

# RETIREE CASUALTY WORKSHEET

## SECTION 1. Information concerning DECEASED RETIRED MEMBER

Person Called                      Person Calling                      Telephone #                      Date / Time

Last Name, First, Middle                      Social Security #                      Rank / Comp / Race

Cause of Death                      Place of Death                      Date / Time of Death

Retirement Date                      Date of Birth                      Place of Birth

Date / Time of Incident                      Place of Incident                      Religious Preference

Circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes/ No

Died in Hospital

Legal Residence

TDRL or PDRL / Percentage

Date Place on TDRL or PDRL

Yes/ No

Vehicular Involvement

Type of Vehicle

Position Aboard Vehicle

Ownership of Vehicle

Status of Remains

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 2. Information concerning NEXT OF KIN

NOK Name (Last, First, MI)

Relationship

Telephone #

Mailing Address

City

State

Zip Code

Spouse's Social Security

Date of Birth

Place of Birth

Yes/ No

Date of Marriage

Place of Marriage

U.S. Citizen

SECTION 3. FINANCIAL INFORMATION

Date contacted Retired Pay  
(1-800-269-5170)

Retired Pay Representative (Name)

Yes/ No

SBP

\$ Amount

55% or 35%

Spouse / Children

Yes/ No

VA

\$ Amount

Claim #

SGLI / VGLI / NSLI

Other Allotments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4. CASUALTY ASSISTANCE APPOINTMENT INFORMATION.

Appointment Date/Time

Casualty Assistance Office (Name)

Rank

Organization

Duty Phone

Home Phone

SECTION 5. RETIREMENT ASSISTANCE KIT

Date Mailed

Suspense Date

Date Returned / Received

Date of Review

Date Mailed to Agency