



**AAFMAA**

COMPASSION • TRUST • PROTECTION

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**PREPARING YOUR SURVIVORS FOR  
YOUR “*FINAL PCS*”  
DAV MSO PRESENTATION, 2016**

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## American Armed Forces Mutual Aid Association:

- Proudly serving America's Armed Forces since 1879!
- Non-profit, Member-Owned Mutual Aid Association
- Open to all branches of the U.S. Armed Forces
- Experts in Life Insurance, Financial Planning, Investment Management, Trust Services, and Mortgages
- 90,000 members [over 150,000 Survivors being Served]





# Why We Are Different

- Member-Focused
- Only for Military
- Non-Profit
- Tax-Exempt – 501c(23)
- 137 Year History



- ➔ One to One Personal Service
- ➔ Objective Advice
- ➔ No Commissions or Pressure
- ➔ Best Value with Lowest Costs
- ➔ Compassion, Trust, Protection



# Topics

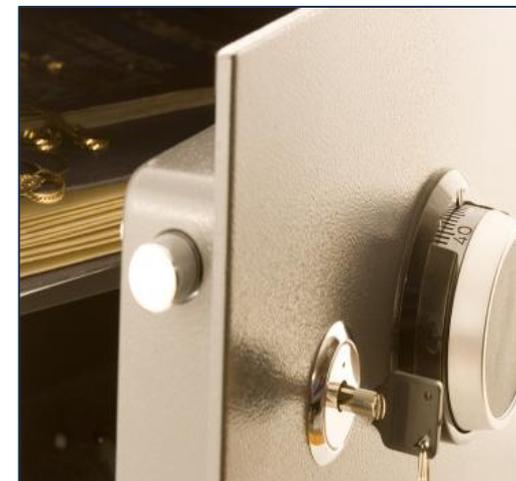
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- Essential Documents
- Survivor Benefits
- Surviving Family Actions
- VA Benefits
- Resources
- AAFMAA Survivor Assistance



# Be Prepared: Essential Documents

- DD-214
- VA Disability Awards
- Latest/Final LES/Retired Pay Statement
- Marriage/Divorce Documents
- Birth Certificates (& death cert. if applicable)
- Legal Documents (Wills, POA, Trusts, Estate Plans)
- Social Security numbers for Spouse, Dependents, Beneficiaries
- Current Social Security, Statement (SSA.gov)
- Insurance Policies (Beneficiary Name, SSN, Birth Date, Contact Information)
- Financial Statements, Accounts, Passwords





# Letter of Final Instructions

## ***Provides Guidelines for Your Final Wishes***

- Funeral Home arrangements and contact information
- List of relatives, friends, classmates, clubs, associations, businesses and employers to contact
- List your church and pastor; your lawyer or executor
- Provide the name of the newspapers for Obituary Notice
- List of financial institutions or assets (Bank, Investments, Mortgages, Property)
- List insurance policies and policy numbers
- Passwords required to access your online accounts
- Keys and combinations to homes, safes, storage

*Share your Letter of Final Instructions with your Family, Lawyer or Executor.*

# Survivor Benefits



- Survivor Assistance
- Life Insurance Claim



- Stop Retired Pay
- SBP Annuity Payments (If Selected)



- Stop VA Compensation
- Start VA DIC Payments (If authorized)
- File for Burial Reimbursements



- Social Security Survivor Benefits



# Survivor Actions

- **Family Must Contact:**
  - Funeral Home (Death Certificate) / Cemetery
  - Life Insurance Companies
  - Defense Finance and Accounting Service (DFAS)
  - Veterans Administration (VA)
  - Other Professional and Personal Organizations



# Survivor Actions

- **Funeral Home**

- Required by law to notify Social Security
- Death Certificate with Cause of Death!
  - ✦ If cause of death is service connected, then the service-connected cause must be on death certificate
  - ✦ Additional benefits to survivor if death is service connected
- Work with Funeral Home and Doctor to update Death Certificate, if needed
- Order Certified Copies of Death Certificate
  - ✦ Number of copies will be determined by number of agencies you have to coordinate death with (Usually 10)



# Survivor Actions

- **Life Insurance:**

- Notify Life Insurance Companies of Member's Death
  - ✦ Have Policy/Policy numbers available
- Insurance Company will send claim settlement paperwork
- Insurance Companies will likely require Death Certificate
  - ✦ Get Certified copies from Funeral Home
- Discuss life insurance settlement options ahead of time your with Beneficiaries
  - ✦ Very difficult/stressful time
- Recommend seeking Financial and Tax advice before making final settlement option selection. This will ensure the right decision is made in less stressful conditions

# Survivor Actions: DFAS

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- Report-A-Death
  - ✦ Call 1-800-321-1080
  - ✦ [WWW.DFAS.Mil](http://WWW.DFAS.Mil) (Report Death Online)
- Stop Retirement Pay
  - ✦ Military Pays in arrears
    - DFAS will take back entire month of pay (Month of Death)
    - Spouse/Beneficiary must apply for military pay owed for last month
      - File Form SF 1174 Unpaid Compensation of Deceased Member of the Uniformed Services
      - Copy of Death Certificate is required
- Start Survivor Benefit Plan (SBP), File Form 2656-7, Verification for Survivor Annuity (If Member selected SBP)
  - ✦ Submit Fast Start Direct Deposit Form 2231
  - ✦ Submit Federal Income Tax Withholding Form W-4P



# Survivor Actions: VA

- Report-A-Death
  - ✦ Call 1-800-827-1000
- Notify VA to stop VA Compensation or Pension
- File VA Form 21-530, Application for Burial Benefits
- File VA Form 21-534, DIC (Service Connected Disability)
  - ✦ Copy of Death Certificate, DD Form 214, Marriage Certificate
  - ✦ Service Connected: Death result of service connected disability, or presumptive disease. Surviving spouse eligible for additional benefits from the VA.
  - ✦ Important: Cause of death must be listed on Death Certificate that directly links to service connected disability



# VA AWARD LETTER

Veteran has been granted service connection for hypertension and kidney disease

Training 1 VA Award.pdf - Adobe Acrobat Pro

File Edit View Window Help

Open Create Save Print Mail Tools Fill & Sign Comment

1 / 1 127%

DEPARTMENT OF VETERANS AFFAIRS



April 27, 2016  
Mr. John Q. Veteran  
123 Main Street  
Anywhere, US 12345

Dear Mr. Veteran:

We made a decision regarding your entitlement to VA benefits.

**What We Decided**  
We made the following decision(s):

hypertension with nephropathy	0%	100%	Jan 6, 2015
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- An evaluation of 100 percent is assigned for regular dialysis, or whenever more than sedentary activity is precluded by one of the following: persistent edema and albuminuria; BUN more than 80mg%; creatinine more than 8mg%; or markedly decreased function of kidney or other organ systems, especially cardiovascular.
- The evaluation of hypertension with nephropathy (currently claimed as chronic kidney disease secondary to diabetes; diabetic nephropathy) is increased to 100 percent disabling



# SAMPLE DEATH CERTIFICATE

Death Certificate lists cause of death to be hypertension and kidney disease. VA files for survivor benefit for the widow due to the veteran's service connected death

Training 2 Death Cert.pdf - Adobe Acrobat Pro

File Edit View Window Help

Open Create [Icons] 127% Tools Fill & Sign Comment

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. STATE FILE NO.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **JOHN Q. VETERAN** 2. SEX 3. SOCIAL SECURITY NUMBER

4a. AGE-Last Birthday (Years) 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) 6. BIRTHPLACE (City) and State or Foreign Country

7a. RESIDENCE-STATE 7b. COUNTY 7c. CITY OR TOWN

7d. STREET AND NUMBER 7e. APT. NO. 7f. ZIP CODE 7g. INSIDE CITY LIMITS?  Yes  No

8. EVER IN US ARMED FORCES?  Yes  No 9. MARITAL STATUS AT TIME OF DEATH  Married  Married, but separated  Widowed  Divorced  Never Married  Unknown 10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

11. FATHER'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

13a. INFORMANT'S NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

14. PLACE OF DEATH (Check only one - see instructions)

IF DEATH OCCURRED IN A HOSPITAL:  Inpatient  Emergency Room/Outpatient  Dead on Arrival  
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  Hospice facility  Nursing home and long term care facility  Decedent's home  Other (Specify)

15. FACILITY NAME (If final institution, give street & number) 16. CITY OR TOWN, STATE, AND ZIP CODE 17. COUNTY OF DEATH

18. METHOD OF DISPOSITION:  Burial  Cremation  Donation  Entombment  Removal from State  Other (Specify) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

20. LOCATION-CITY, TOWN, AND STATE 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER (Of Licensee)

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD

26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 28. DATE SIGNED (Mo/Day/Yr)

29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

CAUSE OF DEATH (See instructions and examples)

PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **HYPERTENSION** Due to (or as a consequence of):  
b. **END STAGE RENAL DISEASE** Due to (or as a consequence of):  
c. \_\_\_\_\_ Due to (or as a consequence of):  
d. \_\_\_\_\_ Due to (or as a consequence of):

Approximate interval: Onset to death

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED?  Yes  No  
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  No  
36. IF FEMALE:  Not pregnant within past year  
37. MANNER OF DEATH  Natural  Homicide

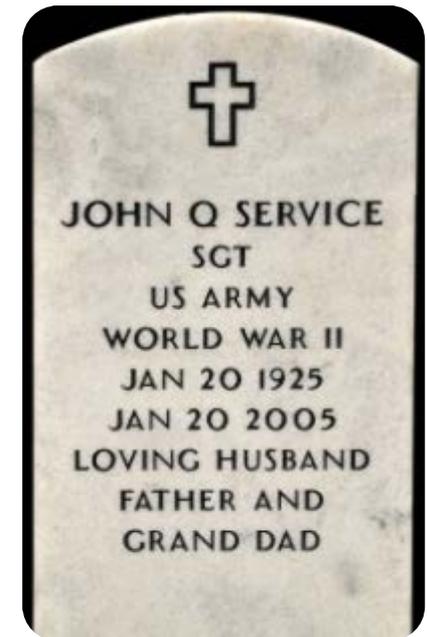
NAME OF DECEDENT To Be Completed/Notified By: For use by physician or institution

NAME OF PHYSICIAN OR INSTITUTION



# Burial Benefits

- Gravesite in National Cemetery
- Expenses: \$2,000 if service related; Otherwise \$300; plus \$700 if not buried in national cemetery
- Headstone: Standard government headstone
- Burial Flag and Memorial Certificate(s)
- Spouse or minor children may also be buried in a National Cemetery





# Survivor Benefits – AAFMAA

- **One Call to AAFMAA Is All It Takes:**
  - We Help Loved Ones Every Step Of The Way
  - We Make Critical Notifications (DFAS & VA):
  - We Assist With Filing Required Forms/Applications
  - We Ensure All Benefits And Entitlements Received
  - We Spearhead AAFMAA Policy Claims Process
  - We Notify Other Life Insurance Companies

*AAFMAA's Survivor Benefit Services helps families through the most difficult periods of time.*



# AAFMAA is Ready to Assist

- AAFMAA Survivor Assistance Services
  - Standalone services available to military retirees/veterans
  - Application and one-time fee
  - Survivor Assistance Team Representative handles all survivor benefits details
  - Digital Vault storage and access of essential documents
  - Expert advice, guidance and expedient death notification processing



# Helpful Resources & Contact Information

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- AAFMAA                      800-522-5221                      [www.aafmaa.com](http://www.aafmaa.com)
- DFAS                              800-321-1080                      [www.dfas.mil](http://www.dfas.mil)
- VA                                      800-827-1000                      [www.va.gov](http://www.va.gov)
- Social Security      800-772-1213                      [www.ssa.gov](http://www.ssa.gov)
- Military Records      866-272-6272                      [www.archives.gov](http://www.archives.gov)
- DEERS                              800-538-9552                      [www.Tricare.mil](http://www.Tricare.mil)
- OPM                                      888-767-6738                      [www.opm.gov](http://www.opm.gov)



# AAFMAA THANKS YOU!

## Thank You

For your service to our great country and allowing us to be  
with you today!