDRESS FROM BOTTOM OF PAGE**

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Rank/Service	_____ State	_____ Date of Death
_____ SSN or MBR#	_____ Phone Number	
_____ Signature	_____ Relationship to Deceased	

..... Cut here

**Military Officers Association of America
Attn: Membership
201 N. Washington Street
Alexandria, VA 22314**

MOAA MEMBER SERVICES

Benefits Counseling – MOAA’s experts provide members with assistance and advice relating to military benefits and entitlements, health coverage, and finances.

Health, Life, and Long-Term Care Insurance – Members can take advantage of insurance options that supplement their military entitlements.

Financial Services – You can turn to MOAA for the valuable resources you need to plan for retirement, save for college, and manage your finances.

Member Discounts – MOAA could save you hundreds of dollars when you take advantage of the special member-only pricing on everything from legal services to your next vacation.

Legislative Advocacy – Since 1929, MOAA has been fighting to preserve the interests of all military personnel, and their families on Capitol Hill.

Career Planning – Our award-winning TOPS program offers job fairs, résumé help, interviewing and salary negotiation tips, and more.

Military Officer magazine – MOAA’s award-winning magazine offers diverse feature articles, reports on legislation, and much more.

**FOR MORE DETAILS ON THESE MEMBER SERVICES
PLEASE VISIT WWW.MOAA.ORG.**



THE MOAA INFO EXCHANGESM

For more than 75 years, MOAA has been fighting for the interests of officers and their families. We understand the challenges that you face because we're officers just like you and we're ready to share our expertise and experience. The MOAA library of guides and reference tools is available to help you navigate the challenges that arise at each stage of life.

Survivor Benefits

Preparing for Your Second Career

Financial Planning

National Guard and Reserve Retirement Benefits

Military Retirement

**FOR MORE INFORMATION ON THESE
AND OTHER MOAA PUBLICATIONS, CALL
(800) 234-MOAA (6622) OR VISIT US
ONLINE AT WWW.MOAA.ORG.**



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