

RETIREE CASUALTY ASSISTANCE CHECKLIST



Prepared by Fort Campbell Retirement Services Office

6 November 2014

270-798-5280/3310

SPOUSE INFORMATION

Name: _____

SSN: _____

Driver license number: _____

Date and Place of birth: _____

Date of marriage: _____

Place of marriage (City, State): _____

CHILD INFORMATION

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Name: _____

Address: _____

Telephone number: _____

Email address: _____

LIFE INSURANCE POLICIES

Company: _____

Contact Information: _____

Policy Number: _____

Amount: _____

Beneficiary: _____

Company: _____

Contact Information: _____

Policy Number: _____

Amount: _____

Beneficiary: _____

Company: _____

Contact Information: _____

Policy Number: _____

Amount: _____

Beneficiary: _____

Company: _____

Contact Information: _____

Policy Number: _____

Amount: _____

Beneficiary: _____

INVESTMENTS

Type (IRA, CD, Mutual Fund)

Type: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Type: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Type: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Type: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Type: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

BANK ACCOUNTS

Bank: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Bank: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Bank: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Bank: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

Bank: _____ Contact Information: _____

Account # _____ Amount (as of date) _____

CREDITORS

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

Name: _____ **Contact Information:** _____

Account # _____ **Balance due (as of date)** _____

Credit Insurance: YES NO

BURIAL INFORMATION

Do you want to be: Buried Cremated

Do you have a preferred funeral home? YES NO

Name: _____

Burial plot information: _____

Who should be notified of your death?

Name: _____ Relationship: _____

Contact Information: _____

Name: _____ Relationship: _____

Contact Information: _____

Do you want to be buried in uniform? YES NO

Do you want a memorial service? YES NO

Do you want to be buried in a Veteran's cemetery? YES NO

Do you have a preferred cemetery? Name: _____

Do you want a military honor guard? YES NO

LOCATION OF DOCUMENTS

<i>Document</i>	<i>Location</i>
<input type="checkbox"/> Will	_____
<input type="checkbox"/> Power of Attorney	_____
<input type="checkbox"/> DD Form 214	_____
<input type="checkbox"/> Retiree Account Statement	_____
<input type="checkbox"/> Marriage License	_____
<input type="checkbox"/> Divorce Decree/Property Settlement	_____
<input type="checkbox"/> Retirement Order/20-year letter	_____
<input type="checkbox"/> Birth Certificates/Adoption Papers	_____
<input type="checkbox"/> Insurance Policies	_____
<input type="checkbox"/> Tax Returns	_____

- Safe Deposit Box (Location and contents) _____
-
-

PHONE NUMBERS

Fort Campbell Casualty Assistance Office	270-798-4729/2085/2293
DFAS Retired and Annuity Pay	800-321-1080
Department of Veterans Affairs	800-827-1000
Social Security	800-772-1213
Fort Campbell Retirement Service Office	270-798-5280/3310